

Resident Handbook

2018-2019



University of Oklahoma College of Pharmacy
Residency Review Committee

INTRODUCTION

Welcome to the University of Oklahoma College of Pharmacy Residency Training Programs. The College of Pharmacy on the comprehensive University of Oklahoma Health Sciences Center campus provides a stimulating clinical training environment with a tradition of excellence. Our goal is to provide excellent preparation for your career in pharmacy, and we believe you will find your educational experience and training rewarding. The College of Pharmacy and its affiliated institutions strive to provide residency training programs that meet the standards established by the American Society of Health-System Pharmacists Accreditation Services Division. The college's institutional oversight of residency programs and residency affairs is conducted through the Residency Review Committee. As a pharmacist in residency training, your primary responsibilities are participating in the educational aspects of your program and in the direct care of patients under the supervision of your Program Preceptors.

This Resident Handbook has been compiled for your benefit as a convenient first reference for general information regarding the university's major policies and regulations, as well as guidelines that govern our residency training programs. The policies in this handbook have been compiled from the University of Oklahoma Faculty (<http://www.ouhsc.edu/provost/FacultyHandbook.asp>) and Resident Handbooks (<http://hippocrates.ouhsc.edu/comdocs/pdf/residentHandbook.pdf>) by the College of Pharmacy Residency Review Committee. Certain policies have been interpreted by the College of Pharmacy Residency Review Committee to specifically apply to the College of Pharmacy's residency programs. A complete posting of all updated and relevant general University policies can be found at www.ouhsc.edu/provost/FacultyHandbook.asp

It is your responsibility to become familiar with the material in this handbook. As stipulated in your residency agreement, you are obligated to abide by the policies, procedures and regulations in the Resident Handbook. The information contained in this handbook is current only at the time of publication and may change from time to time by action of appropriate segments of the participating institutions. Every effort will be made to ensure that the policies published in the Resident Handbook are updated as necessary. However, it is the responsibility of the user to determine that he or she is relying on the most current version of any particular policy. If you have questions regarding the information contained herein, please contact your Program Director.

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OVERVIEW

Residency Review Committee (RRC)

Charge: Review and recommend policies for residency program management, including standards for and development of practice sites, preceptors, and residents; manage accreditation reviews and all correspondence with the Commission on Credentialing of the American Society of Health-System Pharmacists (ASHP). The RRC consists of a minimum of five faculty members, including all faculty members actively serving as a residency program director (RPD) and/or fellowship director. The main purpose of this committee is to foster the highest quality residency and fellowship programs. In addition, the RRC also oversees preceptor development/preceptor training policies and procedures for preceptors in all programs. The RRC also reviews each program on an ongoing basis for quality assurance.

Members

| Name | Position |
|--|--|
| Jamie Miller, Pharm.D., BCPS, BCPPS, FPPAG | PGY1 Pharmacy Residency RPD Chair, Residency Review Committee |
| Shellie Keast, Pharm.D., Ph.D. | PGY1 Managed Care RPD* |
| Teresa Truong, Pharm.D., BCPS, CDE | PGY2 Ambulatory Care RPD |
| Nick Schwier, Pharm.D., BCPS | PGY2 Cardiology RPD |
| Michelle Liedtke, Pharm.D., BCPS, AAHIVP | HIV Pharmacotherapy RPD |
| Beth Resman-Targoff, Pharm.D., FCCP (RPD) | PGY2 Internal Medicine RPD |
| Kiya Harrison, Pharm.D., BCPS | PGY2 Internal Medicine Coordinator |
| Pete Johnson, Pharm.D., BCPS, BCPPS, FPPAG, FCCM | PGY2 Pediatrics RPD and Director of the Clinical and Translational Science Fellowship in Pediatric Pharmacotherapy |
| Teresa Lewis, Pharm.D., BCPS | PGY2 Pediatrics Coordinator |
| Katie Thompson, Pharm.D., BCPS | Clinical Manager, Department of Pharmacy, OU Medicine Inc. |
| Vince Dennis, Pharm.D., BCACP, CDE | Associate Dean for Professional Programs |
| Carla Lawson | Residency Programs Coordinator |

*ASHP Pre-Candidate status

Roles and Responsibilities of Residency Leadership

Associate Dean for Professional Programs: maintains administrative oversight of residency program accreditation, affiliation agreements, policies and conduct; approves budgetary expenses, bi-monthly resident TAL time sheets and resident leave requests through designated procedures.

Residency Program Director (RPD): serves as the organizationally authorized leader of the designated residency program meeting qualifications and fulfilling responsibilities outlined in ASHP Accreditation Standard 4 (Requirements of the Residency Program Director and Preceptors).

Residency Coordinator: one or more preceptors formally serving in conjunction with and oversight of an RPD to manage defined duties/activities related to residency conduct consistent with ASHP Standard 4.1.b (PGY2 residency programs) or 4.1.c. (PGY1 residency programs).

Residency Programs Coordinator: administrative staff who support functions including, but not limited to organization and implementation of processes essential for residency program conduct, matriculation, tracking and reporting.

Purpose Statements of Pharmacy Residency Programs

The purpose of the PGY1 Pharmacy, PGY1 Managed Care, and PGY2 programs are listed on the program-specific websites on the OU College of Pharmacy webpage <https://pharmacy.ouhsc.edu/programs/residency>. To facilitate the teaching goals and objectives, all residents will participate in the *Foundational Teaching Skills for Residents* or *Advanced Teaching Skills for Residents*. For this process, residents will receive an appointment as a Clinical Instructor within the OU College of Pharmacy.

Pharmacy Residency Competency Areas, Goals and Objectives

Please refer to the ASHP website (see below) for residency-specific required and elective educational competency areas, goals, objectives, and instructional objectives.

- PGY1 Pharmacy: <https://www.ashp.org/professional-development/residency-information/residency-program-directors/residency-accreditation/pgy1-competency-areas>
- PGY1 Managed Care: <https://www.ashp.org/-/media/assets/professional-development/residencies/docs/pgy1-managedcare-cago-2017.ashx?la=en&hash=ED5802491A48C2D8ECD1CB4091B61B8DF33FA506>
- PGY2: <https://www.ashp.org/search?q=PGY2%20competency-areas-goals-and%20objectives>

Resident and Program Evaluation

Residents are continually evaluated by preceptors, the RPD/Coordinator, and the RRC. Evaluation of residents may take many forms including but not limited to: performance on inpatient units and in outpatient clinics, including assessment of professional ethics and behavior; performance in giving conferences, seminars, and journal clubs; observed clinical evaluation exercises; written examinations; and other methods. The Residency Program will use the principles of Standard 3 in the ASHP Accreditation Standards. Each program maintains appropriate documentation of evaluations, and periodically each resident will be given a summary evaluation. The final determination of performance and evaluation status rests with the RPD.

Description of the Residency Assessment Procedure

The methodologies utilized by the OUHSC College of Pharmacy through the PharmAcademic™ online evaluation system for assessment of the Pharmacy Residents encompass the three strategies of learning experience assessment outlined by the ASHP Accreditation Standard:

- I. Formative (on-going, regular) assessment (Standard 3.4.b):
Objectives for each learning experience, both longitudinal activities and rotation assignments, are developed from the residency program outcomes and the specific activities for each experience. Preceptors provide those objectives to residents at the beginning of the learning experience. As the learning experience progresses, residents are provided with both verbal and written formative feedback for specific activities, as appropriate for each learning experience. Formal evaluation (summative) of each learning experience's objectives is conducted quarterly for longitudinal activities and monthly for rotation assignments.
- II. Summative evaluation of resident activities and progress by preceptors (Standard 3.4.c):
Formal summative evaluations are conducted monthly for each rotation assignment and quarterly for each longitudinal activity (excluding the 3rd quarter for PGY2 programs). Each rotation preceptor is expected to evaluate the resident's performance in rotation activities and development of skills at the conclusion of each rotation by completing a written electronic evaluation of the rotation's objectives. The evaluation is electronically signed by both the preceptor and resident and is reviewed by the RPD. The RPD reviews all evaluations for all rotations at the completion of each rotation. In addition, progress in monthly rotation evaluations is discussed with the resident on a quarterly basis. Any areas of concern identified in the monthly rotation evaluations will be addressed and documented in an individual meeting with the RPD and/or members of the Residency Review Committee (RRC). Longitudinal activities are also evaluated by the RPD during the individual quarterly evaluations. Individual quarterly evaluations also include a discussion of the resident's overall professional development and residency training plan.
- III. Written electronic evaluation of preceptor performance & learning experience quality by residents [PGY1 Pharmacy/PGY1 Managed Care--Standard 3.4.c.(5) and (6) and PGY2—Standard 3.4.d(5) and (6)]. At the completion of each rotation assignment, residents are expected to complete an electronic evaluation of the preceptor(s) and that learning experience. This evaluation is completed prior to the preceptor's evaluation and is discussed with the preceptor during the monthly evaluation process. The evaluation is electronically signed by both the resident and preceptor and is reviewed by the RPD. At the conclusion of the residency year, the RRC will review the overall effectiveness of the residency training program, the quality of each learning experience, and the plan for continued development of the learning experiences. RPDs may choose to incorporate additional evaluation components for residents to complete, such as resident self-evaluations at the completion of a rotation.

Professional Conduct

Established rules of appropriate conduct are defined by laws regulating the practice of pharmacy to establish high standards of integrity and dignity in the profession. By necessity licensure as a pharmacist in Oklahoma in order to conduct and complete postgraduate training, residents are accountable to the standards as defined within Oklahoma Pharmacy Law.

Review at: <https://www.ok.gov/pharmacy/documents/2017%20LAW%20BOOK.pdf>

535:10-3-1.1 Rules of professional conduct (Law book pages 36-37, pdf pages 45-46)

535:10-3-1.2 Violations of professional conduct (Law book pages 37-38, pdf pages 46-47)

BENEFITS

Salary (Stipend)

A salary will be paid to each resident twice monthly (payday calendar can be found at: <http://tal.ouhsc.edu/Calendars.aspx>). Salaries are based upon the resident's level of postgraduate training. Salaries are issued by the central payroll office of the OUHSC and are distributed by electronic direct deposit. Additional information about salary distribution will be provided by the Pharmacy Business Office.

Paid Leave

Each resident accrues leave at the rate of 8 hours per month for a maximum of 12 working (week) days per year. Paid Leave time may be used for vacation, personal illness, funeral attendance, illness of a family member, or other personal business. **Two days of paid leave will be automatically utilized during Winter Break for the two days within this period that are not paid holiday days.** Unused leave may not be carried over from one residency year to another. No additional payment will be made for unused vacation upon completion of residency training. Leave without pay for illness is possible contingent upon recommendation and approval by the Program Director. The University complies with the Family Medical Leave Act (FMLA) for eligible employees. Employees are eligible if they have been employed by the University for at least 12 months and worked at least 1,250 hours in the 12 months preceding the absence. The specific type of absence must also qualify for FMLA (see <http://hr.ou.edu/Employees/Holidays-Time-Off-Leave/Family-Medical-Leave-FMLA#4605869-eligibility>). The FMLA request should be submitted at least six (6) weeks prior to the requested leave date. If a resident must take an extended leave of absence beyond the allotted amount of paid leave, the resident will be expected to complete the missed time so that the total of 12 months of training is completed as well as the program's established requirements for demonstrated competence and completed work (research project, drug information projects, quality improvement projects, etc.).

Guidelines for Paid Leave

- Paid Leave requests shall be submitted by email and approved by both the Rotation Preceptor and Program Director with appropriate lead time of six to eight weeks (exceptions may be considered due to extenuating circumstances).
- Resident rotation responsibilities must be covered by an appropriate faculty member or preceptor during the resident's absence for Paid, Educational, and Interview Leave. This should be documented within the email requesting approval for leave. Residents may not cover clinical responsibilities for each other.
- A resident may not be absent from a single rotation for more than five (5) days, except during educational leave, without prior approval from the Rotation Preceptor, Program Director, and Residency Review Committee.
- There is a legitimate need to limit the number of residents who are absent at any one time and to otherwise assure continuity of quality patient care, so leave for multiple residents simultaneously may not be feasible.
- Early planning for leave (e.g., at the beginning of the residency year) between residents, program directors, and preceptors is encouraged so that leave is distributed appropriately throughout the residency year.

- Residents are expected to be present during the final week of the residency, and leave should not be “stored up” until that time. Exceptions may be considered due to extenuating circumstances on a case-by-case basis, but approval of leave during this time is not guaranteed.

Excessive Absences and Planned Unpaid Leave

Excessive Absences

A preceptor or Program Director may decide that absences from a rotation or the program are excessive when there is the potential for a resident not to complete program expectations or requirements. Excessive absence may be due to illness or other factors. When situations such as these occur, the resident must work closely with the preceptor, Program Director, RRC, and Associate Dean for Professional Programs to make arrangements to meet the requirements. An alternate written plan, including timelines, will be developed to enable the resident to successfully complete the equivalent of 12 months of training and the program requirements. The residency year may be extended for a maximum of an additional 3 calendar months to allow completion of training time and program requirements.

Planned Unpaid Leave

Situations may arise where the resident cannot complete the rotation experience and requirements due to health concerns or other extenuating circumstances (e.g., child birth). This determination shall be made by the rotation preceptor, the Program Director, the RRC, and Associate Dean for Professional Programs. An alternate written plan, including timelines, will be developed to enable the resident to successfully complete the equivalent of 12 months of training and the program requirements. The resident is responsible for maintaining extended or successive approved unpaid leave requests through TAL and must repay any automated compensation occurring in error during unpaid leave. The resident may be required to provide written documentation from treating health care providers related to being fit for duty to return from leave. The residency year may be extended for a maximum of an additional 3 calendar months to allow completion of training time and program requirements.

If the resident fails to complete the plan, disciplinary action will be considered. Residents unable to complete requirements according to the written plan and appropriate extended timeframe will not graduate from the program.

Holiday Leave

Residents are eligible for paid holiday leave on published holidays (also available at: <http://hr.ou.edu/Employees/Holidays-Time-Off-Leave>):

| | |
|-----------------------------|---|
| Independence Day | Wednesday, July 4, 2018 |
| Labor Day | Monday, September 3, 2018 |
| Thanksgiving | Thursday and Friday, November 22-23, 2018 |
| Winter Break | December 24, 2018 – January 1, 2019 ** |
| Martin Luther King, Jr. Day | Monday, January 21, 2019 |
| Memorial Day | Monday, May 27, 2019 |

** Thursday December 27 and Friday December 28 are not paid holidays and must be charged against paid leave.

Residents assigned to rotations with continuous operations to maintain patient care will not receive credit for holiday time. Residents should check with their RPD and rotation preceptor prior to the development of the rotation plan (e.g., calendar).

Educational Leave

Residents may request administrative leave for educational meetings. The request should be submitted at least six to eight weeks prior to the requested leave date. The meeting can be no more than one week in duration and must be within the USA. Approval is granted solely at the discretion of the Program Director, who also determines the travel reimbursement policy for the individual residency program. Residents are encouraged to allow the Residency Programs Coordinator or other support staff designee to handle travel arrangements in order to maximize reimbursement potential. Commercial air travel must be booked by the college's support staff through approved travel agencies. Please consult the residency program support staff well in advance of attending any such event in order to obtain guidance.

Interview Leave

Residents may request administrative leave for interviewing purposes. The request should be submitted at least two weeks prior to the requested leave date, and approval is granted solely at the discretion of the Program Director. A maximum of 8 days of Interview Leave time per residency year may be granted without counting against the resident's Paid Leave days. If the maximum 8 days is exceeded, the additional days will require additional Program Director approval and be deducted from the resident's paid leave. There is no travel reimbursement for Interview Leave.

Insurance Benefits

The university makes insurance available for employees under a flexible benefits plan. Health, dental, vision, term life, accidental death and dismemberment, long-term disability, and long-term care insurance are offered. Dependent life, dependent accidental death and dismemberment, and spouse long-term care insurance are also available. To be eligible to participate, an employee must have at least a 50 percent full-time equivalent (FTE) benefits-eligible appointment lasting a semester or more. Eligible employees are provided Sooner Credits in proportion to their FTE. Sooner Credits represent the money the university pays for each employee's health, dental, term life, and accidental death and dismemberment insurance. Employees use Sooner Credits to purchase coverage fitting their needs.

Premiums for dependent health, dental, life, accidental death and dismemberment and long-term care insurance must be paid by the employee. Also available for employees on an optional basis, with the employee paying the premium, are additional life, additional accidental death and dismemberment, long-term disability and long-term care insurance. Workers' compensation insurance is provided for all employees irrespective of employment status. Unemployment compensation is provided for all employees except students. Additional information regarding benefits can be found at <http://hr.ou.edu/benefits/>

In order to receive these insurance benefits, enrollment or enrollment change forms must be completed and returned promptly to the designated office. Requests for information regarding insurance benefits should be directed to the Payroll Coordinator.

Medical Library Privileges

Residents are entitled to use the Robert M. Bird Health Sciences Library, located at 1000 Stanton L. Young Boulevard on the Oklahoma City campus. The library has extensive periodical subscriptions and complete information retrieval and audiovisual services in addition to large book collections. In order to use the library, one must have a university ID card which bears a photograph of the individual. In addition, all residents will have electronic access to the campus libraries' e-resources for online references and journals, as well as OVID and other search engines. Consult your Residency Programs Coordinator or other designated support personnel for assistance.

Robert M. Bird Health Sciences Library Hours

Monday-Thursday: 7:00 a.m. to midnight

Friday: 7:00 a.m. to 10:00 p.m.

Saturday: 8:00 a.m. to 10:00 p.m.

Sunday: 10:00 a.m. to midnight

Holiday hours: closed on major holidays and extended hours during final exam weeks.

Office Space

Each resident will have his or her own work area in a shared residents' office in the O'Donoghue Research Building in Oklahoma City or College of Pharmacy, as available and based on need. The Residency Programs Coordinator or designated support staff will provide information regarding opening and closing procedures, copy machine code, and office supplies.

Equipment

Residents may be assigned computers, keys, electronic pass cards, parking cards, and other equipment or items as necessary. Residents are responsible for the equipment originally assigned to them and should not exchange their equipment with other residents unless authorized to do so by the Residency Programs Coordinator. If equipment malfunctions, it should be returned to the Residency Programs Coordinator for exchange or repair. Any portable computing device (notebook, USB drive, tablet, phone, etc.) that is utilized to access or store patient information and/or access university email is subject to encryption by the College of Pharmacy Information Technology staff. Before a resident completes or leaves a College of Pharmacy training program, the equipment, keys, and other items assigned to the resident must be returned in good working order by the last working day.

Parking

Parking is provided to the residents at a rate determined by the university. All parking facilities on the Health Sciences Center campus are under the regulation of OUHSC Parking and Transportation Services. Residents are expected to abide by all rules regarding parking registration, gate cards, hang tags, etc. Failure to do so can result in a citation with a fine or towing of your vehicle. All parking is on a first-come first-served basis.

RESPONSIBILITIES & EXPECTATIONS

Service Requirements:

Confirmation of Pharmacy Training

Employment with the University of Oklahoma Health Sciences Center College of Pharmacy as a resident or fellow is contingent upon the college's receipt of confirmation of successful completion of the employee's most recent pharmacy training program. Incoming PGY1 residents must provide, no later than the end of the second week in June of the year they are to start the program, a letter from the dean of their college of pharmacy attesting to their successful completion of the Pharm.D. degree. Additionally, a copy of a transcript indicating degree conferral must be submitted by the end of the second week in July after beginning the residency program. Incoming PGY2 residents must provide, on the day their PGY1 program is completed, a letter from their PGY1 residency program director attesting to successful completion of the residency program. Incoming fellows must provide, on the day their PGY1 or PGY2 program is completed, a letter from their PGY2 residency program director attesting to successful completion of the residency program. All incoming PGY2 residents and fellows must provide their confirmation letter to the Residency Programs Coordinator no later than the first working day in July. Signed letters may be mailed, scanned and sent via email, or sent by FAX to 405-271-3531. Questions about this requirement should be directed to the Residency Programs Coordinator. Failure to meet this requirement will result in administrative academic action as outlined elsewhere within this handbook.

Oklahoma Pharmacist License

Pharmacist licensure is an integral component of each residency program. In order to receive the most value from educational experiences during the residency, each resident should be licensed at the earliest possible date. Residents and fellows are expected to complete all licensure applications and documents in a comprehensive and timely manner in compliance with deadlines established by the Oklahoma State Board of Pharmacy and/or the National Association of Boards of Pharmacy. Residents and fellows must have either a valid Oklahoma Pharmacist License or a Pharmacist Intern License from the Oklahoma State Board of Pharmacy before being allowed to start their post-graduate residency or fellowship program, generally on July 1st. Residents and fellows are expected to be licensed pharmacists in the state of Oklahoma either prior to or within 90 days after the residency start date. If, due to unforeseen circumstances beyond the control of the resident or fellow, a license is not obtained within 90 days of the residency start date, the program will be modified (this may include extended in length) such that a minimum of 2/3 of the residency is completed as an Oklahoma licensed pharmacist. Failure to obtain a license will be grounds for suspension or termination from the residency or fellowship program. Failure to comply with (1) the pharmacy licensure laws of the State of Oklahoma and/or (2) the institutional requirements regarding licensure will be grounds for suspension or termination of residency or fellowship training.

Professional Liability Insurance

All residents are required to have professional liability insurance for activities within the scope of their residency training program. You will receive further instructions regarding professional liability insurance. If you are, or suspect that you might be, named in any legal actions involving a patient, immediately notify your RPD.

Standards of Conduct Training

Residents must complete mandatory Standards of Conduct training, which is kept on file electronically in Human Resources. Complete the training online: www.ouhsc.edu/compliance/standards.asp. Documentation of completion must be provided to the Residency Programs Coordinator or other designated support personnel by July 6.

HIPAA Training

Residents must complete mandatory HIPAA training, which must be kept on file electronically. HIPAA training is completed online: <http://apps.ouhsc.edu/hipaa/training/>. Documentation of completion must be provided to the Residency Programs Coordinator or other designated support personnel by July 6.

Environmental Health and Safety Training

All residents must complete mandatory Environmental Health and Safety training, which is kept on file electronically in Human Resources. Complete the training online:

<https://onpoint.ou.edu/Account/LogOn?ReturnUrl=%2f>. You are responsible for the following sections: Hazard Communication, Bloodborne Pathogens, Tuberculosis, Respiratory Protection Against TB, CDC's Hand Hygiene Procedures, Other Infectious Diseases, and Fire Safety. Documentation of completion must be provided to the Residency Programs Coordinator or other designated support personnel by July 6.

Title IX/Sexual Misconduct Awareness Training

Residents must complete mandatory Title IX/Sexual Misconduct Awareness training, which is kept on file electronically in Human Resources. Complete the training online:

<https://onpoint.ou.edu/Account/LogOn?ReturnUrl=%2f>. Documentation of completion must be provided to the Residency Programs Coordinator or other designated support personnel by July 6.

OUHSC Computer Usage

A user must utilize only his/her personal account accessible via a personal UserID and secured by a password of their choice and must not allow others to use their account. Users are responsible for their actions regarding personal account security, respect of others and the computing environment, copyright violations, and unauthorized access of OUHSC computer resources. Users may be held liable for illegal or damaging use of OUHSC computer resources. If discovered that their account has been accessed by another individual, users should **immediately** change their password and inform their IT systems support personnel of the situation.

Meditech Access

Meditech accounts are available to residents who practice in areas that utilize the Meditech system. Users must use only their assigned account accessible via a personal UserID and secure password and must not allow others to use their account. Users are responsible for their actions regarding personal account security, respect of others and the computing environment, copyright violations, and unauthorized access of Meditech computer resources. Users may be held liable for illegal or damaging use of Meditech computer resources. If discovered that their account has been accessed by another individual, users should **immediately** change their password and inform their Meditech systems support personnel.

Documentation of Immunization Status

Evidence of adequate immunization including measles, mumps, rubella, polio, varicella, and hepatitis B is required on initial entry into a residency training program or must be promptly obtained and provided to the Residency Programs Coordinator or other designated support personnel. Annual influenza immunization is required for those working in most, if not all, patient care areas. Tetanus, diphtheria, and pertussis immunization is recommended for those who have not received it previously or if it has been 10 years since previous immunization. TB skin tests are required upon entry into a program and annually thereafter. The University's tuberculosis policy was adopted pursuant to federal and state guidelines. Copies of the policy are available from the Office of Environmental Health and Safety. Residents must comply with all infection control and infectious exposure policies applicable to the medical staff in the affiliated hospitals and facilities to which they are assigned for rotations. Familiarity with Occupational Safety and Health Administration (OSHA) requirements is essential and periodic instruction is mandatory. Compliance with "universal precautions" as defined by the Centers for Disease Control and institutional infection control practices is expected.

Resident Rounds

OU College of Pharmacy Resident Rounds is a forum for education, collaboration, collegiality, and communication among OU College of Pharmacy residents. Resident Rounds is intended for all residents completing PGY1 or PGY2 residencies within the college. Mandatory meetings will be held weekly on Tuesday afternoons at 4:00 p.m. A schedule of topics is coordinated by the Chief Resident(s) and will be distributed monthly. While meetings will cover a broad range of topics, all meetings are intended to be an open discussion with all residents actively participating. Advance and/or follow-up assignments may be required to enhance the educational experience of the meetings.

Policy Regarding Teaching in College Residency Programs

Approval Date: June 14, 2013

Last Review Date: June 11, 2018

Rationale: As an institution of higher education, the University of Oklahoma College of Pharmacy values effective teaching as one method of advancing the profession; in fact, excellence in teaching is not only a College value but one of its strengths. Therefore, the College should develop and continually refine teaching skills in all individuals accepted into its post-graduate residency training programs.

Policy: All residency programs of the University of Oklahoma College of Pharmacy will require a longitudinal learning experience that provides basic knowledge of the skills required for effective teaching and also offers a diversity of opportunities for applying and practicing these skills.

1. PGY1 residency programs

- a. All PGY1 residency programs will require a longitudinal teaching skills learning experience which will include participation in teaching topics and pre-defined, concentrated learning experiences across the residency year. Additional details of this learning experience are included in attachment 1. The activities in this longitudinal learning experience may vary depending on the interests and developmental needs of each resident, but all residents are required to propose a teaching plan for the year using a planning template that includes a variety of options within 7 required areas outlined in detail in attachment 1. Didactic teaching experiences will be determined by dialogue and agreement among residency program directors, course coordinators, and the preceptor for the learning experience in teaching. Resident interests will be considered.

This plan must be developed no later than the end of the first month of the residency program and will be approved by the residency program director, the preceptor for the learning experience, and any course coordinators involved. This plan will also be presented to the residency review committee.

- b. Candidates successfully completing the longitudinal teaching experience will be awarded a certificate from the college at the completion of the residency year indicating successful attainment of Foundational Teaching Skills for Residents.

2. PGY2 residency programs

- a. All PGY2 residency programs will require a longitudinal teaching skills learning experience. Attachment 1 outlines details of this learning experience. The activities in this longitudinal learning experience may vary depending on the interests and developmental needs of each resident, but all residents are required to propose a teaching plan for the year using a planning template that includes a variety of options within the 9 required areas outlined in detail in attachment 1. Didactic teaching experiences will be determined by dialogue and agreement among residency program directors, course coordinators, and the preceptor for the learning experience in teaching. Resident interests will be considered.

This plan must be developed no later than the end of the first month of the residency program and will be approved by the residency program director, the preceptor for the learning experience, and any course coordinators involved. This plan will also be presented to the residency review committee.

- b. Residents coming to the University of Oklahoma College of Pharmacy from a PGY1 residency program without a formal learning experience in teaching will be required to complete the Foundational Teaching Skills learning experience required of all PGY1 residents at the College. In addition, they will be involved precepting students as the preceptor of record for at least one month with supervision from a residency program preceptor.
- c. All PGY2 residents involved with either introductory or advanced pharmacy practice experiences must obtain a preceptor's license from the Oklahoma State Board of Pharmacy by the end of the first quarter of their PGY2 residency year.
- d. Candidates successfully completing the PGY2 longitudinal teaching experience will be awarded a certificate from the college at the completion of the residency year indicating successful attainment of Advanced Teaching Skills for Residents.

This policy will be reviewed annually so that recommended changes may be incorporated into all residency programs in the coming residency year.

University of Oklahoma College of Pharmacy
Residency Review Committee Policy on PGY1 and PGY2 Resident Research

Approval Date: July 2010
Last Review Date: June 11, 2018

I. Purpose

The purpose of this policy is to provide a structured and comprehensive means by which PGY1 and PGY2 pharmacy residents engage in research. For each resident, the research process should include appropriate research mentors and resources. Additionally, residents should be involved in each step of the research process as outlined in the American Society of Health-System Pharmacists (ASHP) residency program outcomes, goals, and objectives. Considering the limited length of pharmacy residency programs (1-2 years), a proposed research timeline is provided for guidance.

II. Process

a. Pre-residency Research Interest Evaluation

Resident research interest areas should be obtained and evaluated by residency program directors (RPDs) prior to the residency start date. This can be accomplished by incorporating research interests into the pre-residency self-assessment. If appropriate, research ideas may be simultaneously solicited from College of Pharmacy (COP) faculty, institutional partners, etc. These ideas should not yet be formulated into a research question. From this point, the RPD can begin the process of matching resident research interests to available research mentors.

b. Research Committee

With the preliminary information provided by the resident, faculty, and partners (if applicable), the RPD works with COP department chairs to approve (or assist in designing) the resident research committee. Resident research committees may consist of the following (not an all-inclusive list):

- i. RPD
- ii. Content/ practice expert
- iii. Faculty member with expertise in study design, data analysis, and/or statistics

Each resident research committee should consist of the RPD and at least one other member, in order to draw upon the expertise of others and to ensure a comprehensive group of research mentors for each resident. Research committees are finalized with the approval of the department chairs of involved faculty. Committees should meet on a regular basis to discuss aspects of the research process (e.g. research question development, research methods development, data analysis). Committee members should have completed OUHSC IRB requirements for participation in research involving human subjects.

c. Research Curriculum

Each resident should participate in a research curriculum, which includes the following:

- i. Reading the AJHP series of articles entitled “Research Fundamentals” (preferably prior to the residency start date) – these articles may be found at:
<http://www.ashpfoundation.org/MainMenuCategories/ResearchResourceCenter/2017-Residency-Research-Tips.pdf>
- ii. Reviewing the ASHP Foundation’s Research Tips for Pharmacy Residents (preferably prior to the residency start date) – these tips may be found at:
<http://www.ashpfoundation.org/MainMenuCategories/ResearchResourceCenter/2017-Residency-Research-Tips.pdf>
- iii. Completing OUHSC IRB certification requirements for conducting research involving human subjects
(http://www.ouhsc.edu/irb/Education_MainPg.asp)
 1. Completion of the CITI (Collaborative IRB Training Initiative) Basic Web-Based Course
 2. Written Attestation
 3. Continuing Education (CITI Refresher Web-Based Course - completion required every two years)
- iv. Participating in research development seminars/workshops during residency orientation and/or Resident Rounds

d. Conducting Research

Residents should be integrally involved in each step of the research process as outlined by ASHP. Although residents may not have the practical experience necessary to fully develop a research question alone, providing the resident with a developed research question should be avoided. Resident research steps, as outlined by ASHP, are as follows:

- i. Identify a topic for a practice-related project of significance for pharmacy practice
 1. The NIH Priority Challenge Topics List is a potential resource for ideas that may be formulated into research questions:
http://grants.nih.gov/grants/funding/challenge_award/High_Priority_Topics.pdf
- ii. Formulate a feasible design for a practice-related project
- iii. Secure any necessary approvals:
 - a. Residency Review Committee
 - b. Institutional Review Board
 - c. OU Medical Center Director of Research:
 - a. Prospective studies involving OU Medical Center/Meditech – submit full IRB application and OU Medical Center Resources Required Form to Director of Research
 - b. Retrospective studies involving OU Medical Center/Meditech – submit full IRB application to Director of Research

- c. Any IRB protocol modifications should be resubmitted (if applicable) and feedback from the Director of Research at OU Medical center is expected within two weeks
 - iv. Implement a practice-related project as specified in its design
 - v. Effectively present the results of a practice-related project (see below)
 - vi. Successfully employ accepted manuscript style to prepare a final report of a practice-related project
 - e. Research Presentations
 - i. PGY1 and PGY2 residents will present a research podium presentation to a high-level local, regional, or national audience.
 - ii. PGY1 residents will present a poster at a local, regional, or national meeting that provides access to a high-level viewing audience. This activity is optional for PGY2 residents who have presented such a poster as a PGY1 resident.
 - iii. Preferably, at least one of the presentations above will be delivered to a national audience.
 - f. Closure of research project. The resident must schedule a meeting with the research mentor to determine the final disposition of the research project prior to completion of the residency program. At this session the mentor will determine if the resident needs to close the IRB study or if it should remain active beyond the completion date of the residency program, in which case the research mentor will be responsible for closure. In addition, the resident must return all project data to the research mentor and ensure compliance with the Protected Health Information (PHI) Clearance Form. The form at the end of this policy (maintaining de-identified research data beyond the residency end date) must be signed by the resident, research mentor, and residency program director. In the event that written permission is granted to possess research project data for an appropriate purpose beyond the residency end date, such data must be verified by the resident and research mentor to be in a de-identified format that excludes any currently accepted PHI elements.

g. Research Timeline and Responsible Parties (example)

| Month | Activity | Responsible Party |
|---------------------------------|---|--|
| May | Obtain resident research interests Obtain list of research ideas from faculty, preceptors, partners, etc. | RPD RPD |
| June | Preliminarily match resident research interests with appropriate mentor(s) Design & finalize research committee | RPD RPD & department chair(s) |
| July <i>Residency begins</i> | First resident & research committee meeting Develop research question Complete IRB certification requirements (CITI online training) | Resident & committee Resident & committee Resident |
| August | Develop project methods Prepare IRB protocol | Resident & committee Resident (with mentorship) |
| September | Submit IRB protocol to RRC for review Submit protocol to IRB Submit IRB protocol and Resources Required Form (if applicable) to OU Medical Center Director of Research Prepare ASHP abstract (if applicable) by September 15 for committee review | Resident Resident Resident Resident (with mentorship) |
| October | Submit ASHP abstract (if applicable) by October 1 Finalize study logistics | Resident Resident & committee |
| November | Initiate study (data collection) Prepare ASHP poster (if applicable) by November 15 for committee review Send list of proposed journals for submission to RPD & content mentor | Resident Resident (with mentorship) Resident |
| December | Continue data collection Begin manuscript writing (background, methods) Send ASHP MCM poster to printer 1 week before departure Present poster of research plan at ASHP MCM (if applicable) Prepare 1 st manuscript draft (title page, intro, & methods) and send to RPD and content mentor by December 15 | Resident Resident Resident Resident Resident |
| January | Continue data collection Prepare for data analysis | Resident Resident & committee |
| February | Continue data collection Prepare & submit abstract for regional conference (dates TBD) Prepare & practice research presentation Begin data analysis | Resident Resident (with mentorship) Resident Resident & committee |
| March | Continue data analysis Prepare & practice research presentation Finalize slides for research presentation Prepare 2 nd manuscript draft (revised 1 st draft plus, preliminary results, & table shells) and send to RPD and content mentor by | Resident & committee Resident Resident (with mentorship) Resident (with |

| | | |
|-------------------------------|---|--|
| | March 15 | mentorship) |
| April | Continue data analysis (if needed) Present research at regional conference | Resident & committee Resident |
| May | Present research at regional conference Begin next year's research process | Resident RPD |
| June <i>Residency ends</i> | Prepare final manuscript draft (revised 2 nd draft plus results & discussion section) and send to committee for review by June 1st Submit final IRB report Continue preparation for next year's resident research | Resident (with mentorship) Resident RPD RPD |

III. Evaluation

This policy will be evaluated by the Residency Review Committee on a regular basis and modifications will be made as necessary.

Maintaining De-identified Research Data Beyond the Residency End Date

If approval is provided to a Resident to maintain access to data from a research project conducted as a component of his/her program, such data must be in de-identified format. It is the responsibility of the Resident, Research Mentor, and Residency Program Director (if different) to ensure the following HIPAA designated PHI identifiers are absent from any de-identified files taken with the resident beyond the end date of the residency program.

- 1) Names
- 2) Geographic subdivision (e.g. street address, city, county, and zip code)
- 3) Names of relatives
- 4) Name of employer
- 5) Birthdate
- 6) Date of treatments
- 7) Telephone numbers
- 8) Fax numbers
- 9) E-mail address
- 10) Social security number
- 11) Medical record number
- 12) Health plan beneficiary number
- 13) Account number
- 14) License number
- 15) Vehicle identifiers, serial numbers, license plate numbers
- 16) Device identifiers and serial numbers
- 17) URLS
- 18) Internet Protocol address numbers
- 19) Biometric identifiers, including finger or voice prints
- 20) Full face photographic images and other comparable images
- 21) Any other unique identifying numbers, characteristic, or code.

Following verification and signatures, this document should be forwarded to the Office of Experiential and Residency Programs (attention, Residency Programs Coordinator).

| | | |
|---|------------------|-------------|
| Resident Name Please Print | Signature | Date |
| Research Mentor Name Please Print | Signature | Date |
| Residency Director Name Please Print | Signature | Date |

PGY1 and PGY2 Residency Checklists

The OU College of Pharmacy Residency Programs requires the residents to complete the following checklists according to the specified timeframe listed below.

| Checklist | Description | Completion Date | Location of Document |
|------------------------------|---|--|--|
| Orientation | Includes university-required and research on-line training and documentation of certifications and licensure | End of 1 st full week in July | Appendix A of handbook |
| Program Checklist | Includes requirements for successful completion of the specific residency program including required rotations, required topics covered (PGY2 programs only), and ASHP objectives completed | End of residency | Offer letter and status to date discussed at RPD quarterly evaluations |
| Exit survey | Includes open-ended questions evaluating the resident's perceptions of the program and suggestions for improvement | End of residency | Appendix B of handbook |
| Portfolio checklist | Includes required documentation for completion of the resident's program | End of residency | Appendix C of handbook |
| De-identified data checklist | Includes list of data that residents must remove in order to completely de-identify their data from their research project | End of residency | Page 19 of handbook |

POLICIES

Resident Duty Hours in the Learning and Working Environment

Purpose

All programs must be committed to providing each resident with a stable environment that is conducive to education. This includes considerations regarding resident well-being and patient safety. The program's educational objectives must not be overshadowed by excessive service obligations required of residents. See the Duty-Hour Requirements for Pharmacy Residencies policy for additional information (<https://www.ashp.org/-/media/assets/professional-development/residencies/docs/duty-hour-requirements.ashx>).

Definitions:

Duty Hours: Duty hours are defined as all clinical and academic activities related to the pharmacy residency program. This includes inpatient and outpatient care, in-house call, administrative duties, scheduled and assigned activities such as conferences, committee meetings, and health fairs that are required to meet the goals and objectives of the residency program. Duty hours must be addressed by a well-documented, structured process.

Duty hours do not include: reading, studying, and academic preparation time for presentations, or journal clubs; or travel time to and from conferences; or hours that are not scheduled by the residency program director or preceptor.

Scheduled Duty Periods: Assigned duties, regardless of setting, that are required to meet the educational goals and objectives of the residency program. These duty periods are usually assigned by the residency program director or preceptor and may encompass hours which may be within the normal work day, beyond the normal work day, or a combination of both.

Moonlighting: Voluntary, compensated, pharmacy-related work performed outside the organization (external) or within the organization where the resident is in training (internal), or at any of its related participating sites. These are compensated hours beyond the resident's salary and are not part of the scheduled duty periods of the residency program.

Continuous Duty: Assigned duty periods without breaks for strategic napping or resting to reduce fatigue or sleep deprivation.

Strategic Napping: Short sleep periods, taken as a component of fatigue management, which can mitigate the adverse effects of sleep loss.

ASHP DUTY HOURS REQUIREMENTS

Residents, program directors, and preceptors have the professional responsibility to ensure they are fit to provide services that promote patient safety. The RPD must ensure that there is not excessive reliance on residents to fulfill service obligations that do not contribute to the educational value of the residency program or that may compromise their fitness for duty and endanger patient safety. Providing residents with a sound training program must be planned, scheduled, and balanced with concerns for patient safety and residents' well-being. Therefore, programs must comply with the following duty hour requirements:

I. Personal and Professional Responsibility for Patient Safety

- a. Residency program director must educate residents and preceptors concerning their professional responsibilities to be appropriately rested and fit for duty to provide services required by the patients and health care.
- b. Residency program director must educate residents and preceptors to recognize signs of fatigue and sleep deprivation, and adopt processes to manage negative effects of fatigue and sleep deprivation to ensure safe patient care and successful learning.
- c. Residents and preceptors must accept personal and professional responsibility for patient care that supersedes self interest. At times, it may be in the best interest of the patient to transition the care to another qualified, rested provider.
- d. If the program implements any type of on-call programs, there must be a written description that includes:
 - The level of supervision a resident will be provided based on the level of training and competency of the resident and the learning experiences expected during the on-call period.
 - Identification of a backup system, if the resident needs assistance to complete the responsibilities required of the on-call program.
- e. The residency program director must ensure that residents participate in structured handoff processes when they complete their duty hours to facilitate information exchange to maintain continuity-of-care and patient safety.

II. Maximum Hours of Work per Week and Duty Free Times

- a. Duty hours must be limited to 80 hours per week, averaged over a four-week period, inclusive of all in-house call activities and all moonlighting.
- b. Moonlighting (internal or external) must not interfere with the ability of the resident to achieve the educational goals and objectives of the residency program.
 1. All moonlighting hours must be counted towards the 80-hour maximum weekly hour limit.
 2. Programs that allow moonlighting must have a documented structured process to monitor moonlighting that includes at a minimum:
 - The type and number of moonlighting hours allowed by the program.
 - A reporting mechanism for residents to inform the residency program directors of their moonlighting hours.
 - A mechanism for evaluating residents' overall performance that may affect residents' judgment while on scheduled duty periods or impact their ability to

achieve the educational goals and objectives of their residency program and provide safe patient care.

- A plan for what to do if residents' participation in moonlighting affects their judgment while on scheduled duty hours.
- c. Mandatory time free of duty: residents must have a minimum of one day in seven days free of duty (when averaged over four weeks). At-home call cannot be assigned on these free days.
- d. Residents should have 10 hours free of duty between scheduled duty and must have a minimum 8 hours between scheduled duty periods.
- e. If a program has a 24 hour in-house call program, residents must have at least 14 hours free of duty after the 24 hours of in-house duty.

III. Maximum Duty Period Length

- a. Continuous duty periods of residents should not exceed 16 hours. The maximum allowable duty assignment must not exceed 24 hours even with built in strategic napping or other strategies to reduce fatigue and sleep deprivation, with an additional period of up to two hours permitted for transitions of care or educational activities.
- b. In-House Call Programs
 1. Residents must not be scheduled for in-house call more frequently than every third night (when averaged over a four-week period).
 2. Programs that have in-house call programs with continuous duty hours beyond 16 hours and up to 24 hours must have a well-documented structured process that oversees these programs to ensure patient safety, resident well-being, and provides a supportive, educational environment. Well-documented, structured process must include at a minimum:
 - How the program will support strategic napping or other strategies for fatigue and sleep deprivation management for continuous duty beyond 16 hours.
 - A plan for monitoring and resolving issues that may arise with residents' performance due to sleep deprivation or fatigue to ensure patient care and learning are not negatively affected.
- c. At-Home or other Call Programs
 1. At-home call must not be so frequent or taxing as to preclude rest or reasonable personal time for each resident.
 2. Program directors must have a method for evaluating the impact on residents of the at-home or other call program to ensure there is not a negative effect on patient care or residents' learning due to sleep deprivation or serious fatigue.
 3. Program directors must define the level of supervision provided to residents during at-home or other call.
 4. At-home or other call hours are not included in the 80 hours a week duty hours calculation, unless the resident is called into the hospital/organization.
 5. If a resident is called into the hospital/organization from at-home or other call program, the time spent in the hospital/organization by the resident must count toward the 80-hour maximum weekly hour limit.
 6. The frequency of at-home call must satisfy the requirement for one-day-in-seven free of duty, when averaged over four weeks. No at-home call can occur on the day free of duty.

OU College of Pharmacy Specific Duty Hours Policy

A person who accepts full-time employment as a resident at the University of Oklahoma College of Pharmacy assumes a primary professional obligation to the university. Any other employment or enterprise in which a resident engages for income must be approved by the Residency Program Director (RPD) and understood to be definitely secondary to his/her residency. This desired work must be disclosed in writing to the RPD upon starting the residency program. Residents may be allowed to engage in work outside the program up to a maximum of 32 hours per month. Hours in excess may be approved by the RPD and Residency Review Committee (RRC) upon request. If work outside the program interferes with the resident's primary professional obligation to the program, the RPD and RRC may further restrict the maximum hours of work allowable outside the program. Residents should also be concerned to avoid possible conflict of interest with the university in all outside employment. Questions regarding potential conflict of interest should be addressed to the RPD, who may wish to consult the university's legal counsel.

Duty Hours Exceptions

The RRC may grant exceptions for up to 10%, maximum of 88 hours per week, to individual educational experiences on a case-by-case basis. Preceptors for such experiences must provide sound educational rationale for the exception. Preceptors must also provide pertinent information regarding patient safety, moonlighting, call schedules, and resident supervision. The RRC will monitor and reevaluate approved exceptions at a reasonable interval and determine if continuance is appropriate.

Duty Hours Documentation

Duty hours should be recorded at least weekly at www.e-value.net under a secure login. The Residency Programs Coordinator will provide login information to each resident and additional details about this requirement. The Residency Programs Coordinator will monitor documented duty hours and report any inconsistencies with this policy to both the Residency Program Director and the Residency Review Committee.

College of Pharmacy Resident Dress Code

Policy Statement: It is the policy of the University of Oklahoma College of Pharmacy that certain minimum standards of dress which are also culturally sensitive are necessary to define the professional environment in which students, faculty, staff, and guests of the college and university reside. As such, all individuals are responsible for appropriate and respectful dress within the professional pharmacy environment consistent with the varied educational climates of which they are a part.

Society places higher expectations of personal appearance, professional behavior, competence, integrity, and caring on health care professionals. As a member of the College of Pharmacy, an individual's personal appearance is an extension of the college and will reflect how colleagues, faculty, guests, patients, and the community view the individual, the program, and the profession of pharmacy.

Guidelines: Business casual is the appropriate standard of dress for individuals in most pharmacy environments. Clean personal hygiene is part of this standard. It is recognized that individuals participate in various pharmacy environments and that these other environments may have additional dress requirements that must be adhered to while participating in the required or volunteer activities associated with these other sites. Each individual is responsible to become familiar with any special requirements at other sites while adhering to the dress requirements of the college.

Dress for Office and Learning Experiences

Unacceptable: Dirty and/or torn footwear, sunglasses, pajamas, bare midriffs, exposed undergarments, and strapless tops are prohibited. Scrubs are not appropriate unless in an area where they are required attire (OR, Emergency Room, IV Room). Hats/caps are prohibited.

Individuals are expected to exhibit a professional appearance in dress, hygiene, grooming, and demeanor and to adhere to the standards of dress and behavior specified by the preceptor. These standards should be identical to those required of all pharmacy staff at the practice site. White jackets are to be worn at all times while in the clinical area unless another dress code is set by the preceptor. Business casual dress is appropriate for the women; a tie accompanying normal street attire is appropriate for the men. Denim jeans are inappropriate dress. Revealing attire is inappropriate dress. Sandals are generally not appropriate. It is important to always project a professional image.

Official University of Oklahoma photo ID name tags revealing the individual's name and academic status (e.g., Doctor of Pharmacy, Resident) must be worn at all times in the practicum areas.

Disciplinary Procedures

A written reprimand will be placed in the individual's personnel file with a copy to the Associate Dean for Professional Programs and Residency Review Committee. Failure to comply with the dress code may result in administrative action including suspension from the program.

Professional Meeting Expectations for Residents

Travel support is provided by the college for residents to attend certain meetings during the residency year. If meeting expectations are not met, travel reimbursement may be withdrawn and the resident will be responsible for all expenses.

Professional meeting expectations for residents:*

1. Check in with the attending designated college representative (RPD/Residency Coordinator, Programs Coordinator, etc.) once you arrive at the meeting destination and have settled into your accommodations.
2. Attendance during regular business hours is expected each day the resident is at the meeting.
3. Attend OUHSC College of Pharmacy colleagues' poster and/or platform presentations when they do not conflict with other sessions of interest.
4. Attend at least one poster or platform presentation about a topic that is of professional interest to you and/or your research. Be prepared to discuss what you learned from that poster or platform presentation with other residents during a future Resident Rounds meeting.
5. Attend any reception that is sponsored by the OU College of Pharmacy.
6. Always represent the OU College of Pharmacy in a professional manner both during and outside of meeting events.

* Alterations of these expectations must be approved by the resident's RPD or other on-site designee.

Chief Pharmacy Resident Policy

Description: The Chief Pharmacy Resident is a PGY2 pharmacy resident who manages and coordinates professional and social activities of all concurrent pharmacy residents (PGY1 and PGY2), delegating tasks to other residents as appropriate. The Chief Pharmacy Resident provides leadership in all areas pertaining to pharmacy residency programs, monitoring the professional and personal well-being of each resident.

Qualifications:

- A PGY2 pharmacy resident for the full residency year for which application is submitted
- A demonstrable history of leadership roles and capabilities

Application:

The application process consists of submitting a written letter of application to the Residency Review Committee (RRC) and/or a brief interview with the RRC. Details regarding the selected process for the residency year and corresponding deadlines will be provided at resident orientation. If a letter is required, it should highlight the applicant's qualifications and cite specific examples of previous leadership. After RRC review of all applications, appointment of the Chief Pharmacy Resident(s) is made by the Associate Dean for Professional Programs.

Chief Resident Duties:

1. Serves as a liaison and spokesperson for the residents to the RRC for resident-related issues
 - Participates in RRC meetings once per month
 - Gives a verbal report to the RRC on residents' views about their overall development and potential barriers to program's and resident's goals
 - Communicates feedback to residents
 - Facilitates communication between residents as necessary
2. Organizes activities involving all College of Pharmacy residents
 - Facilitates ASHP Midyear Conference meeting registration, lodging, abstract submission, and transportation (working closely with the Residency Programs Coordinator or other designated support personnel)
 - Assists the Residency Programs Coordinator (or other designated support personnel) in planning the end-of-year Resident Farewell Celebration
 - Assists with the planning of resident orientation for the next residency class

3. Facilitates the coordination of Resident Rounds and Resident Grand Rounds for the entire residency year
 - Assists in planning and scheduling topics and presenters
 - Distributes meeting schedule and preparation assignments to residents and preceptors as necessary
 - Conducts monthly Resident Meetings within Resident Rounds
 - Maintains minutes of meetings and topics as necessary
 - Ensures connectivity of distant sites: arrives 10 minutes early to ensure room set up and technological connection
4. Participates in resident recruitment
 - Participates and coordinates the involvement of all attending residents in OSHP and ASHP Residency Showcases
 - Participates in the on-site interview process for PGY1 & PGY2 residency programs
5. Chief Resident Development

Attends leadership development series meetings with the Associate Dean for Professional Programs, RRC Chair, and/or others as assigned. The Chief Resident Development meeting schedule will be provided upon selection of the Chief Resident.

 - August and September – Weekly meetings
 - October through June – Monthly meetings
6. Relationships:
 - a. Directly reports to RRC Chair
 - b. Indirectly reports to Associate Dean for Professional Programs and the Residency Review Committee
 - c. Works with Residency Programs Coordinator (or other designated support personnel) for selected activities

Medical Records

Properly maintained and completed medical records are of the utmost importance in caring for patients and also serve as a basis for some clinical investigative work. Therefore, great emphasis is placed on the preparation, maintenance and preservation of medical records in the hospitals and clinics. Although computerized clinical information systems continue to expand in all our patient care facilities, there is still great use of and dependence on written medical records. Accordingly, residents should be aware of the rules and regulations regarding medical records. Specific rules concerning medical records vary with the different services and hospitals. General rules apply to all services, and they are:

Preservation of Medical Records

1. No medical record may be removed from the files without a proper sign-out of the record to show where it has been taken and who is responsible for it.
2. If a medical record, subsequent to its removal from the files, is transferred from one person to another, it is the responsibility of the person to whom the record is charged to notify the appropriate Medical Records Department.
3. Medical records must not be taken from the hospital.
4. Medical records of patients previously treated are available to residents for approved education or research purposes subject to any hospital or clinic policies.

Confidentiality of Medical Records

1. Residents are cautioned that medical records are confidential. The use and disclosure of the health information contained in a medical record are restricted by the regulations (Privacy Regulations) promulgated pursuant to the Health Insurance Portability and Accountability Act (HIPAA) of 1996.
2. Residents must comply with the University's Privacy Policies and Procedures (Privacy Policies) implementing the Privacy Regulations. The failure to comply with the Privacy Policies will result in corrective action, including the possibility of termination from the program.
3. Residents must make reasonable efforts to safeguard medical information. For example, residents should not discuss particular patients in public and should not leave medical records in places where unauthorized persons could access them.
4. Residents must use extreme caution when storing health information on portable devices.
5. Residents must comply with any policies developed by the University related to the security of health information.

Administrative Academic Action

Administrative academic actions include probation, suspension, and termination from the residency program. The particular administrative action imposed shall be based on individual circumstances and will not necessarily follow the sequential order in which they are described below. In the event a resident is subject to any administrative action, the resident shall be provided a written statement of these actions by the Program Director.

A. Probation

1. A resident may be placed on probation by a training program for reasons including but not limited to any of the following:
 - a. Failure to meet the performance standards of an individual rotation.
 - b. Failure to meet the performance standards of the training program.
 - c. Misconduct that infringes on the principles and guidelines set forth by the training program.
 - d. Failure to meet the requirement to inform the Program Director of any professional employment outside the residency program or to comply with limitations established.
 - e. When reasonably documented professional misconduct or ethical charges are brought against a resident, which bear on his/her fitness to participate in the training program.
 - f. Failure to comply with University's compliance program.
 - g. Failure to pass required pharmacy licensing examinations.
2. When a resident is placed on probation, specific remedial steps shall be established by the Program Director and provided to the resident in a written statement in a timely manner, usually within a week of the notification of probation.
3. The probation action will establish a length of time in which the resident must correct the deficiency or problem.
4. Depending on compliance with the remedial steps established by the Program Director, a resident may be:
 - a. continued on probation,
 - b. removed from probation,
 - c. placed on suspension, or
 - d. terminated from the residency program.

B. Suspension

1. A resident may be suspended from a residency program for reasons including, but not limited to, any of the following:
 - a. Failure to meet the requirements of probation.
 - b. Failure to meet the performance standards of the training program.
 - c. When reasonably documented professional misconduct or ethical charges are brought against a resident, which bear on his/her fitness to participate in the training program.
 - d. Failure to meet the requirement to inform the Program Director of any professional employment outside the residency program or to comply with limitations established.
 - e. When reasonably documented legal charges have been brought against a resident, which bear on his/her fitness to participate in the training program.
 - f. If a resident is deemed an immediate danger to patients, himself or herself, or to others.
 - g. If a resident fails to comply with the pharmacy licensure laws of the State of Oklahoma.
 - h. Failure to comply with University's compliance program.

2. When a resident is suspended, a written notice of the suspension and the reasons for the action shall be provided to the resident by the Program Director with a copy of the notice forwarded to the Associate Dean for Professional Programs.
3. Suspension may be with or without pay as appropriate depending upon the circumstances.
4. Suspension must be followed by appropriate measures determined by the Program Director to assure satisfactory resolution of the problem(s). During this time, the resident will be placed on "administrative leave" and may not participate in regular duties, rounds, or educational conferences.
5. Subsequent to suspension a resident may be:
 - a. reinstated with no qualifications,
 - b. reinstated on probation,
 - c. continued on suspension, or
 - d. terminated from the program.

C. Termination

1. Termination from a residency program may occur for reasons including but not limited to any of the following:
 - a. Failure to meet the performance standards of the training program.
 - b. Illegal conduct.
 - c. Unethical conduct.
 - d. Performance and behavior which compromise the welfare of patients, self, or others.
 - e. Failure to comply with the pharmacy licensure laws of the State of Oklahoma.
 - f. Failure to comply with University's compliance program.
2. The Program Director, at the time of notification to the resident, shall provide the resident a written letter of termination stating the reasons for such action and the date termination becomes effective. A copy of this notice shall be forwarded to the Associate Dean for Professional Programs.

Grievances

The University, through its designated officials, retains the right to make final determination as to the academic qualifications, performance evaluations, professional conduct, promotion, suitability for continued training, and certification of residents participating in the University's post Pharm.D. education programs. This section defines the policies and procedures for resident grievances.

A. Definition of a Grievance

1. An allegation of wrongful administrative action (e.g. failure of the Program Director to follow established procedures) resulting in probation, failure to promote, suspension, or termination of residency training.
2. A complaint concerning interpretation or application of rights under the residency agreement.
3. Actions, including termination of residency training, resulting from a resident's failure to comply with the requirements of the pharmacy licensure laws of the State of Oklahoma are not subject to the grievance procedure(s).

B. Grievance Procedure

1. Complainants who exercise their right to use this procedure agree to accept its conditions as outlined.
2. A resident may have a grievance only on the matters stated in Section A.1 and/or A.2 above.
3. The resident shall first discuss his/her grievance with the training Program Director and attempt to resolve the issue within the program. This must occur within seven (7) calendar days of the date on which the resident was notified by the Program Director of the action in question.
4. If the resident is unable to resolve the matter at the level of the Program Director, he/she may request a meeting with the Associate Dean for Professional Programs for the purpose of addressing his/her grievance. This request must be in writing and must contain the specific grounds for filing the grievance. The request must be submitted within seven (7) calendar days of the failed attempt to resolve the issue with the Program Director.
5. The Associate Dean for Professional Programs shall meet with the resident to discuss his/her grievance and then explore the grounds for the grievance.
6. The Associate Dean for Professional Programs shall attempt to resolve the grievance between the parties involved. Both parties will be notified in writing by the Associate Dean for Professional Programs of the resolution, or if he determines that the matter cannot be resolved.
7. Within seven (7) calendar days of notification of the resident by the Associate Dean for Professional Programs that the matter cannot be resolved, the resident may request a grievance hearing by a Residency Appeals Committee. The request for a hearing shall be written and submitted to the Dean of the College of Pharmacy. If no appeal is filed within the seven (7) calendar day period, the case is considered closed.
8. Upon receipt of a properly submitted request for a hearing, the Dean of the College of Pharmacy shall appoint an ad hoc Resident Appeals Committee for the purpose of considering the specific grievance(s) of the resident.
9. The Resident Appeals Committee shall be composed of six (6) members: three (3) selected from the faculty of the College of Pharmacy: Department of Clinical and

Administrative Sciences and three (3) selected from residents within the college. The Chair of the Appeals Committee shall be selected by the Dean from the faculty members appointed. The Associate Dean for Professional Programs shall serve *ex officio*, without vote, on the appeals committee. The parties shall be notified of the membership of the committee. Committee members with a conflict of interest will be replaced.

10. The Chair of the Appeals Committee or the Associate Dean for Professional Programs shall notify the parties of the date, time, and location of the hearing. Parties are responsible for (1) giving such notice to any witnesses whom they wish to call for testimony relevant to the matters in the grievance, and (2) arranging for participation of witnesses in the hearing. The hearing shall be scheduled to ensure reasonably that the complainant, respondent, and essential witnesses are able to participate.
11. The resident may be advised by legal counsel at his/her own expense. If the resident intends to have legal counsel present at the hearing, the resident must notify the Associate Dean for Professional Programs in writing at least fifteen (15) calendar days prior to the Appeals Committee hearing. Legal counsel for the complainant and the respondent may advise their clients at the hearing but may not directly address the Appeals Committee or witnesses. Legal Counsel for the University may advise the Appeals Committee.
12. If the resident is accompanied by legal counsel at the hearing or, if allowed at any prior steps where the resident and University official(s) meet, University legal counsel shall also be present.
13. The parties shall each submit a list of the witnesses to be called and the actual exhibits to be presented at the hearing to the Associate Dean for Professional Programs at least seven (7) calendar days in advance of the hearing. The parties are responsible for acquiring evidence and requesting witnesses' attendance. The list of witnesses and exhibits from each party will be provided to the other party and to the appeals committee chair.
14. In the event the grievance is resolved to the satisfaction of all parties prior to the hearing, a written statement shall indicate the agreement recommended by the parties and shall be signed and dated by each party and by the Chair of the Appeals Committee. This agreement shall be filed with the Dean of the College of Pharmacy, with a copy to the Associate Dean for Professional Programs for the administrative file.
15. The Resident Appeals Committee shall hear the grievance. The Committee shall determine the procedure and conduct of the meeting. The hearing shall be closed unless all principals in the case agree to an open hearing. The Associate Dean for Professional Programs shall arrange audio tape recording of the hearing and copies will be provided to the parties upon request.
 - a. Witnesses will be asked to affirm that their testimony will be truthful.
 - b. Witnesses other than the complainant and the respondent shall be excluded from the hearing during the testimony of other witnesses. All parties and witnesses shall be excluded during the deliberations of the Appeals Committee.
 - c. Burden of proof is upon the complainant and must be by a preponderance of the evidence.
 - d. Formal rules of evidence shall not apply.
 - e. The parties will have reasonable opportunity to question witnesses and present information and argument deemed relevant by the Appeals Committee Chair.
 - f. Final decisions by the Appeals Committee shall be by majority vote of the members present and voting.

16. The responsibility for academic evaluation and evaluation of patient care skills rests with the faculty of the training program. The primary responsibility of the Appeals Committee is to review disputes as defined in Section A.1 and A.2 which have not been satisfactorily resolved at any steps prior to the hearing.
17. The Appeals Committee shall render a signed, written report of its findings and recommendations regarding the dispute in question to the Dean of the College of Pharmacy. The Committee's report shall be prepared and properly transmitted within seven (7) calendar days after conclusion of its deliberations.
18. The Dean of the College of Pharmacy shall review the findings and recommendations of the Appeals Committee and render a final decision regarding the grievance and appropriate action. Within fifteen (15) calendar days of receipt of the Appeals Committee's findings and recommendations, the Dean shall inform the resident and the Program Director of the findings of the Appeals Committee and of the Dean's decision. A copy of the Dean's decision shall be transmitted to the Chair of the Appeals Committee and to the Associate Dean for Professional Programs to be placed in the resident's administrative file.

Policy on Prevention of Alcohol Abuse and Drug Use on Campus and in the Workplace

The University of Oklahoma recognizes its responsibility as an educational and public service institution to promote a healthy and productive environment. This responsibility demands implementation of programs and services which facilitate that effort. The University is committed to a program to prevent the abuse of alcohol and the illegal use of drugs and alcohol by its students and employees. The University program includes this policy which prohibits illegal use of drugs and alcohol in the workplace, on University property, or as part of any University sponsored activities. It shall be the Board of Regents' policy that:

1. All students and employees shall abide by the terms of this policy as a condition of initial and continued enrollment/employment.
2. The illegal use of drugs and alcohol is in direct violation of local, state, and federal laws as well as University policies governing faculty, staff, and student conduct. This policy strictly prohibits the illegal use, possession, manufacture, dispensing or distribution of alcohol, drugs, or controlled substances in the workplace; on its premises; or as part of any University-sponsored activities.
3. Violating this policy shall be a major offense, which can result in a requirement for satisfactory participation in a drug or alcohol rehabilitation program, referral for criminal prosecution, and/or immediate disciplinary action up to and including termination from employment and suspension or expulsion from the University. A criminal conviction is not required for sanctions to be imposed upon an employee or student for violations of this policy.
4. Violations of applicable local, state, and federal laws may subject a student or employee to a variety of legal sanctions including, but not limited to, fines, incarceration, imprisonment, and/or community service requirements. Convictions become a part of an individual's criminal record and may prohibit certain career and professional opportunities. A current listing of applicable local, state and federal sanctions can be obtained through the Offices of Student Affairs and Human Resources.
5. An employee shall notify his or her supervisor in writing of a criminal conviction for drug or alcohol-related offenses occurring in the workplace no later than five calendar days following the conviction.
6. The University shall establish and maintain Employee Assistance Programs and Student Counseling Services for counseling and training programs to inform students and employees about the dangers of drug and alcohol abuse. Voluntary participation in or referral to these services is strictly confidential.
7. An employee shall not perform safety sensitive functions while an illegal drug is in his or her system.
8. The University may require drug testing of safety sensitive employees (as defined by federal law) prior to employment, when there is reasonable cause, after an accident, on a random basis, and before allowing an employee to return to duty after refusing to take a drug test or after not passing a drug test.
9. The University shall annually distribute this policy to all staff, faculty, and students.

Health risks generally associated with alcohol and drug abuse can result in but are not limited to a lowered immune system, damage to critical nerve cells, physical dependency, lung damage, heart problems, liver disease, physical and mental depression, increased infection, irreversible memory loss, personality changes, and thought disorders.

The appropriate Senior Vice President and Provost or Executive Officer is responsible for notifying federal funding agencies within ten calendar days whenever an employee is convicted of a drug-related crime which occurred in the workplace. This policy is subject to the grievance procedures stated elsewhere in the Board of Regents policy. (RM, 4-6-89, 9-5-90, 12-6-04, 6-23-04) and is subject to the grievance procedure as stated in the Resident Handbook.

Equal Opportunity

This institution, in compliance with all applicable Federal and State laws and regulations, does not discriminate on the basis of race, color, national origin, sex, sexual orientation, genetic information, age, religion, disability, political beliefs, or veteran status in any of its policies, practices, or procedures. This includes but is not limited to admissions, employment, financial aid, and educational services.

Non-Discrimination Policy

Diversity is one of the strengths of our society as well as one of the hallmarks of a great university. The University supports diversity and is committed to maintaining employment and educational settings that are multicultural, multiracial, multiethnic, and all-inclusive. Respecting differences is one of the University's missions.

The University has a policy of internal adjudication in matters relating to alleged discrimination. Any faculty member, staff member, or student, including without restriction, those on temporary or part-time status, who believes that he or she has been discriminated or retaliated against should file a complaint under the Grievance Procedure for Equal Opportunity. Any attempt to penalize or retaliate against a person for filing a complaint or participating in the investigation of a complaint of discrimination and/or harassment will be treated as a separate and distinct violation of this policy. To contact the Equal Opportunity Office: 755 Research Parkway, Building 4, Suite 429 - 405-271-2110.

The most up to date University policy regarding non-discrimination may be viewed in the current faculty handbook: <http://www.ouhsc.edu/provost/FacultyHandbook.asp>

Sexual Misconduct, Discrimination, and Harassment Policy

The University is committed to creating and maintaining a community where all persons who participate in University programs and activities can work and learn together in an atmosphere free from all forms of harassment, exploitation, or intimidation. The University condemns discrimination based on sex, sexual harassment, sexual assault, and sexual misconduct. Any such activity committed by a member of the University community may subject the individual to university sanctions as well as civil and criminal penalties.

This policy covers unwelcome conduct of a sexual nature, whether committed on-campus or off-campus, where the University has control over the perpetrator or the context of the harassment. Consensual romantic relationship between members of the University community are subject to other University policies, but are investigated under this process and procedure.

The most up to date University policy regarding sexual misconduct, discrimination, and harassment may be viewed in the current faculty handbook:

<http://www.ouhsc.edu/provost/FacultyHandbook.asp>

Complaints alleging a violation of the Sexual Misconduct, Discrimination, and Harassment Policy shall be handled in accordance with the Grievance Procedure for Equal Opportunity. To contact the Equal Opportunity Office: 755 Research Parkway, Building 4, Suite 429, 405-271-2110. Alternatively, the Sexual Misconduct Officer may be contacted at smo@ou.edu.

Consensual Sexual Relationships Policy

Consensual amorous, dating, or sexual relationships have inherent risks when they occur between a faculty member, supervisor, or other member of the University community and any person over whom he or she has a professional responsibility. As noted in the Sexual Misconduct, Discrimination, and Harassment Policy, the risks include a student or subordinate's feeling coerced into an unwanted relationship to ensure they receive a proper educational or employment experience; potential conflicts of interest in which the person is in a position to evaluate the work of, or make personnel or academic decisions with respect to the individual with whom he or she is romantically involved; a perception by students or employees that a fellow student or co-worker who is involved in a romantic relationship with his or her supervisor or professor will receive an unfair advantage; either or both of the parties engaging in behavior destructive to the other or their academic or working environments if the relationship ends; and the potential that University/state resources are used inappropriately to further the romantic relationship.

Those with professional responsibility over others and with whom they have a romantic relationship should be aware that their involvement may subject them and the University to legal liability; consequently, such relationships are strongly discouraged. "Professional responsibility" is defined as performing functions including but not limited to teaching, counseling, grading, advising, evaluating, hiring, supervising, and making decisions or recommendations that confer benefits such as promotions, financial aid awards, or other remuneration, or that may impact upon other academic or employment opportunities.

The most up to date University policy regarding consensual sexual relationships may be viewed in the current faculty handbook: <http://www.ouhsc.edu/provost/FacultyHandbook.asp>

Tobacco-Free Policy

The Board of Regents has established a Tobacco Free Policy consistent with Executive Orders 2012-01 and 2013-43. All properties and facilities of the University of Oklahoma, regardless of campus or location, are tobacco, electronic cigarette, and vaping device-free.

The most up to date University policy regarding tobacco may be viewed in the current faculty handbook: <http://www.ouhsc.edu/provost/FacultyHandbook.asp>

Work Related Exposure or Injury

Any injury including needle stick, cut, or exposure must be properly reported directly to your employer, OU, within 30 days of the date of injury or the injury is presumed not to be work related. Residents are responsible for reporting such injury to their supervisor and are required to follow all medical instructions. Once exposure or injury has occurred, report the exposure to your supervisor or attending immediately, and wash the site with soap and water.

Any resident exposed to potentially infectious and/or hazardous materials including needle sticks, blood, or bloody body fluids should report for evaluation and treatment within two (2) hours of the exposure. If the exposure occurs in Oklahoma City during the hours of 8:00 a.m. to 4:30 p.m., Monday-Friday, the resident should report to the Occupational Medicine Clinic located on the Oklahoma City campus at OU Physicians building in suite 2350 (telephone 271-WORK). For exposures occurring at times other than those stated above, residents must report for treatment within two (2) hours of the exposure to the emergency room of the facility in which they are working or to the facility's Employee Health Nurse or House supervisor.

Residents requiring post-exposure treatment protocols for HIV, HBV and other infectious diseases must report to the Occupational Medicine Clinic in Oklahoma City. All work-related illness or injuries must be reported as soon as possible directly to the Program Director or his/her office for verification. Failure to document a work-related injury/illness could result in the denial of the claim and/or delay of payment for medical services. Contact the following offices to obtain the necessary reporting forms to document a work-related illness or injury: Oklahoma City campus Human Resources Workers' Compensation Section, Room 118 Service Center Building (271-2180). Residents must complete only the "Employee's Report of Injury." The resident's program department is responsible for completing the additional required forms to file with Human Resources or the University's Workers' Compensation Third Party Administrator.

Additional information about on the job injury for all campuses can be found at <http://hr.ou.edu/Employees/Workers-Compensation>.

OUHSC Email Transmission and Use Policy

This policy addresses important email security rules designed to protect sensitive information. *It specifically prohibits auto-forwarding and auto-redirecting of OUHSC email to non-University email systems. Any mailbox rules configured to auto-forward or auto-redirect University email to non-University email systems* will be disabled and reported to the Office of Compliance.* *Examples of non-University email systems include, but are not limited to, Gmail, Outlook/Hotmail, Yahoo, AOL, and email accounts provided by Internet Service Providers such as Cox or ATT.

To ensure your compliance, please take time to read the policy, located at: <http://it.ouhsc.edu/services/infosecurity/SecureEmail.asp>

The policy describes alternative ways to forward individual emails containing sensitive data to non-University email systems. For questions, please contact the IT Service Desk as (405) 271-2203 or at <http://it.ouhsc.edu/services/servicedesk/>

Preceptor-In-Training (PIT)

In order to improve preceptor performance and ensure adequate residency training, each new residency preceptor should be evaluated to determine if they meet criteria for preceptor-in-training (PIT) status. The following policy provides a definition for PIT, the PIT evaluation criteria, and a description of the PIT development plan.

I. Definitions:

- a. PIT: Pharmacists new to precepting who do not meet the qualifications for residency preceptors in ASHP accreditation standards 4.6, 4.7, and 4.8
- b. Preceptor: Meets preceptor qualifications per ASHP accreditation standards 4.6, 4.7 and 4.8
- c. ASHP accreditation standards: preceptor eligibility, responsibilities, and qualifications
 - i. PGY1 residency preceptor (4.6 Pharmacist Preceptors' Eligibility): Pharmacist preceptors must be licensed pharmacists who
 1. have completed an ASHP-accredited PGY1 residency followed by a minimum of one year of pharmacy practice experience
 2. have completed an ASHP-accredited PGY1 residency followed by an ASHP-accredited PGY2 residency and a minimum of six months of pharmacy practice experience
 3. without completion of an ASHP-accredited residency, have three or more years of pharmacy practice experience.
 - ii. PGY2 residency preceptor (4.6 Pharmacist Preceptors' Eligibility): Pharmacist preceptors must be licensed pharmacists who
 1. have completed an ASHP-accredited PGY2 residency followed by a minimum of one year of pharmacy practice in the advanced practice area
 2. without completion of an ASHP-accredited PGY2 residency, have three or more years of practice in the advanced area.
 - iii. 4.7 Preceptors' responsibilities:
 1. Preceptors serve as role models for learning experiences. They must:
 - a. contribute to the success of residents and the program
 - b. provide learning experiences in accordance with Standard 3
 - c. participate actively in the residency program's continuous quality improvement processes
 - d. demonstrate practice expertise, preceptor skills, and strive to continuously improve
 - e. adhere to residency program and department policies pertaining to residents and services demonstrate commitment to advancing the residency program and pharmacy services.
 - f. Demonstrate commitment to advancing the residency program and pharmacy services

2. 4.7.a-f will be reviewed via learning experience description, resident evaluations of preceptor, and learning experience by the PIT mentor and presented to RRC annually
- iv. 4.8 Preceptors' qualifications:
 1. Preceptors must demonstrate the ability to precept residents' learning experiences as described in sections 4.8.a–f. See Appendix D for examples of how to achieve 4.8.a-f.
 - a. demonstrating the ability to precept residents' learning experiences by use of clinical teaching roles (i.e., instructing, modeling, coaching, facilitating) at the level required by residents
 - b. the ability to assess residents' performance
 - c. recognition in the area of pharmacy practice for which they serve as preceptors
 - d. an established, active practice in the area for which they serve as preceptor
 - e. maintenance of continuity of practice during the time of residents' learning experiences
 - f. ongoing professionalism, including a personal commitment to advancing the profession
 2. At least one example must be provided for 4.8.a-f within the past 5 years

II. New preceptors will submit a preceptor criteria worksheet (Appendix D) and ASHP's Academic and Professional Record (APR) form.

- a. The Residency Program Director (RPD) of the corresponding program for the new preceptor shall review these documents and make a recommendation for determination of PIT status to the Residency Review Committee (RRC).
- b. The RRC will review the new preceptor's preceptor criteria worksheet, ASHP's APR form, and the RPDs evaluation of the preceptor criteria worksheet. At this time, the RRC will designate the new preceptors who do not meet criteria for a preceptor according to ASHP accreditation standards 4.6, 4.7, and 4.8 as a PIT. In addition, they will be assigned a mentor as below.

III. PIT mentoring program:

- a. The RRC will develop a list of RPDs and preceptors who meet the following criteria to serve a mentor to mentees designated as a PIT:
 - i. Meet preceptor qualifications (ASHP Accreditation Standard 4.6, 4.7, and 4.8)
 - ii. Competent, experienced, and able to apply best practices in teaching/precepting
 - iii. Committed to the profession and to professional growth
 - iv. Committed to being a mentor and to making the mentoring relationship work
 - v. Be able to meet at least quarterly face-to-face and have continuous email contact

- vi. Be able to provide feedback, assess, and help mentee self-assess progress
- b. The PIT shall be assigned a mentor by the RRC.
- c. Responsibilities of the mentor:
 - i. Identify resources to help the mentee enhance personal development and career growth.
 - ii. Lead mentee through a productive self-assessment: identifying strengths, weaknesses, skill development needs, career expectations and objectives.
 - iii. Maintain at least quarterly face-to-face meeting and continuous email contact
 - iv. Provide continuous advice and feedback
 - v. Use knowledge and experience to help new practitioners identify and build on their own strengths
 - vi. Co-sign resident evaluations with PIT
 - vii. Aid mentee in fulfilling ASHP Accreditation Standard 4.6, 4.7, and 4.8 and documenting a preceptor development plan (Appendix E) to meet the qualifications for becoming a residency preceptor within two years
- d. The PIT shall submit their PIT development plan to the RRC approximately one year following initial application of their preceptor criteria worksheet and ASHP APR form. At this time the RRC will evaluate the PIT's status and provide feedback to the PIT and mentor to ensure that the qualifications of becoming a preceptor are met within two years. At the end of their two year time frame, the PIT shall submit their final preceptor development plan to the RRC for final approval. If a PIT is unable to meet preceptor criteria within two years of PIT designation due to extenuating circumstances, the PIT will no longer be assigned a resident. The designated PIT mentor will meet with the PIT and reestablish a new PIT development plan that will be presented to the RRC on a yearly basis.

Preceptor Development Program

In order to improve preceptor performance and ensure adequate residency training, each preceptor is required to participate in the OU College of Pharmacy Preceptor Development Program. This program consists of a needs assessment of the preceptor group, scheduled development activities to help assess identified needs, and opportunities for sharing ideas between preceptors with a variety of experience. The following policy provides definitions, qualifications of preceptors, and required elements of the program.

I. Definitions:

- a. Preceptor-in-training (PIT): Pharmacists new to precepting who do not meet the qualifications for residency preceptors in ASHP accreditation standards 4.6, 4.7, and 4.8
- b. Preceptor: Meets preceptor qualifications per ASHP accreditation standards 4.6, 4.7 and 4.8

II. Each residency preceptor will complete **4** hours of preceptor development training each academic year (i.e., July-June). If the preceptor is hired, and there are less than 4 hours of preceptor development available at the OU College of Pharmacy or affiliate programs, the Residency Review Committee (RRC) will prorate the preceptor's development hours accordingly.

III. The residency preceptor will maintain a transcript of completed preceptor development and submit this transcript to the Residency Programs Coordinator by **June 1** of each year (Appendix F). The RRC will audit these transcripts twice a year and present data on an ongoing basis. When applicable, the residency preceptor will keep any certificate of completion of preceptor development continuing education on file.

IV. Approved residency preceptor development programming include:

- a. Pharmacist's Letter Preceptor Training
<https://pharmacist.therapeuticresearch.com/home/experience/PL>
(ongoing)
- b. OU College of Pharmacy and Southwestern Oklahoma State University College of Pharmacy's Annual Preceptor Development Program (annually)
- c. OU College of Pharmacy's Residency Preceptor Development Continuing Education Programming (ongoing)
- d. Oklahoma Residency Research Conference's Preceptor Development Program (annually)
- e. ASHP National Residency Preceptors Conference
- f. Other programs may be deemed acceptable by the RRC if content is relevant to preceptor development

V. The residency preceptor will complete a Preceptor Self-Evaluation and Preceptor Development Program Needs Assessment (Appendix G) annually that should be submitted by **June 1** to the Residency Programs Coordinator. The RRC will review preceptor self-evaluations and program needs assessments annually and provide timely

feedback to the residency preceptor as necessary. The Preceptor Development Program Needs Assessment will be reviewed and considered at least annually, and the preceptor development curriculum offered by the OU College of Pharmacy will be adjusted as necessary.

- VI. Residency preceptors will complete and update ASHP's Academic and Professional Record (APR) annually and submit it by **June 1** to the Residency Programs Coordinator.
- VII. Residency preceptors will complete the Preceptor Criteria Worksheet (Appendix H) every 3 years in a rolling cycle by **June 1** to the Residency Programs Coordinator. This form will take the place of the Preceptor Self-Evaluation and Preceptor Development Program Needs Assessment (Appendix G) on the assigned rolling cycle.
- VIII. Preceptors will be reappointed based on the ability to *continue* to meet preceptor qualifications at the end of the 3-year cycle. If a preceptor receives >1 "never" score on their residency evaluations during this 3-year cycle, the RPD and RRC will review for any corrective action as appropriate, including assigning the preceptor a mentor and will develop a preceptor remediation plan that shall be completed within 2 years in order to meet the ASHP qualifications as a preceptor (Appendix I).

Appendix A: Orientation Checklist

Submit items to Carla Lawson, Residency Programs Coordinator by 5:00PM, July 6, 2018

Carla-Lawson@ouhsc.edu; CPB-135; 405-271-6878, ext 47288

- Information form
- Policies Acknowledgment form
- Outside Employment form
- Resident Confidential and Proprietary Information Disclosure (CPID) form
- Resident HIPAA Privacy and Security Rules Acknowledge of Understanding form
- Confirmation of Pharmacy Training
- Pharm.D. Transcript and documentation of completion of Doctor of Pharmacy Degree (i.e., Dean's Letter) (PGY1 only)
- Documentation of PGY1 residency completion from PGY1 RPD (PGY2 only)
- Copy of Oklahoma Pharmacist Intern License or Graduate Intern License
- Copy of Oklahoma Pharmacist License
- Proof of Professional Liability Insurance
- CPR Certification Card
- Documentation of Immunization Status (including PPD skin test results)
- Standards of Conduct Training Certificate
<http://www.ouhsc.edu/compliance/Standards2.asp>
- OUHSC HIPAA Privacy Training Certificate
<https://apps.ouhsc.edu/hipaa/training/>
- Environmental Health and Safety Training Certificate
<https://onpoint.ou.edu/Account/LogOn?ReturnUrl=%2f>
- Title IX/Sexual Misconduct Awareness Training Certificate
<https://onpoint.ou.edu/Account/LogOn?ReturnUrl=%2f>
- IRB Training Certificate
<http://compliance.ouhsc.edu/hrpp/OUHSC/Education/EducationRequirements/IRBIn-HouseEducationProgram.aspx>
- Completion of ASHP Academic and Professional Record Form (APR) – see attached form

Appendix B: Resident Exit Survey

1. What residency program did you complete?
2. What did you like most about the residency program?
3. What did you learn most during the residency program?
4. What do you feel was missing from the program?

Appendix C: Residency Portfolio Checklist

Each portfolio should include a typed Table of Contents. Major sections should be separated by the standardized tabs provided. Residents may choose to submit a copy of their Teaching Portfolio, scanned and burned to a CD, along with the Residency Portfolio.

1. Qualifications
 - a. Signed offer letter
 - b. PGY1s: documentation of Pharm.D. degree (letter from dean and transcript with degree posted)
 - c. PGY2s: documentation of PGY1 residency completion (letter from RPD or copy of certificate)
 - d. OK pharmacist license
 - e. OK pharmacist preceptor license (if applicable)
 - f. Professional liability insurance
 - g. Professional training (IRB, HIPAA, BLS, ACLS, immunization, etc.)
 - h. Current CV
2. Patient Care Documentation (e.g., de-identified patient care notes, patient care plans, patient education materials)
3. Research
 - a. IRB documentation
 - i. Approval letter
 - ii. Application
 - iii. Protocol
 - iv. Data collection form
 - b. Research presentation(s) and evaluations
 - i. Poster (if applicable)
 - ii. Podium
 - c. Manuscript
4. Presentations
 - a. Inservices
 - b. Case presentations
 - c. Journal clubs
5. Scholarship
 - a. Other original scientific writing (manuscripts, newsletter articles, patient education materials, etc., as applicable)
6. Documented Formative Evaluations
7. Residency-specific Section 1 (optional)
8. Residency-specific Section 2 (optional)

Documents to be maintained electronically (e.g., PharmAcademic, EValue, TAL, Vigilanz):

1. Training Plan
 - a. Entering interest evaluation
 - b. Initial training plan with schedule
 - c. Quarterly training plan updates with schedules
 - d. Residency completion checklist
2. Duty hours (Time, Attendance, and Leave System [TAL] and EValue)
3. Vigilanz interventions (if applicable)

Appendix D: OU College of Pharmacy Preceptor Criteria Worksheet (New Preceptors)

General Information:

| |
|--|
| Preceptor: |
| Why are you interested in residency precepting?: |
| Please describe your previous experience with precepting students and residents. |

PGY1 Preceptor Eligibility Criteria (Pick one):

| | |
|---|---|
| 4.6 Pharmacist preceptors must be licensed pharmacists who: | |
| <input type="checkbox"/> | Completed an ASHP-accredited PGY1 residency followed by a minimum of one year of pharmacy practice experience |
| <input type="checkbox"/> | Completed an ASHP-accredited PGY1 residency followed by an ASHP-accredited PGY2 residency and a minimum of six months of pharmacy practice experience |
| <input type="checkbox"/> | Have three or more years of pharmacy practice experience without an ASHP-accredited PGY1 residency |

PGY2 Preceptor Eligibility Criteria (Pick one):

| | |
|---|---|
| 4.6 Pharmacist preceptors must be licensed pharmacists who: | |
| <input type="checkbox"/> | Completed an ASHP-accredited PGY2 residency followed by a minimum of one year of pharmacy practice experience in the advanced practice area |
| <input type="checkbox"/> | Have three or more years of pharmacy practice experience in the advanced area without an ASHP-accredited PGY2 residency |

Preceptor Responsibilities:

| |
|--|
| 4.7.a Contribute to the success of residents and the program |
| 4.7.b Provide learning experiences in accordance with Standard 3 |
| 4.7.c Participate actively in the residency program's continuous quality improvement processes |
| 4.7.d Demonstrate practice expertise, preceptor skills, and strive to continuously improve |
| 4.7.e Adhere to residency program and department policies pertaining to residents and services |
| 4.7.f Demonstrate commitment to advancing the residency program and pharmacy services |
| How it will be surveyed: Review of relevant documents (e.g. learning experience descriptions, resident's evaluation of preceptors and learning experiences). <i>Discussion with preceptors and residents</i> |
| Learning experience is up to date in PharmAcademic and in compliance with standard 3.3.c Not applicable _____ Yes _____ No _____ If No how will you update to become compliant: |
| Describe at least one positive comment and area of improvement provided by a resident for your learning experience: Not applicable _____ Positive Comment: _____ Area of Improvement: _____ |
| Reviewed OU College of Pharmacy Residency Handbook (https://pharmacy.ouhsc.edu/programs/residency): Yes _____ No _____ |

| | |
|--------------------------|--|
| Select all that apply: | |
| <input type="checkbox"/> | Attended at least 2 of 4 quarterly preceptor meetings with RPD |
| <input type="checkbox"/> | Member of RRC |
| <input type="checkbox"/> | Residency leadership position (i.e., residency coordinator) |

Preceptor Qualification Criteria:

| | |
|---|--|
| 4.8.a. Demonstrate the ability to precept residents' learning experiences by use of clinical teaching roles (instructing, modeling, coaching, facilitating) at the level required by the resident | |
| <i>How it will be surveyed: Review of resident evaluations of preceptors and learning experiences; discussion with preceptors and residents</i> | |
| For preceptor evaluations, provide average number of Always, Frequently, Sometimes and Never you received for the past residency year in PharmAcademic. | |
| Not applicable _____ | |
| Always: _____ | |
| Frequently: _____ | |
| Sometimes: _____ | |
| Never: _____ | |
| Describe at least one positive comment and area of improvement provided by a resident in PharmAcademic: | |
| Not applicable _____ | |
| Positive Comment: _____ | |
| Area of Improvement: _____ | |
| 4.8.b. The ability to assess residents' performance | |
| <i>Guidance: Preceptors provide specific, constructive criteria-based verbal feedback to residents during learning experiences and at the end of learning experiences to assist residents in improving their performance. Formative written feedback to residents may be provided, if needed, during learning experience and written summative feedback is provided at the end of learning experiences</i> | |
| <i>How it will be surveyed: Review of summative evaluations and other examples of documented feedback provided to the residents. Discussion with preceptors and residents</i> | |
| Provide an example of a comment provided to a resident via summative or formative evaluation that was specific and actionable, used criteria that related to specific educational objective, recognized residents' skill development and focused on how residents' may improve their performance. | |
| Provide percentage of time your evaluations are completed by the due date or within 7 days of the due date within the past residency year in PharmAcademic: | |
| 0-20% _____ 21-40% _____ 41-60% _____ 61-80% _____ 81-100% _____ | |
| 4.8.c. Recognition in the area of pharmacy practice for which you serve as a preceptor (minimum of 1 example in this section must be addressed) | |
| Includes: Active BPS Certification(s); Active Multidisciplinary Certification(s); Fellow Status; Credential Status; Awards/Recognition; Narrative description of ongoing service and subject matter knowledge in the area you precept. | |
| <input type="checkbox"/> | Board certified |
| <input type="checkbox"/> | Active multi-disciplinary certification in disease or patient care management recognized by the Council on Credentialing in Pharmacy (e.g., CDE) |
| <input type="checkbox"/> | Fellow of a professional organization |
| <input type="checkbox"/> | Recognition at a regional, state or national level via award recipient (e.g., Pharmacist of the year, Preceptor of the Year) |
| <input type="checkbox"/> | Institutional service award recipient (e.g., Patient Safety & Quality poster winner) |
| <input type="checkbox"/> | Annual evaluation consistently exceeds expectations on clinical service |

| | |
|--|--|
| | Ongoing service and subject matter knowledge in the pharmacy practice-related area Describe how you meet this: |
| 4.8.d. An established, active practice for which you serve as preceptor (minimum of 1 example in this section should have been demonstrated within the past 5 years) | |
| Active practice is defined as maintaining regular and on-going responsibilities for the area where the pharmacist serves as a preceptor (may be part-time but must be actively engaged). Other aspects of active practice may include: | |
| <ol style="list-style-type: none"> 1. Contribution to the development of clinical or operational policies/guidelines or protocols in the practice site 2. Contribution to the creation/implementation of a new clinical service or service improvement initiative at the practice site 3. Active participation on a multi-disciplinary or pharmacy committee or task force responsible for patient care or practice improvement, etc. 4. Demonstrated leadership within the practice area. | |
| Documented record of improvements/contributions to pharmacy practice (Check all that apply): | |
| <input type="checkbox"/> | Develop and implementation of new service improvement initiative |
| <input type="checkbox"/> | Design and implement a staff development program |
| <input type="checkbox"/> | Develop a new service |
| <input type="checkbox"/> | Develop and initiate a quality improvement project |
| <input type="checkbox"/> | Develop/be an author on a new guideline/standard operating procedure (SOP)/policies or revision |
| Appointments to appropriate drug policy and other committees of the organization: | |
| <input type="checkbox"/> | Member of committee at institution (e.g., P&T, Antibiotic Stewardship Program) |
| <input type="checkbox"/> | Member of any service line, pharmacy or organizational standing committee that includes a clinical or operational component Name the committee/council: |
| 4.8.e. Maintenance of continuity of practice during the time of residents' learning experiences | |
| Guidance: Preceptors maintain continuity of practice while the residents are in their learning experiences. A learning experience may be precepted by a team of preceptors. | |
| How it will be surveyed: Discussion and review of residents' evaluations of preceptor and learning experiences | |
| How many times do you/preceptor group meet with resident per week: 0-1 _____ 2-3 _____ 4-5 _____ | |
| 4.8.f. Ongoing professionalism, including personal commitment to advancing the profession (minimum 1 example in this section must be demonstrated within the past <u>5 years</u>) | |
| Demonstrate leadership through active service in professional organizations | |
| <input type="checkbox"/> | Any level of activity beyond basic membership at a regional, state or national level (officer, chair, or appointed/selected member of a working committee) |
| Record of contribution to the total body of knowledge through publications and/or presentations at professional meetings: | |
| <input type="checkbox"/> | Publication (or co-author) in a peer-reviewed journal |
| <input type="checkbox"/> | Publication (or co-author) in a text book |
| <input type="checkbox"/> | Publication (or co-author) in non peer-reviewed journals, newsletters, or electronic medical external to practice site |
| <input type="checkbox"/> | External platform presentation at a regional, state or national meeting |
| <input type="checkbox"/> | External poster presentation at a regional, state or national meeting |
| <input type="checkbox"/> | Participates in research with or without resident |
| Serve regularly as a reviewer | |
| <input type="checkbox"/> | Peer reviewer for journal |

| | |
|---|---|
| | Peer reviewer for book chapter, PSAP chapter, grant, or professional organization guidelines |
| | Content reviewer/judge for professional meetings (posters/abstracts for a local, state, national organization) |
| | Moderator or evaluator at regional residency conference or other professional meetings |
| Demonstrated effectiveness in teaching | |
| | Pharmacy technician educator |
| | Routine educator of health care professionals on at least yearly basis (didactic teaching of health care professionals, pharmacy grand round CE presentation or CE presentation at regional, state, or national meeting, lead preceptor development topic, develop and implement my training for pharmacy or other disciplines) |
| | Faculty appointment (i.e., adjunct preceptor) or pharmacy IPPE/APPE student preceptor of record (i.e., no co-preceptor) |
| | Completion of, enrollment in, or teaching in, a teaching certification program |
| | Year-long pharmacy resident research mentor |
| Other | |
| | Organizes health/wellness event in the community (i.e. health fairs, public health events, employee wellness promotion/disease prevention activities, consumer education classes, etc.) |

Preceptor Meets Criteria: Yes No (See Preceptor In Training Plan)

Reviewed by: _____ **Date:** _____

Supervisor sign-off (if applicable): _____

Approved by RRC on: _____

Appendix E: Preceptor-in-Training Development Plan

Based on the assessment (Appendix A) completed at the _____ Residency Review Committee meeting, the following requirements have been identified as areas of focus for the upcoming year for this PIT to meet the requirements as a preceptor.

- 1.
- 2.
- 3.
- 4.

Activities and scheduling:

| Requirements | Description of Activities to Meet Requirements | Timeline |
|--------------|--|----------|
| 1. | | |
| 2. | | |
| 3. | | |
| 4. | | |

PIT Mentor sign-off: _____ **Date:** _____

Supervisor sign-off (if applicable): _____

Approved by RRC on: _____

Appendix F: OU College of Pharmacy Preceptor Development Transcript

| Name of Program | Specific Preceptor Development Presentations Attended | Date Attended |
|------------------------|--|----------------------|
| | | |
| | | |
| | | |
| | | |

Preceptor Signature: _____ **Date:** _____

Reviewed by: _____ **Date:** _____

Appendix G: OU College of Pharmacy Preceptor Self-Evaluation and Preceptor Development Program Needs Assessment

Preceptor: _____

Self-evaluation:

| |
|--|
| <p>Learning experience is up to date in PharmAcademic and in compliance with standard 3.3.c</p> <p>Yes _____</p> <p>No _____</p> |
| <p>Describe at least one positive comment and area of improvement provided by a resident for your learning experience:</p> <p>Positive Comment: _____</p> <p>Area of Improvement: _____</p> |
| <p>For preceptor evaluations, provide average number of Always, Frequently, Sometimes and Never you received for the past residency year in PharmAcademic.</p> <p>Always: _____</p> <p>Frequently: _____</p> <p>Sometimes: _____</p> <p>Never: _____</p> <p>Describe at least one positive comment and area of improvement provided by a resident in PharmAcademic:</p> <p>Positive Comment: _____</p> <p>Area of Improvement: _____</p> |
| <p>Provide an example of a comment provided to a resident via summative or formative evaluation that was specific and actionable, used criteria that related to specific educational objective, recognized residents' skill development and focused on how residents' may improve their performance.</p> |
| <p>Provide percentage of time your evaluations are completed by the due date or within 7 days of the due date within the past residency year in PharmAcademic:</p> <p>0-20% _____ 21-40% _____ 41-60% _____ 61-80% _____ 81-100% _____</p> |
| <p>How many times do you/preceptor group meet with resident per week:</p> <p>0-2 _____ 2-3 _____ 4-5 _____</p> |

Preceptor Development Program Needs Assessment:

Identify your top 3 goals for preceptor development.

Appendix H: OU College of Pharmacy Preceptor Criteria Worksheet (Existing Preceptors)

General Information:

Preceptor: _____

PGY1 Preceptor Eligibility Criteria (Pick one):

| | |
|---|---|
| 4.6 Pharmacist preceptors must be licensed pharmacists who: | |
| <input type="checkbox"/> | Completed an ASHP-accredited PGY1 residency followed by a minimum of one year of pharmacy practice experience |
| <input type="checkbox"/> | Completed an ASHP-accredited PGY1 residency followed by an ASHP-accredited PGY2 residency and a minimum of six months of pharmacy practice experience |
| <input type="checkbox"/> | Have three or more years of pharmacy practice experience without an ASHP-accredited PGY1 residency |

PGY2 Preceptor Eligibility Criteria (Pick one):

| | |
|---|---|
| 4.6 Pharmacist preceptors must be licensed pharmacists who: | |
| <input type="checkbox"/> | Completed an ASHP-accredited PGY2 residency followed by a minimum of one year of pharmacy practice experience in the advanced practice area |
| <input type="checkbox"/> | Have three or more years of pharmacy practice experience in the advanced area without an ASHP-accredited PGY2 residency |

Preceptor Responsibilities:

| | |
|---|--|
| 4.7.a Contribute to the success of residents and the program | |
| 4.7.b Provide learning experiences in accordance with Standard 3 | |
| 4.7.c Participate actively in the residency program's continuous quality improvement processes | |
| 4.7.d Demonstrate practice expertise, preceptor skills, and strive to continuously improve | |
| 4.7.e Adhere to residency program and department policies pertaining to residents and services | |
| 4.7.f Demonstrate commitment to advancing the residency program and pharmacy services | |
| <i>How it will be surveyed: Review of relevant documents (e.g. learning experience descriptions, resident's evaluation of preceptors and learning experiences).</i> | |
| <i>Discussion with preceptors and residents</i> | |
| Learning experience is up to date in PharmAcademic and in compliance with standard 3.3.c. | |
| Yes _____ (Date last updated: _____) | |
| No _____ | |
| If No how will you update to become compliant: | |
| Describe at least one positive comment and area of improvement provided by a resident for your learning experience: | |
| Positive Comment: _____ | |
| Area of Improvement: _____ | |
| Reviewed OU College of Pharmacy Residency Handbook: (https://pharmacy.ouhsc.edu/programs/residency): | |
| Yes _____ | |
| No _____ | |
| Select all that apply: | |
| <input type="checkbox"/> | Attended at least 2 of 4 quarterly preceptor meetings with RPD |
| <input type="checkbox"/> | Member of RRC |
| <input type="checkbox"/> | Residency leadership position (i.e., residency coordinator) |

Preceptor Qualification Criteria:

| | |
|--|--|
| 4.8.a. Demonstrate the ability to precept residents' learning experiences by use of clinical teaching roles (instructing, modeling, coaching, facilitating) at the level required by the resident | |
| <i>How it will be surveyed: Review of resident evaluations of preceptors and learning experiences; discussion with preceptors and residents</i> | |
| For preceptor evaluations, provide average number of Always, Frequently, Sometimes and Never you received for the past residency year in PharmAcademic. | |
| Always: _____ Frequently: _____ Sometimes: _____ Never: _____ | |
| Describe at least one positive comment and area of improvement provided by a resident in PharmAcademic: | |
| Positive Comment: _____ Area of Improvement: _____ | |
| 4.8.b. The ability to assess residents' performance | |
| <i>Guidance: Preceptors provide specific, constructive criteria-based verbal feedback to residents during learning experiences and at the end of learning experiences to assist residents in improving their performance. Formative written feedback to residents may be provided, if needed, during learning experience and written summative feedback is provided at the end of learning experiences</i> | |
| <i>How it will be surveyed: Review of summative evaluations and other examples of documented feedback provided to the residents. Discussion with preceptors and residents</i> | |
| Provide an example of a comment provided to a resident via summative or formative evaluation that was specific and actionable, used criteria that related to specific educational objective, recognized residents' skill development and focused on how residents' may improve their performance. | |
| Provide percentage of time your evaluations are completed by the due date or within 7 days of the due date within the past residency year in PharmAcademic: | |
| 0-20% _____ 21-40% _____ 41-60% _____ 61-80% _____ 81-100% _____ | |
| 4.8.c. Recognition in the area of pharmacy practice for which you serve as a preceptor (minimum of 1 example in this section must be addressed) Includes: Active BPS Certification(s); Active Multidisciplinary Certification(s); Fellow Status; Credential Status; Awards/Recognition; Narrative description of ongoing service and subject matter knowledge in the area you precept. | |
| | Board certified |
| | Active multi-disciplinary certification in disease or patient care management recognized by the Council on Credentialing in Pharmacy (e.g., CDE) |
| | Fellow of a professional organization |
| | Recognition at a regional, state or national level via award recipient (e.g., Pharmacist of the year, Preceptor of the Year) |
| | Institutional service award recipient (e.g., Patient Safety & Quality poster winner) |
| | Annual evaluation consistently exceeds expectations on clinical service |
| | Ongoing service and subject matter knowledge in the pharmacy practice-related area Describe how you meet this: |

| | |
|---|--|
| 4.8.d. An established, active practice for which you serve as preceptor (minimum of 1 example in this section should have been demonstrated within the past 5 years) | |
| Active practice is defined as maintaining regular and on-going responsibilities for the area where the pharmacist serves as a preceptor (may be part-time but must be actively engaged). Other aspects of active practice may include: | |
| <ol style="list-style-type: none"> 5. Contribution to the development of clinical or operational policies/guidelines or protocols in the practice site 6. Contribution to the creation/implementation of a new clinical service or service improvement initiative at the practice site 7. Active participation on a multi-disciplinary or pharmacy committee or task force responsible for patient care or practice improvement, etc 8. Demonstrated leadership within the practice area. | |
| Documented record of improvements/contributions to pharmacy practice (Check all that apply): | |
| <input type="checkbox"/> | Develop and implementation of new service improvement initiative |
| <input type="checkbox"/> | Design and implement a staff development program |
| <input type="checkbox"/> | Develop a new service |
| <input type="checkbox"/> | Develop and initiate a quality improvement project |
| <input type="checkbox"/> | Develop/be an author on a new guideline/standard operating procedure (SOP)/policies or revision |
| Appointments to appropriate drug policy and other committees of the organization: | |
| <input type="checkbox"/> | Member of committee at institution (e.g., P&T, Antibiotic Stewardship Program) |
| <input type="checkbox"/> | Member of any service line, pharmacy or organizational standing committee that includes a clinical or operational component Name the committee/council: |
| 4.8.e. Maintenance of continuity of practice during the time of residents' learning experiences | |
| Guidance: Preceptors maintain continuity of practice while the residents are in their learning experiences. A learning experience may be precepted by a team of preceptors. | |
| How it will be surveyed: Discussion and review of residents' evaluations of preceptor and learning experiences | |
| How many times do you/preceptor group meet with resident per week: 0-3 _____ 2-3 _____ 4-5 _____ | |

| | |
|---|--|
| 4.8.f. Ongoing professionalism, including personal commitment to advancing the profession (minimum 1 example in this section must be demonstrated within the past <u>5 years</u>) | |
| Demonstrate leadership through active service in professional organizations | |
| <input type="checkbox"/> | Any level of activity beyond basic membership at a regional, state or national level (officer, chair, or appointed/selected member of a working committee) |
| Record of contribution to the total body of knowledge through publications and/or presentations at professional meetings: | |
| <input type="checkbox"/> | Publication (or co-author) in a peer-reviewed journal |
| <input type="checkbox"/> | Publication (or co-author) in a text book |
| <input type="checkbox"/> | Publication (or co-author) in non peer-reviewed journals, newsletters, or electronic medical external to practice site |
| <input type="checkbox"/> | External platform presentation at a regional, state or national meeting |
| <input type="checkbox"/> | External poster presentation at a regional, state or national meeting |
| <input type="checkbox"/> | Participates in research with or without resident |
| Serve regularly as a reviewer | |
| <input type="checkbox"/> | Peer reviewer for journal |
| <input type="checkbox"/> | Peer reviewer for book chapter, PSAP chapter, grant, or professional organization guidelines |
| <input type="checkbox"/> | Content reviewer/judge for professional meetings (posters/abstracts for a local, state, national organization) |
| <input type="checkbox"/> | Moderator or evaluator at regional residency conference or other professional meetings |
| Demonstrated effectiveness in teaching | |
| <input type="checkbox"/> | Pharmacy technician educator |

| | |
|--------------|---|
| | Routine educator of health care professionals on at least yearly basis (didactic teaching of health care professionals, pharmacy grand round CE presentation or CE presentation at regional, state, or national meeting, lead preceptor development topic, develop and implement my training for pharmacy or other disciplines) |
| | Faculty appointment (i.e., adjunct preceptor) or pharmacy IPPE/APPE student preceptor of record (i.e., no co-preceptor) |
| | Completion of, enrollment in, or teaching in, a teaching certification program |
| | Year-long pharmacy resident research mentor |
| Other | |
| | Organizes health/wellness event in the community (i.e., health fairs, public health events, employee wellness promotion/disease prevention activities, consumer education classes, etc.) |

Preceptor Meets Criteria: Yes No (See Development Plan Required)

Reviewed by: _____ **Date:** _____

Approved by RRC on: _____

Appendix I: Preceptor Remediation Plan

Based on the assessment (Appendix A) completed at the _____ Residency Review Committee meeting, the following requirements have been identified as areas of focus for the upcoming year for this preceptor undergoing remediation.

- 5.
- 6.
- 7.
- 8.

Activities and scheduling:

| Requirements | Description of Activities to Meet Requirements | Timeline |
|--------------|--|----------|
| 5. | | |
| 6. | | |
| 7. | | |
| 8. | | |

Mentor sign-off: _____ Date: _____

Supervisor sign-off (if applicable): _____

Approved by RRC on: _____