

Resident Handbook

2023-2024



University of Oklahoma Health Sciences Center
Residency Review Committee

INTRODUCTION

Welcome to the University of Oklahoma Health Sciences Center Pharmacy Residency Training Programs sponsored by the College of Pharmacy in affiliation with OU Health. The 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 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 (<https://provost.ouhsc.edu/>) and Resident Handbooks (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 pharmacy residency programs. A complete posting of all updated and relevant general University policies can be found at <https://provost.ouhsc.edu/>.

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 rely on the most current version of any particular policy. If you have questions regarding the information contained herein, please contact your Residency Program Director, who can then consult the Associate Dean for Professional Programs as needed.

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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 members, including all faculty or adjunct faculty members actively serving as a residency program director (RPD) and/or fellowship director for affiliated programs. 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., BCPPS, FPPA	PGY1 Pharmacy Residency RPD
Ashley Teel, Pharm.D.	PGY1 Managed Care RPD
Katherine O'Neal, Pharm.D., MBA, BCACP, CDCES, BC-ADM, AE-C, CLS, FADCES	PGY2 Ambulatory Care RPD
Julia Mathew, Pharm.D., BCCCP	PGY2 Critical Care RPD
Bryan White, Pharm.D., BCPS, BCIDP	PGY2 Infectious Diseases RPD
Kiya Bennett, Pharm.D., BCPS	PGY2 Internal Medicine RPD Chair, Residency Review Committee
Jennifer Steward, Pharm.D., BCOP	PGY2 Oncology RPD
Pete Johnson, Pharm.D., BCPPS, FPPA, FCCM, FASHP	PGY2 Pediatrics RPD and Director of the Clinical and Translational Science Fellowship in Pediatric Pharmacotherapy
Vince Dennis, Pharm.D., BCACP, CDCES	Associate Dean for Professional Programs
Brittany Soriano	Residency Programs Coordinator

Roles and Responsibilities of Residency Leadership

Associate Dean for Professional Programs: maintains administrative oversight of residency program accreditation, affiliation agreements, policies, and conduct; serves as designated administrative supervisor for pharmacy residents; approves budgetary expenses, bi-monthly resident Time, Attendance, and Leave (TAL) submissions and College of Pharmacy 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.a.1.

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 an appropriately tailored academic program which will include the *Foundational Teaching Skills for Residents* (PGY1) or *Advanced Teaching and Precepting Skills for Residents* (PGY2). 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-Resources/Residency-Accreditation/PGY1-Competency-Areas>
- PGY1 Managed Care: <https://www.ashp.org/Professional-Development/Residency-Information/Residency-Program-Resources/Residency-Accreditation/PGY1-Competency-Areas>
- PGY2: <https://www.ashp.org/Professional-Development/Residency-Information/Residency-Program-Resources/Residency-Accreditation/PGY2-Competency-Areas>

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 delivering 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 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.a):
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.
- II. Summative evaluation of resident activities and progress by preceptors (Standard 3.4.b):
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 (Standard 3.5): 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.

BENEFITS

Salary (Stipend)

A salary will be paid to each resident twice monthly (payday calendar can be found at: <https://financialservices.ouhsc.edu/payroll>). 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

The TAL system will front load 80 hours of PTO on July 1st. Paid Leave time may be used for vacation, personal illness, funeral attendance, illness of a family member, or other personal business. 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 (LWOP) for unplanned illness or other extenuating circumstance is possible contingent upon recommendation and approval by the Residency Program Director and Associate Dean for Professional Programs. 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 <https://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, LWOP can be in effect up to 90 days, which is the maximum allowable extension for the residency program. 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 Resident Leave

- Paid leave and professional leave requests to include educational and interview leave shall be submitted by email and approved by the Rotation Preceptor, the Program Director, and the designated administrative supervisor in TAL with appropriate lead time of six to eight weeks (exceptions may be considered due to extenuating circumstances). 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. Both paid leave and professional leave require completion of the electronic leave form and paid leave requires additional submission of a TAL leave request once the leave request has been approved by the designated administrative supervisor.
- 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) consecutive days, except during educational leave, without prior approval from the Rotation Preceptor, Program Director, and Associate Dean for Professional Programs.

- A resident may not exceed a combined total of 37 days away from the residency program per 52-week training period (Standard 2.2), without requiring an extension of the program, which includes paid time off (PTO), paid holidays, conferences & educational meetings, and interview leave.
- 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.
- 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.

Holiday Leave

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

Independence Day 2023 – July 4, 2023

Labor Day 2023 – September 4, 2023

Thanksgiving 2023– November 23, 24, 2023

Winter Break 2023 – December 22, 25, 26, 27, 28, 29, 2023 and January 1, 2024

Martin Luther King, Jr. Day 2024 – January 15, 2024

Memorial Day 2024 – May 27, 2024

Juneteenth 2024 – June 19, 2024

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).

Professional Leave

Professional leave applies to educational meetings and conferences applicable to residency purposes, as well as formal interviewing. Residents may not exceed a combined total of 13 days for professional leave, which includes educational leave and interview leave. Residents may be allowed up to 8 days maximum for interview leave, dependent on the number of days away from the program for educational meetings and conferences, not to exceed a total of 13 days.

Educational Leave

Residents may request professional leave for educational meetings and conferences. The request should be submitted via the electronic leave form at least six to eight weeks prior to the requested leave date; professional leave is not entered in the TAL system. The meeting can be no more than one week in duration and must be within the USA. Approval is granted at the discretion of the RPD with approval of the Associate Dean for Professional Programs with consideration of travel reimbursement by policy for individual residency programs. The Residency Programs Coordinator or other support staff designee manages travel arrangements according to policy and in order to maximize reimbursement potential. Commercial air travel must be booked through the Concur system in conjunction with the Residency Programs Coordinator.

Interview Leave

Residents may request professional leave for interviewing purposes. The request should be submitted at least two weeks prior to the requested leave date, and approval is granted at the discretion of the RPD and the designated administrative supervisor. A maximum of 8 days of Interview Leave time per residency year may be granted without counting against the resident's Paid Leave days. The number of days allowed for interview leave is dependent on the number of days the resident will be away from the program for educational meetings and conferences. If a resident is required to attend educational meetings and conferences for a combined total of 5 days or more, the number of the allowable interview leave days will be reduced to meet the 13 days allowed for professional leave. If the maximum allowed interview leave days are exceeded, the additional days will require approval from the RPD & the designated administrative supervisor, and will be deducted from the resident's paid leave. Residents are encouraged to refer to the Residency Programs Coordinator on the number of days they are allowed for interview leave. Travel reimbursement is not authorized 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 <https://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 within 31 days from the date of hire. Requests for information regarding insurance benefits should be directed to the Business Manager.

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. Additional information on the library can be found at <https://library.ouhsc.edu/>.

Robert M. Bird Health Sciences Library Hours

Monday-Thursday, 8 am - 9 pm

Friday, 8 am - 5 pm

Saturday-Sunday, 10 am - 6 pm

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 according to primary employment and/or practice site. Residents will have office space in the O'Donoghue Research Building in Oklahoma City or College of Pharmacy, as available and based on need. Residents may have office space at the designated practice site unless otherwise arranged. 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 or designated staff support. If equipment malfunctions, it should be returned to the Residency Programs Coordinator or designated staff support 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 as required by the College of Pharmacy Information Technology staff. Before a resident completes or leaves a residency 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 and/or designated practice sites. 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.

SERVICE REQUIREMENTS AND RESPONSIBILITIES

Confirmation of Pharmacy Training and/or Licensure

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 and verification of citizenship status. A resident or fellow must be a U.S. citizen or hold either a J-1 visa or a permanent immigrant visa ("green card") to be employed with the University of Oklahoma Health Sciences Center College of Pharmacy or OU Health. 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 from an ACPE-accredited College or School of Pharmacy (or one in process of pursuing accreditation). 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. Graduates of pharmacy programs outside the United States must hold a valid Foreign Graduate Equivalency Committee (FGGEC) certificate from the National Association of Boards of Pharmacy (NABP). Incoming PGY2 residents must provide, on the day their PGY1 program is completed, a letter from their PGY1 residency RPD 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 residency RPD 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 Graduate Pharmacist Intern License from the Oklahoma State Board of Pharmacy by July 1st, prior to starting their post-graduate residency or fellowship program. 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 and must be supervised by Oklahoma licensed preceptors until full licensure. If, due to unforeseen circumstances beyond the control of the resident or fellow, an Oklahoma pharmacist license is not obtained within 90 days of the residency start date, the program will be modified (this will include mandatory extension in length of the residency to a maximum duration of 90 days) such that a minimum of 2/3 of the residency is completed as an Oklahoma licensed pharmacist. Failure to obtain an Oklahoma pharmacist license by November 1 will be grounds for 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 termination of residency or fellowship training.

Professional Liability Insurance

The University of Oklahoma Health Sciences Center employees working in the course and scope of their University employment are covered for liability purposes by the Oklahoma Governmental Tort Claims Act (OGTCA), and do not require additional professional liability insurance coverage. If an OUHSC College of Pharmacy employee or department makes a decision to purchase a professional liability policy on top of the OGTCA coverage, they must first reach out to the OUHSC Department of Enterprise Risk Management (ERM) to discuss and see if it is necessary as it may waive their coverage under the OGTCA if it is not done correctly. ERM will provide the appropriate OGTCA Endorsement to be included into their policy. This Endorsement is mandatory and provides that to the extent the OGTCA applies, the additional Policy would not respond thereby protecting the governmental immunity of the University employees. If you have questions, please reach out to the OUHSC ERM Department to discuss, their phone number is 405-271-3287.

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: <https://onpoint.ou.edu>. Documentation of completion must be provided to the Residency Programs Coordinator or other designated support personnel within one week of the residency start date.

HIPAA Training

Residents must complete mandatory HIPAA training, which must be kept on file electronically. HIPAA training is completed online: <https://onpoint.ou.edu> Documentation of completion must be provided to the Residency Programs Coordinator or other designated support personnel within one week of the residency start date.

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>. Residents 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 within one week of the residency start date.

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>. Documentation of completion must be provided to the Residency Programs Coordinator or other designated support personnel within one week of the residency start date.

OUHSC Computer Usage

A resident must utilize only his/her personal account accessible via a personal User ID 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 computer resources. Users may be held liable for illegal or damaging use of 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.

Epic Access (or current Electronic Health Record)

Epic accounts are available to residents who practice in areas that utilize the Epic system. Users must use only their assigned account accessible via a personal User ID 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 Epic computer resources. Users may be held liable for illegal or damaging use of Epic computer resources. If discovered that their account has been accessed by another individual, users should **immediately** change their password and inform their Epic 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/blood tests may be 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.

COVID-19 Vaccine Requirements

Effective June 1, 2021, faculty, staff, and students with patient-facing responsibilities are required to submit a completed COVID-19 Vaccine Documentation Form and proof of vaccine. Vaccine documentation must include the recipient's first and last name, recipient's date of birth, vaccine manufacturer, date(s) for each dose, and administering healthcare professional or facility. Residents can update proof of their vaccine status online at <https://hr.ou.edu/Self-Service> and a copy of their vaccine status will be provided to the Residency Programs Coordinator. For residents who are not fully vaccinated upon hire/admission must complete the first dose of a 2-dose WHO-approved series or a single series dose of a WHO-approved vaccine within 30 days of appointment. Boosters are also encouraged. Residents with patient-facing responsibility who decline to be vaccinated must complete and submit the appropriate Declination of COVID-19 Vaccination Form and comply with any preventative measures directed by the facility where the individual will perform their responsibilities. For additional information and resources on the University of Oklahoma Health Sciences Center COVID-19 policy, visit <https://www.ouhsc.edu/coronavirus>.

Resident Rounds

Pharmacy Resident Rounds is a forum for education, collaboration, collegiality, and communication among OUHSC Pharmacy residents. Resident Round meetings are held weekly on Tuesday afternoons at 4:00 p.m. and intended for all residents completing PGY1 or PGY2 residencies. Resident Rounds sessions are mandatory unless designated as optional on the schedule according to residency type. Exceptions to mandatory attendance for extenuating circumstances must be approved by the Associate Dean for Professional Programs based on correspondence with the respective RPD. 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.

PROFESSIONAL EXPECTATIONS AND CODE OF CONDUCT

Resident Dress Code

Policy Statement: It is the policy of the University of Oklahoma College of Pharmacy and OU Health 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 appropriate in practice areas where they are approved or required. 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. 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 photo ID name tags which reveal the individual's name and academic status (e.g., Doctor of Pharmacy, Resident) must be worn at all times in designated practice areas.

Professional Meeting Expectations for Residents

Travel support is provided for residents to attend certain meetings during the residency year. PGY1 residents will receive travel support to present a research poster at a national professional meeting. For PGY1 pharmacy residents the ASHP Midyear Clinical Meeting will be the national meeting venue, whereas the AMCP annual meeting will be the usual venue for the PGY1 managed care residency. PGY2 residents will receive travel support to attend the ASHP Midyear Clinical Meeting to participate in residency recruiting and may also present a research poster at

this meeting. PGY2 residents who must present their research at a specialized national meeting to meet residency requirements may receive travel support by request made by the Residency Program Director through the Associate Dean for Professional Programs. 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, Residency 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 residency recruitment activities according to professional meeting venue.
4. Attend OUHSC resident colleagues' poster and/or platform presentations when they do not conflict with other sessions of interest.
5. 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.
6. Attend any reception that is sponsored by the OU College of Pharmacy.
7. Always represent the OUHSC and affiliated practice sites 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.

Attendance

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 absences may be due to illness or other factors and may not exceed five (5) days from any single rotation, except during educational leave. When situations such as these occur, the resident must work closely with the preceptor, RPD, 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 90 days, according to applicable policies, 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 Residency 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 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 90 days 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 to an additional 90 days will be terminated and not graduate from the program with a residency certificate.

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 Residency Program Director and/or Associate Dean for Professional Programs.

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 Residency 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.
2. When a resident is placed on probation, specific remedial steps shall be established by the Residency 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 Residency 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 (according to administrative approval).

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.
 - 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 Residency 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 Residency 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 (according to administrative approval).

C. Termination

1. Termination from a residency program, according to administrative approval, 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 Residency 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. This written notice shall be approved by and 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 Residency 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 Residency 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 Residency 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 Residency 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/or approved adjunct faculty residency preceptors and three (3) selected from residents within the college. The Chair of the Appeals Committee shall be selected by the Dean from the 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 Residency 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.

Disciplinary Procedures

A written reprimand will be placed in the individual's personnel file in conjunction with the Associate Dean for Professional Programs. Failure to comply with Professional Expectations and/or Code of Conduct may result in administrative academic action including probation or suspension.

UNIVERSITY OF OKLAHOMA HEALTH SCIENCES CENTER POLICIES

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 practice site.
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. PHI will not be stored on any locally unencrypted devices.
5. Residents will report any unauthorized use or disclosure of PHI immediately upon becoming aware of it to the designated preceptor or site official.
6. Residents will not access or create PHI through systems outside of OUHSC IT systems or VDI (remote desktop). If access is needed outside the VDI, the device must be a college approved encrypted device. Additional information on the OU IT's Remote Access Rules of Behavior can be found at <https://www.ou.edu/content/dam/IT/OU%20Remote%20Access%20Rules%20of%20Behavior.pdf>.

5. Residents must comply with any policies developed by the University related to the security of health information.

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 in the Regent's Policy Manual for The University of Oklahoma (RM, 4-6-89, 9-5-90, 12-6-04, 6-23-04, 12-5-06, 9-19-11) and is subject to the grievance procedure as stated in the Resident Handbook. The Regent's Policy Manual can be found at <https://www.ou.edu/regents/policy>.

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. The Institutional Equity Office is located at the Williams Pavilion (920 Stanton L Young, room 2320). – The Institutional Equity Office can be contacted at (405)271-2110 or via email at ieo@ou.edu. The most up to date University policy regarding non-discrimination may be viewed in the current faculty handbook: <https://provost.ouhsc.edu/Policies-and-Procedures/HSC-Faculty-Handbook>

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 relationships 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: <https://provost.ouhsc.edu/Policies-and-Procedures/HSC-Faculty-Handbook>

Complaints alleging a violation of the Sexual Misconduct, Discrimination, and Harassment Policy shall be handled in accordance with the Grievance Procedure for Institutional Equity Office . The Institutional Equity Office is located at the Williams Pavilion (920 Stanton L Young, room 2320). – The Institutional Equity Office can be contacted at (405)271-2110 or via email at ieo@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:

<https://provost.ouhsc.edu/Policies-and-Procedures/HSC-Faculty-Handbook>

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:

<https://provost.ouhsc.edu/Policies-and-Procedures/HSC-Faculty-Handbook>

Work Related Exposure or Injury

Any injury including needle stick, cut, or exposure must be properly reported directly to your immediate supervisor or other appropriate supervisory personnel as soon as possible. If the injury is not reported to OU within 30 days, the claims administrator will assume it is not work related and the claim will be denied. Residents are responsible for reporting such an 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 7:30 a.m. to 4:00 p.m., Monday-Friday, the resident should report to OU Health Employee Health located on the Oklahoma City campus at 711 SL Young Blvd, Ste. 400 (telephone 271-3959, option 1). 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 at the OU Medical Center.

Residents requiring post-exposure treatment protocols for HIV, HBV and other infectious diseases must report to the Occupational Medicine Clinic in Oklahoma City. Residents must complete the “Employee’s Report of Injury” and submit to their Program Director on the day of the injury or the next workday. Residency Program Directors are responsible for completing the additional required forms to submit to Human Resources or the OUHSC’s Worker’s Compensation Coordinator. Failure to document a work-related injury/illness could result in the denial of the claim and/or delay of payment for medical services. The required forms for reporting an injury/illness can be found at <https://hr.ou.edu/Employees/Workers-Compensation#3166317-forms-reporting-an-injuryillness>. For questions in regards to work related injury/illness, contact Risk Management at 271-2190, ext. 44710.

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

Other annual or periodic surveillance laboratory testing may be required based on facility policy for hazardous drug exposure in the course of completing required residency training activities.

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.

Secure email will help safeguard the confidentiality and integrity of Sensitive Data sent between OUHSC and outside agencies or persons. These technologies use encryption to protect Sensitive Data from unauthorized access. HIPAA requires that sensitive data, such as PHI, which is sent

outside the University electronically be encrypted. Other laws and regulations, such as those regarding student information and research, have similar requirements. University policies that govern secure email can be found at <https://it.ouhsc.edu/services/infosecurity/SecureEmail.asp>

To use either secure email or secure file transfer to send PHI, you must implement procedures that, at a minimum, comply with University policies and use the patients' consent for electronic communication form. University's Privacy and Security Policies and Procedures regarding HIPAA can be found at <https://apps.ouhsc.edu/hipaa/>.

OU COLLEGE OF PHARMACY RESIDENCY POLICIES

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. The application letter 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 and residents goals
 - Communicates feedback to residents
 - Facilitates communication between residents as necessary
2. Organizes activities involving all College of Pharmacy residents
 - Assists the resident assigned as the ASHP Midyear Coordinator with facilitation of 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 following 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
 - Arrives 10 minutes early to ensure room set up and functional technology
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

Policy Regarding Teaching in Pharmacy Residency Programs

Approval Date: 6-14-13

Last Review Date: 6-26-23

Rationale: As an institution of higher education, the University of Oklahoma Health Sciences Center (OUHSC) values effective teaching as one method of advancing the profession; in fact, excellence in teaching is not only a value but also a strength. Therefore, the OUHSC should develop and continually refine teaching skills in all individuals accepted into post-graduate pharmacy residency training programs.

Policy: All residency programs sponsored by the University of Oklahoma College of Pharmacy in conjunction with affiliated practice sites 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 the program-specific learning experience description. 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 including participation in the teaching retreat, the resident rounds series, small group facilitation, practice lab grading and feedback, didactic teaching presentations, completion of a teaching philosophy and compilation of a teaching portfolio. 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.

The teaching proposal plan must be developed no later than August 1 and will be approved by the residency program director, the preceptor for the learning experience, and any course coordinators involved. The plan will also be presented to the residency review committee. Quarterly meetings will be utilized to monitor progress and provide guidance.

- b. A preparation checklist (see below in section 3) has been developed to provide general guidance to the resident on timelines for elective/required curriculum lecture preparation and delivery.
- c. 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/precepting skills learning experience. Additional details of this learning experience are included in the program-specific learning experience description. 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 the Appendix, including participation in the teaching retreat, designated teaching sessions during the resident rounds series, small group facilitation, clinical skill evaluation grading and feedback, didactic teaching delivery, P4 Seminar grading, APPE precepting, completion/revision of an individualized teaching and/or precepting philosophy and compilation of a teaching portfolio. 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 and anticipated career path will be considered, additional elective teaching opportunities are available.

The teaching/precepting proposal plan must be developed no later than August 1 and will be approved by the residency program director, the preceptor for the learning experience, the experiential office, and any course coordinators involved. The plan will also be presented to the residency review committee. Quarterly meetings will be utilized to monitor progress and provide feedback.

- b. A preparation checklist (see section 3 below) has been developed to provide general guidance to the resident on timelines for elective/required curriculum lecture preparation and delivery.
- c. 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 meet with the teaching preceptor to perform a needs assessment and develop an individualized teaching plan for remediation of general teaching skills. These PGY2 residents will be encouraged to select a didactic lecture that occurs in the Spring semester to allow more time for remediation of general teaching skills.
- d. All PGY2 residents are expected to serve as the preceptor of record for one APPE rotation. As such, they are expected to obtain a preceptor's license from the Oklahoma State Board of Pharmacy by the end of the first quarter of their PGY2 residency year. Documentation of the preceptor license should be submitted to the Residency Programs Coordinator by October 1st. If extenuating circumstances are present, the RPD and resident should inform the Residency Programs Coordinator and a new deadline be established.

- e. 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 and Precepting Skills for Residents.

3. Preparation checklist for *elective/required curriculum teaching:

In July/August:

- ☐ Meet with Dean Medina and/or RPD to finalize your teaching plan, which includes selecting what lectures you will deliver. Submit teaching plan by August 1.
- ☐ Once the teaching plan is finalized, contact the coordinator(s) of the course(s) to let them know what content you will teach. Confirm the following with the course coordinator(s):
 - Ask who the content mentor is (as this might be different from what is on the teaching plan).
 - Confirm the number of hours for the lecture.
 - Confirm the general date you will deliver the lecture (e.g., early April, late February)
- ☐ Once the content mentor for the lecture is confirmed, email the content mentor letting them know that you will be lecturing.
- ☐ Include the RPD and teaching preceptor on these communications

AT LEAST two months prior to your lecture:

- ☐ Email your content mentor with an outline, references, and learning objectives for your lecture. You may want to meet face-to-face with your content mentor at this point as well.
- ☐ Schedule a date and reserve a room for your lecture rehearsal. Send an Outlook calendar invitation to include the content mentor and Melissa Medina. Lecture rehearsals should take place 1 calendar week prior to the lecture. Determine if your RPD would also like to attend the rehearsal.
- ☐ After receiving initial feedback about your outline, begin developing a lecture handout, slides, and exam questions (**look at the lecture evaluation rubric for expectations for formatting lecture material**).
- ☐ Work with teaching mentor to tag your elective or required curriculum lecture exam questions
 - Use the “Outcomes Helper” Excel sheet to create your tags.
 - Tagging should be included in the word document with the questions. Correct answers should be indicated by placing an asterisk (*) in front of the letter choice. Highlighting correct answers is not necessary. See example of exam question with its tag:

1. What is the primary cell type of the most superficial layer of the skin?
 - a. Melanocytes
 - b. Mast cells
 - c. Adipocytes

*d. Keratinocytes

Q1;Learner;Low;Anatomy;Discuss the 3 primary layers of the skin.

- ☐ Send lecture material (handout or slides at least) to your content mentor at least **1 week prior** to your lecture rehearsal for early feedback.

Lecture Rehearsal and Day of Lecture:

- ☐ Lecture rehearsal
 - Print your handout, slides, exam questions, and other lecture materials for everyone attending the lecture rehearsal
- ☐ Day of lecture
 - Print minute evaluations or prepare an electronic evaluation form for the students to complete (get class size from course coordinator in advance)
 - Print updated resident evaluation sheets, lecture handout, slides, and exam questions for content mentor, Dean Medina, and RPD (if attending).

After the Lecture:

- ☐ Combine and organize comments from minute evaluations received from students using the minute evaluation summary form.
- ☐ Complete your self-evaluation.
- ☐ Schedule a post-lecture debrief with Dean Medina (should occur within 1 week of the lecture).
- ☐ Schedule a post-lecture debrief with content mentor (should occur within 1 week of the lecture).
- ☐ Make sure you include lecture material, feedback on lecture material, and evaluations in your teaching portfolio.

* a commensurate timeline and checklist can be applied to a didactic lecture presentation for interprofessional learners (CE level presentation) and approved by the supervising RPD/designated preceptor(s)

4. This policy will be reviewed annually so that recommended changes may be incorporated into all residency programs in the coming residency year. Common rubrics will be developed, utilized, and refined to support formal, consistent feedback to residents according to the teaching/precepting area.

PGY2 Longitudinal Teaching/Precepting Activities for the **Advanced Teaching and Precepting Skills Certificate**

Required Teaching Areas	^a Required (R) CAGOs Assessed ^b [Elective CA options]	^c Options to meet Required Areas
Didactic lectures	R4.1.1, R4.1.2, R4.1.3, R4.1.4 (<u>Oncology R4.1.2 to R4.1.5;</u> <u>Pediatrics R4.1.3 to R4.1.6</u>) ^b [Elective CA EI]	Select 1 of the following options: <ul style="list-style-type: none"> Deliver 2 formal original lectures in OUCOP (elective or required curriculum) Deliver 1 formal original lecture in OUCOP (elective or required curriculum) and 1 original lecture to interprofessional learners (CE level presentation with mentor feedback on slides, assessment questions, presentation style).
Small group facilitation	R4.1.2, (<u>Oncology R4.1.3;</u> <u>Pediatrics R4.1.4</u>) R4.2.2 ^b [Elective CA EI]	Select 1 of the following options: <ul style="list-style-type: none"> Facilitate 2 small group sessions (Module 1; 3 hours/session) Facilitate 2 topic discussions or 2 patient discussions with APPE students or PGY1 residents * all options assessed via checklist/rubric to provide formal feedback to resident
Clinical skill evaluation (grading and feedback)	R4.1.4 (<u>Oncology R4.1.5;</u> <u>Pediatrics R4.1.6</u>) ^b [Elective CA EI]	Select 1 of the following options: <ul style="list-style-type: none"> 2 lab sessions in Pharmacy Practice VI focused on counseling Preceptor at 2 interprofessional clinics for IPPE/APPE students Preceptor at 2 health-fairs/co-curricular activities for IPPE or interprofessional students Evaluate and provide feedback to APPE student or PGY1 resident during 2 medication history or patient counseling sessions *all options assessed via checklist/rubric to provide formal feedback to resident
Seminar Course evaluator	R4.1.4 (<u>Oncology R4.1.5;</u> <u>Pediatrics R4.1.6</u>)	Grader for 1 session of the Seminar Course (resident will be assigned topics in practice area and paired with a faculty mentor)
Primary preceptor	R4.2.1, R4.2.2	Preceptor for at least one P4 APPE student during one-month rotation
Teaching retreat	R4.1.1, R4.1.2, R4.1.3, R4.1.4 (<u>Oncology R4.1.2 to R4.1.5;</u> <u>Pediatrics R4.1.3 to R4.1.6</u>) ^b [Elective CA EI]	<ul style="list-style-type: none"> Attendance and participation at OUCOP Teaching Retreat in July/August of each academic year Submission of requested teaching materials for review
Teaching sessions during Resident Rounds series	R4.1 (<u>Oncology R4.2;</u> <u>Pediatrics R4.3</u>)	Attendance and participation at all required teaching/precepting related sessions during resident rounds
^d Completion or refinement of teaching/precepting philosophy	^b [Elective CA EI]	Submit teaching/precepting philosophy November 1 for feedback prior to midyear interviews; complete revised philosophy by June 1 of each academic year (emphasis can be on precepting philosophy if not pursuing an academic position).
^d Completion of teaching portfolio	^b [Elective CA EI]	Completes teaching portfolio by June 1 of each academic year

CAGOs, competency areas, goals and objectives; **CA**, competency area; **OUCOP**, OU College of Pharmacy

^aCAGOs required for PGY2 programs and formally assessed for longitudinal teaching/precepting experiences through PharmAcademic

^bElective competency area for selection of goals/objectives to add specificity or meet career interests and provide targeted feedback (optional, provided all teaching/precepting requirement areas met and assessed through required CAGOs)

^cdesignated options/activities to meet minimum requirements in the teaching areas

^dteaching areas that can be achieved by Residency Program Director through the residency requirements checklist instead of assessment through PharmAcademic

Policy on PGY1 and PGY2 Resident Research

Approval Date: 7-1-10
Last Review Date: 6-26-23

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 and/or practice facility administrator(s) 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 or staff 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 and/or practice facility administrator(s) of involved faculty/staff. 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. Optional: Reading the American Journal of Health-System Pharmacy (AJHP) series of articles entitled “Research Fundamentals” (preferably prior to the residency start date) – these articles may be found at:
https://academic.oup.com/ajhp/search-results?q=research+fundamental+series&allJournals=1&f_TocHeadingTitle=Research+Fundamentals&fl_SiteID=6198&page=1
- ii. Optional: Reviewing the ASHP Essentials of Practice-Based Research for Pharmacists web-based activities - found at:
<http://elearning.ashp.org/products/5427/essentials-of-practice-based-research-for-pharmacists-not-for-ce>
- iii. Required: Completing OUHSC IRB certification requirements for conducting research involving human subjects
<https://compliance.ouhsc.edu/hrpp/OUHSC>
 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. As Directed per RPD: 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:
https://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. Protocol Review and Monitoring Committee
 - d. OU Health Director of Research (if applicable):
 - a. Prospective and retrospective studies involving data from OU Health patients/medical record systems – submit full IRB application and OU Health Resources Required Form (i.e., Form A, Form B) to Director of Research

- b. Any IRB protocol modifications should be resubmitted (if applicable) and feedback from the Director of Research at OU Health 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. All residents are strongly encouraged to present at the Oklahoma Resident Research Conference, sponsored by the Oklahoma Society of Health-System Pharmacists to meet this requirement.
 - ii. PGY1 residents will present a poster at a local, regional, or national meeting that provides access to a high-level viewing audience. PGY2 residents may be required to present a poster at a local, regional, or national meeting to meet the specific objectives of the residency program. PGY2 residents in programs that do not have a specific requirement for poster presentation will be encouraged to present a poster if an opportunity is available.
 - 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/Residency Coordinator
June	Preliminarily match resident research interests with appropriate mentor(s) Design & finalize research committee	RPD RPD & department chair(s) &/or practice facility administrator(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 other documentation necessary for approval 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 If applicable: <ul style="list-style-type: none"> Send ASHP MCM* poster to printer 1 week before departure Present poster of research plan at ASHP MCM Prepare 1 st manuscript draft (title page, intro, & methods) and send to RPD and content mentor by December 15	Resident Resident Resident Resident
January	Continue data collection Prepare for data analysis	Resident Resident & committee
February	Continue data collection Prepare & practice research presentation Begin data analysis	Resident Resident (with mentorship) Resident & committee
March	Continue data analysis Prepare & submit abstract for regional conference (dates TBD) Prepare & practice research presentation Finalize slides for research presentation	Resident & committee Resident Resident (with mentorship)

	Prepare 2 nd manuscript draft (revised 1 st draft plus, preliminary results, & table shells) and send to RPD and content mentor by March 15	Resident (with mentorship)
April	Continue data analysis (if needed) Present research at regional conference (if applicable)	Resident & committee Resident
May	Present research at regional conference (if applicable) 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 Sign and submit 'Maintaining De-identified Research Data' form Submit final IRB report Continue preparation for next year's resident research	Resident (with mentorship) Resident RPD

*Midyear Clinical Meeting

III. Evaluation

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

Resident Duty Hours in the Learning and Working Environment

Approval date: 12-10-18

Last review date: 6-26-23

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 patient care (resident providing care within a facility, a patient's home, or from the resident's home when activities are assigned to be completed virtually), staffing/service commitment, in-house call, administrative duties, work from home activities, and scheduled and assigned activities such as committee meetings, classroom time associated with teaching activities, and health and wellness events 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 work; or hours that are not scheduled by the residency program director or preceptor.

Scheduled Duty Periods: Assigned duties, regardless of setting, which 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 Hour 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 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 sponsored by the University of Oklahoma College of Pharmacy in conjunction with affiliated practice sites assumes a primary professional obligation to the residency program. 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 secondary to his/her residency. Upon starting the program or at any point during the program, the resident must declare intent to pursue outside employment (i.e., “moonlighting”) and the Outside Employment Form (Appendix A) must be completed. Residents may be allowed to engage in work outside the program up to a maximum of 32 hours per month. 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 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 Documentation

Residents must complete the monthly attestation of compliance with duty hours in PharmAcademic. The Residency Programs Coordinator will provide login information to each resident and additional details about this requirement. The Residency Programs Coordinator will monitor responses to the attestation and report any inconsistencies with this policy to both the Residency Program Director and the Residency Review Committee.

Preceptor Development Program Policy

Approval Date: 3-12-2018

Review Date: 06-26-2023

In order to improve preceptor performance and ensure adequate residency training, each preceptor is required to participate in the Preceptor Development Program or commensurate programming as approved. 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. Preceptors must meet preceptor eligibility and qualifications per ASHP accreditation standards 4.5, 4.6, and 4.7
 - a. In the event a pharmacist does not meet these criteria, the Residency Review Committee (RRC) will:
 - i. Assess the availability of qualified preceptors who may fill the needs of the learning experience.
 - ii. Establish and document an individualized development plan (Appendix H) for the pharmacist to meet all criteria **within 2 years** if there are no qualified preceptors available for the learning experience. The pharmacist will be assigned a mentor who will guide the completion of the development plan.
- II. New preceptors will submit a preceptor criteria worksheet (Appendix G) and ASHP's Academic and Professional Record (APR) form.
 - a. A minimum of two RRC members will review the preceptor criteria worksheet and the APR form. If the new preceptor will only precept in one program, then the Residency Program Director (RPD) for that program will serve as one of the two reviewers. If the new preceptor will precept in multiple programs, then at least one of the two reviewers should be an RPD from those specific programs. The selected reviewers will make a recommendation for determination of preceptor status to the RRC.
 - b. The RRC will review the assigned reviewers' evaluation of the preceptor criteria worksheet and make a final decision regarding preceptor status.
- III. Each residency preceptor will complete **2** hours of preceptor development training each academic year (i.e., July-June). Preceptor development training hours will be prorated based on the time of year that preceptor status is awarded.
- IV. 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 I). Preceptor development sessions completed between May of the previous year through June of the current year should be included on the transcript. When applicable, the residency preceptor will keep any certificate of completion of preceptor

development continuing education on file for at least two years according to the Oklahoma State Board of Pharmacy requirements.

- V. Approved residency preceptor development programming include:
 - a. OU College of Pharmacy and Southwestern Oklahoma State University College of Pharmacy's Annual Preceptor Development Program (annually)
 - b. OU College of Pharmacy's Residency Preceptor Development Continuing Education Programming (ongoing)
 - c. Oklahoma Residency Research Conference's Preceptor Development Program (annually)
 - d. ASHP National Residency Preceptors Conference
 - e. Other programs may be deemed acceptable and/or distributed by the RRC if content is relevant to preceptor development

- VI. The residency preceptor will complete a Preceptor Self-Evaluation and Preceptor Development Program Needs Assessment (Appendix J) 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 used to determine the content of future preceptor development education offered by the OU College of Pharmacy.

- VII. 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.

- VIII. Residency preceptors will complete the Preceptor Criteria Worksheet (Appendix K) every 3 years (in a rolling cycle). This form will take the place of the Preceptor Self-Evaluation and Preceptor Development Program Needs Assessment (Appendix J) on the assigned years. The worksheet should be submitted by **June 1** to the Residency Programs Coordinator.

- IX. Preceptors will be reappointed based on their 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 L).

- X. Non-pharmacist preceptors (e.g., physicians, physician assistants, certified advanced practice providers) will be considered by the RRC on a case-by-case basis and in compliance with ASHP standard 4.8.

Standard Evaluation of Resident Performance Policy

Approval Date: 11-30-18

Review Date: 6-26-23

Policy: The purpose of this policy is to provide preceptors with guidance on the rating of pharmacy resident performance and timely completion of summative evaluations. In addition, this policy will allow the residency program to remain in compliance with the American Society of Health-System Pharmacists' Accreditation Standards for PGY1 and PGY2 residency programs.

Procedure:

1. The following definitions are used for all programs to document resident performance as it relates to the required and elective ASHP residency program goals and objectives:

Rating	Definition
Needs Improvement (NI)	<ul style="list-style-type: none"> - Deficient in knowledge/skills in this area - Often requires assistance to complete the objective - Unable to ask appropriate questions to supplement learning
Satisfactory Progress (SP)	<ul style="list-style-type: none"> - Adequate knowledge/skills in this area - Sometimes requires assistance to complete the objective - Able to ask appropriate questions to supplement learning - Requires skill development over more than one rotation
Achieved (ACH)	<ul style="list-style-type: none"> - Fully accomplished the ability to perform the objective - Rarely requires assistance to complete the objective; minimum supervision required - No further developmental work needed
Achieved for Residency (ACHR)	<ul style="list-style-type: none"> - Resident consistently performs objective at Achieved level, as defined above, for the residency

2. Preceptors should include comments that support the rating of the resident's performance. Comments should include activities or examples of how the resident is working to meet the objective. If the resident is not rated as Achieved, the preceptor can provide suggestions (i.e., action items) of how the resident can improve performance. To facilitate delivery and understanding, preceptor written comments should be specific and anchored to individual learning objectives, utilizing the objective-based criteria, throughout the evaluation vs. summarized as overall comments at the end.
3. Residents and preceptors are expected to independently complete summative evaluations and arrange a time for verbal discussion of the evaluations.
4. All evaluations are expected to be submitted in PharmAcademic within 7 days of the rotation completion. For longitudinal rotations, evaluations are to be completed every three months unless otherwise delineated by ASHP Standards and should be submitted within 7 days of the due date.
5. The RPD will run an Overdue Evaluation report on a regular basis and will send reminder emails to those preceptors with incomplete/overdue evaluations. Timely submission of evaluations will be reviewed annually as a component of ongoing preceptor development.

National Match Early Commitment Process Policy for PGY2

Approval Date: 11-30-18

Review Date: 6-26-23

Policy: Any University of Oklahoma College of Pharmacy (OUCOP) PGY1 resident(s) desiring to complete a PGY2 residency sponsored by the OUCOP in conjunction with affiliated practice sites will indicate interest in writing by November 1. Acceptance/rejection of the request will be based on PGY1 performance, assessment of the applicant pool, and the likelihood of success in the PGY2 program selected.

Procedure:

1. The PGY1 resident(s) must indicate interest in the PGY2 program via submission of a letter of intent and curriculum vitae to the Residency Program Director (RPD) of the appropriate PGY2 program to which he/she wishes to apply.
 - a. The letter of intent must include confirmation that the ASHP Resident Matching Program Letter of Agreement for Early Commitment has been reviewed and that the PGY1 Resident agrees to abide by the respective ASHP Terms of Letter of Agreement stipulations should he/she be accepted.
 - b. The PGY2 RPD will assess the PGY1 applicant(s) in cooperation with the PGY1 RPD based on the resident's progress.
 - c. If multiple PGY1 residents have interest in the same PGY2 program, the Residency Review Committee (RRC) will determine whether the option of an Early Commitment Process will be allowed. Ultimately, the Associate Dean for Professional Programs will approve the decision.
2. All curriculum vitae and letters of intent for the Early Commitment Process must be reviewed by the RRC at the first scheduled meeting following the November 1 deadline. A vote of approval or rejection for consideration of the Early Commitment Process will be provided by the RRC. The evaluation processes employed for traditional resident interview and matching will also be utilized for the Early Commitment Process.
3. The PGY1 resident will be encouraged to attend the ASHP Midyear Clinical Meeting and participate in the Personnel Placement Service (PPS) to explore other opportunities and ensure that he/she is selecting the program that best meets his/her needs.
4. For a PGY1 resident receiving a favorable RRC vote who chooses to proceed with the Early Commitment Process, an interview with the RRC will occur no later than the week following the ASHP Midyear Clinical Meeting. The final approver of the Early Commitment offer is the Associate Dean for Professional Programs in collaboration with the PGY2 RPD.
5. If the Early Commitment decision has been approved, both the PGY2 RPD and PGY1 resident must complete and sign the Resident Matching Program Letter of Agreement.
 - a. The completed, signed Resident Matching Program Letter of Agreement must be received by the Associate Dean for Professional Programs to coordinate submission and payment processing no later than 72 hours prior to the deadline established by the National Matching Service (typically within 7 business days of the end of the ASHP PPS)

6. Appropriate modification of positions remaining available through the National Matching Service after the Early Commitment Process will be clearly indicated on the Resident Matching Program Letter of Agreement; if no positions remain available for the PGY2 residency, the program will be immediately closed to applications in PhORCAS.
7. A PGY1 resident who has completed all steps to enter the Early Commitment Process must apply for the open PGY2 position through the internal promotion and transfer process as required by human resources when the positions are posted. The PGY1 resident accepted by Early Commitment must successfully complete the PGY1 residency program and meet all eligibility requirements for employment as a PGY2 resident. If unforeseen circumstances occur that result in delayed graduation of the PGY1 residency, the PGY2 position must be forfeited if this delay exceeds 45 days past the expected July 1 start date of the PGY2 residency.

Appendix A: Outside Employment Form

Outside Employment

If employed elsewhere, complete section below:

I, _____, am employed apart from my residency/fellowship sponsored by The University of Oklahoma College of Pharmacy in conjunction with affiliated practice sites. My outside employment information is given below.

Name of outside employer: _____

Location of outside employer: _____

Average hours worked per week at outside employer: _____

☐ By checking this box, I confirm that I will not exceed 32 hours per month with moonlighting activities and these hours will be included in the submission of my Duty Hours.

☐ By checking this box, I acknowledge that if moonlighting hours interfere with my primary professional obligations as a pharmacy resident, the RPD and RRC will restrict the maximum allowable work hours outside of the program.

Signature	Date

If not employed elsewhere, complete section below:

I, _____, am not employed apart from my residency/fellowship sponsored by The University of Oklahoma College of Pharmacy in conjunction with affiliated practice sites. I understand it is my responsibility to initiate dialogue with my residency program director and submit a new outside employment form prior to pursuing moonlighting at any point during my residency training.

Signature	Date

Residency Program Director Signature	Date
--------------------------------------	------

Appendix B: PGY1 and PGY2 Residency Checklists

OUHSC Residency Programs require that residents complete the following checklists according to the specified timeframe listed below.

Checklist	Description	Completion Date	Location of Document
Orientation (according to primary employment)	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 F of handbook
Portfolio checklist	Includes required documentation for completion of the resident's program	End of residency	Appendix D 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	Appendix E of handbook

Appendix C: Orientation Checklist

**Submit items to Brittany Soriano, Residency Programs Coordinator by
July 14, 2023 at 5:00pm**

brittany-soriano@ouhsc.edu; CPB-135; 405-271-6484, ext. 47288

Onboarding Forms and Training

- Resident Information Survey
 - Role-Based Access Worksheet
 - Acknowledgement of Residency Policies
 - Outside Employment form
 - Resident Confidential and Proprietary Information Disclosure (CPID) form
 - HIPAA Privacy and Security Rules Acknowledge of Understanding form
 - IRB (CITI) Training Certificate
- <https://compliance.ouhsc.edu/HRPP/Researcher-Coordinator/HSC-Campus/Education-Training>

Licensure Requirements

- Documentation of completion of Doctor of Pharmacy Degree (i.e., Dean's Letter) (PGY1 only)
- Documentation of PGY1 residency completion (i.e., letter from PGY1 RPD, PGY2 only)
- Copy of Oklahoma Pharmacist Intern License or Graduate Intern License
- Copy of Oklahoma Pharmacist License
- Copy of OK Preceptor License (PGY2 only)
- Proof of Professional Liability Insurance
- CPR Certification Card

Health Requirements

- Immunization Status (including PPD skin test results)
- TB Test
- Flu Vaccine
- COVID-19 Vaccine

Appendix D: 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, on a USB flash drive, 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 training (IRB, HIPAA, BLS, ACLS, immunization, etc.)
 - g. 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. Health-System projects (e.g., medication use evaluations, monographs, formulary review, quality improvement projects, protocols, etc.)
5. Presentations
 - a. Inservices
 - b. Case presentations
 - c. Journal clubs
6. Scholarship
 - a. Other original scientific writing (manuscripts, newsletter articles, patient education materials, etc., as applicable)
7. Documented Formative Evaluations
8. Residency-specific Section 1 (optional)
9. Residency-specific Section 2 (optional)

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

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 PharmAcademic)

Appendix E: 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

Appendix F: 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 G: Resident 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):

4.5 Pharmacist preceptors must be licensed pharmacists who:	
<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 in the area precepted
<input type="checkbox"/>	Completed an ASHP-accredited PGY1 residency followed by a minimum of one year of pharmacy practice experience in the area precepted
<input type="checkbox"/>	Have three or more years of pharmacy practice experience in the area precepted without an ASHP-accredited PGY1 residency

PGY2 Preceptor Eligibility Criteria (Pick one):

4.5.b 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 for Learning Experiences and Documented Evaluations:

<p>3.2.a Learning experience descriptions are documented and include:</p> <ul style="list-style-type: none"> 3.2.a.1 A general description, including the practice area. 3.2.a.2 The role of pharmacists in the practice area. 3.2.a.3 Expectations of residents. 3.2.a.4 Resident progression. 3.2.a.5 Objectives assigned to the learning experience. 3.2.a.6 For each objective, a list of learning activities that facilitate its achievement. <p>3.2.b At the beginning of each learning experience, preceptors orient residents to the experience.</p> <p>3.2.c Preceptors use the appropriate preceptor role (i.e., direct instruction, modeling, coaching, and facilitating) based on each resident's progression through the learning experience.</p> <p>How it will be surveyed: Review of learning experience descriptions in PharmAcademic™; Discussion with residents, preceptors, and RPD</p>
<p>Learning experience is up to date in PharmAcademic and in compliance with standard 3.2.</p> <p>Not applicable _____</p> <p>Yes _____ (Date last updated: _____)</p> <p>No _____</p> <p>If No, how will you update to become compliant:</p>
<p>3.4.b Summative Evaluation of the Resident</p> <p>3.4.b.1 Preceptors for the learning experience document a summative evaluation of the resident by the end of each learning experience.</p> <p>3.4.b.2 The documented summative evaluation includes the extent of the resident's progress toward achievement of assigned objectives based on a defined rating scale.</p> <ul style="list-style-type: none"> • Are specific and actionable.

<ul style="list-style-type: none"> • Use criteria related to specific educational objectives. • Recognize residents' skill development. • Focus on how residents may improve their performance.
<p>How it will be surveyed: Review of relevant documents (e.g., learning experience descriptions, residents' evaluation of preceptors and learning experiences). Discussion with preceptors and residents. Review of PharmAcademic™ Evaluation Dashboards and Overall Evaluation Status Reports.</p>
<p>Provide an example of a comment <u>provided to a resident</u> via summative or formative evaluation that was specific and actionable, used criteria that related to specific educational objective, recognized resident's 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% _____ Not Applicable _____</p>
<p>3.5 Evaluation of the Preceptor and Learning Experience</p> <p>3.5.a Residents document and discuss an evaluation of each preceptor by the end of the learning experience.</p> <p>3.5.b Residents document and discuss an evaluation of each learning experience by the end of the learning experience.</p>
<p>Describe at least one positive comment and area of improvement <u>provided by a resident</u> for your <u>learning experience</u>:</p> <p>Not applicable _____</p> <p>Positive Comment: _____</p> <p>Area of Improvement: _____</p>
<p>For <u>preceptor evaluations</u>, provide approximate percentage of 'Always', 'Frequently', 'Sometimes' and 'Never' you received for the past residency year in PharmAcademic (percentages should add up to 100%).</p> <p>Not applicable _____</p> <p>Always: _____</p> <p>Frequently: _____</p> <p>Sometimes: _____</p> <p>Never: _____</p> <p>Describe at least one positive comment and area of improvement <u>provided by a resident</u> in PharmAcademic:</p> <p>Positive Comment: _____</p> <p>Area of Improvement: _____</p>
<p>Reviewed the Residency Handbook (https://pharmacy.ouhsc.edu/programs/residency):</p> <p>Yes _____</p> <p>No _____</p>

Preceptor Qualification Criteria:

<p>4.6.a. Content knowledge/expertise in the area(s) of pharmacy practice precepted.</p> <p>(minimum of 1 example in this section must be addressed)</p> <p>Includes: Active BPS Certification(s); Post-graduate fellowship or advanced degrees; Fellow Status; Completion of certificate program; Certifications; Credential Status; Awards/Recognition; Practice experience ≥ 10 years .</p>
<p>How it will be surveyed:</p> <ul style="list-style-type: none"> • Review of preceptors' academic and professional record forms. • Review of one copy of organization's privileging policy, example application packet, and applicable collaborative practice agreements/protocols if privileging is used to demonstrate content

<i>knowledge/expertise in the area(s) of pharmacy practice.</i>	
	Board certified
	Post-graduate fellowship in the advanced practice area or an advanced degree beyond entry level pharmacy degree (e.g., MS, MBA, MHA, PhD)
	Completion of Pharmacy Leadership Academy (DPLA)
	Pharmacy related certification recognized by Council on Credentialing in Pharmacy (e.g., Certified Asthma Educator, Certified Diabetes Educator). Full list available at http://www.pharmacycredentialing.org [Note: BLS, ACLS, PALS do NOT meet requirement]
	For non-direct patient care areas, nationally recognized certification in the area precepted
	Certificate of completion in the area precepted (minimum 14.5 contact hours or equivalent college credit) from an ACPE-accredited certificate program or accredited college/university. Certificate of completion obtained or renewed in last four years.
	Credential/Privileging granted by organization meeting these criteria: <ul style="list-style-type: none"> Includes peer review as part of the re-credentialing procedure. Only utilized for advanced practice. If privileging exists for other allied health professionals at the organization, pharmacist privileging must follow the same process.
	Subject matter expertise as demonstrated by ONE of the following: <ul style="list-style-type: none"> Completion of PGY2 residency training in the area precepted PLUS at least 2 years of practice experience in the area precepted. Completion of PGY1 residency training PLUS at least 4 years of practice experience in the area precepted. PGY2 residency training NOT in the area precepted PLUS at least 4 years of practice experience in the area precepted. At least 5 years of practice experience in the area precepted.

4.6.b Contribution to pharmacy practice in the area precepted. (minimum of 1 example in this section should have been demonstrated within the past 4 years)	
How it will be surveyed: Review of preceptors' academic and professional record forms.	
Documented record of improvements/contributions to pharmacy practice (Check all that apply in last 4 years):	
	Contribution to the development of clinical or operational policies/guidelines/protocols
	Contribution to the creation/implementation of a new clinical or operational service
	Contribution to an existing service improvement
	In-services or presentations to pharmacy staff/other health professionals at organization.
	Appointments to appropriate drug policy and other committees of the organization (e.g., practice setting, college of pharmacy, independent pharmacy)

4.6.c Role modeling ongoing professional engagement (minimum 1 example <u>in three different sections</u> must be demonstrated within the past <u>4 years</u> with the exception of the "Lifetime Achievement" section) [Note: exclude examples that occurred during residency training]	
How it will be surveyed: Review of preceptors' academic and professional record forms.	
Lifetime Achievement	
	Fellow status for a <u>national</u> organization
	Pharmacist of the Year recognition at state/regional level
Demonstrate leadership through active service in professional organizations in last 4 years	
	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 in last 4 years :	
	Publication (or co-author) in a peer-reviewed journal
	Publication (or co-author) in a textbook
	Platform presentation at a local, regional, state, or national meeting
	Poster presentation at a local, regional, state, or national meeting
Serve as a reviewer/evaluator in last 4 years	

	Peer reviewer of manuscripts 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)
	Evaluator at state/regional residency conference or other professional meetings
	CV reviewer/mock interviewer for local/regional/state/national organizations
Demonstrated effectiveness in teaching <u>in last 4 years</u>	
	Pharmacy IPPE/APPE student preceptor of record (i.e., no co-preceptor)
	Educator of health care professionals [didactic teaching of health care professionals (e.g., laboratory teaching, classroom lectures)]
	Completion of a teaching certification program
	Providing preceptor development to other preceptors at the site
Other	
	Participate in health/wellness event in the community (e.g., health fairs, public health events, employee wellness promotion/disease prevention activities, consumer education classes, etc.)
	Community service related to professional practice (e.g., free clinic, medical mission trip)
	Professional consultation to other health care facilities or professional organizations
	Awards or recognitions at the <u>organization or higher</u> level for patient care, quality, or teaching excellence <u>not included in any other section</u>
4.7 Preceptors maintain an active practice and ongoing responsibilities for the area in which they serve as preceptors	
Guidance:	
<ul style="list-style-type: none"> • 4.7: Preceptor may be part-time and/or at a remote location but must be actively engaged. • 4.7a: If more than one preceptor is involved in the learning experience, one of the preceptors is designated to provide oversight of resident progression during the learning experience and is responsible for approximately 50% of the learning experience (may not be applicable for orientation or staffing learning experiences). • 4.7a: Preceptors engaged in the training of residents during a learning experience (i.e., team-precepted experiences) should be designated as preceptors for the experience (may not be applicable for orientation or staffing learning experiences). 	
How it will be surveyed: Discussion, review of residents' evaluations of preceptor and learning experiences, and review of preceptor roster	
How many times do you (or the preceptor group) meet with the resident per week: 0-1 _____ 2-3 _____ 4-5 _____ Not applicable _____	

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

Reviewed by: _____ **Date:** _____

Approved by RRC on: _____

Appendix H: Preceptor Development Plan

Based on the assessment completed at the _____ Residency Review Committee meeting, the following requirements have been identified as areas of focus for the upcoming year 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.		

Preceptor Mentor sign-off: _____ Date: _____

Supervisor sign-off (if applicable): _____

Approved by RRC on: _____

Appendix I: Preceptor Development Transcript
(minimum 2 hours)
Document hours completed in the last academic year
(i.e., May of previous year to June of current year)

Title of Program	Sponsoring Organization	Hours	Date Attended or Completed

Preceptor Signature: _____ **Date:** _____

Reviewed by: _____ **Date:** _____

Appendix J: Resident Preceptor Self-Evaluation and Preceptor Development Program Needs Assessment

Preceptor:

Self-evaluation:

Learning experience is up to date in PharmAcademic and in compliance with standard 3.2

Yes _____

No _____

Describe at least one positive comment and area of improvement provided by a resident for your learning experience:

Positive Comment: _____

Area of Improvement: _____

For preceptor evaluations, provide approximate percentage of Always, Frequently, Sometimes and Never you received for the past residency year in PharmAcademic (percentages should add up to 100%).

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: _____

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 the 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% _____

How many times do you (or your preceptor group) meet with the resident per week:

0-2 _____ 2-3 _____ 4-5 _____

Preceptor Development Program Needs Assessment:

Identify the top 3 topics you would like to see addressed in preceptor development sessions.

Are you interested in leading or co-leading a preceptor development session this upcoming residency year?

Yes _____

No _____

Appendix K: Resident Preceptor Criteria Worksheet (Existing Preceptors)

General Information:

Preceptor:

PGY1 Preceptor Eligibility Criteria (Pick one):

4.5 Pharmacist preceptors must be licensed pharmacists who:	
<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 in the area precepted
<input type="checkbox"/>	Completed an ASHP-accredited PGY1 residency followed by a minimum of one year of pharmacy practice experience in the area precepted
<input type="checkbox"/>	Have three or more years of pharmacy practice experience in the area precepted without an ASHP-accredited PGY1 residency

PGY2 Preceptor Eligibility Criteria (Pick one):

4.5.b 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 for Learning Experiences and Documented Evaluations:

<p>3.2.a Learning experience descriptions are documented and include:</p> <p>3.2.a.1 A general description, including the practice area.</p> <p>3.2.a.2 The role of pharmacists in the practice area.</p> <p>3.2.a.3 Expectations of residents.</p> <p>3.2.a.4 Resident progression.</p> <p>3.2.a.5 Objectives assigned to the learning experience.</p> <p>3.2.a.6 For each objective, a list of learning activities that facilitate its achievement.</p> <p>3.2.b At the beginning of each learning experience, preceptors orient residents to the experience.</p> <p>3.2.c Preceptors use the appropriate preceptor role (i.e., direct instruction, modeling, coaching, and facilitating) based on each resident's progression through the learning experience.</p>
<p>How it will be surveyed: Review of learning experience descriptions in PharmAcademic™; Discussion with residents, preceptors, and RPD</p>
<p>Learning experience is up to date in PharmAcademic and in compliance with standard 3.2.</p> <p>Yes _____ (Date last updated: _____)</p> <p>No _____</p> <p>If No, how will you update to become compliant:</p>
<p>3.4.b Summative Evaluation of the Resident</p> <p>3.4.b.1 Preceptors for the learning experience document a summative evaluation of the resident by the end of each learning experience.</p> <p>3.4.b.2 The documented summative evaluation includes the extent of the resident's progress toward achievement of assigned objectives based on a defined rating scale.</p> <ul style="list-style-type: none"> • Are specific and actionable. • Use criteria related to specific educational objectives. • Recognize residents' skill development. • Focus on how residents may improve their performance.
<p>How it will be surveyed: Review of relevant documents (e.g., learning experience descriptions, residents' evaluation of preceptors and learning experiences). Discussion with preceptors and residents. Review of PharmAcademic™ Evaluation Dashboards and Overall Evaluation Status Reports.</p>
<p>Provide an example of a comment <u>provided to a resident</u> via summative or formative evaluation that was specific</p>

and actionable, used criteria that related to specific educational objective, recognized resident's 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% _____
3.5 Evaluation of the Preceptor and Learning Experience 3.5.a Residents document and discuss an evaluation of each preceptor by the end of the learning experience. 3.5.b Residents document and discuss an evaluation of each learning experience by the end of the learning experience.
Describe at least one positive comment and area of improvement <u>provided by a resident</u> for your <u>learning experience</u> : Positive Comment: _____ Area of Improvement: _____
For <u>preceptor evaluations</u> , provide approximate percentage of 'Always', 'Frequently', 'Sometimes' and 'Never' you received for the past residency year in PharmAcademic (percentages should add up to 100%). Always: _____ Frequently: _____ Sometimes: _____ Never: _____ Describe at least one positive comment and area of improvement <u>provided by a resident</u> in PharmAcademic: Positive Comment: _____ Area of Improvement: _____
Reviewed the Residency Handbook (https://pharmacy.ouhsc.edu/programs/residency): Yes _____ No _____

Preceptor Qualification Criteria:

4.6.a. Content knowledge/expertise in the area(s) of pharmacy practice precepted. (minimum of 1 example in this section must be addressed) Includes: Active BPS Certification(s); Post-graduate fellowship or advanced degrees; Fellow Status; Completion of certificate program; Certifications; Credential Status; Awards/Recognition; Practice experience \geq 10 years .	
How it will be surveyed: <ul style="list-style-type: none"> Review of preceptors' academic and professional record forms. Review of one copy of organization's privileging policy, example application packet, and applicable collaborative practice agreements/protocols if privileging is used to demonstrate content knowledge/expertise in the area(s) of pharmacy practice. 	
<input type="checkbox"/>	Board certified
<input type="checkbox"/>	Post-graduate fellowship in the advanced practice area or an advanced degree beyond entry level pharmacy degree (e.g., MS, MBA, MHA, PhD)
<input type="checkbox"/>	Completion of Pharmacy Leadership Academy (DPLA)
<input type="checkbox"/>	Pharmacy related certification recognized by Council on Credentialing in Pharmacy (e.g., Certified Asthma Educator, Certified Diabetes Educator). Full list available at http://www.pharmacyc credentialing.org [Note: BLS, ACLS, PALS do NOT meet requirement]
<input type="checkbox"/>	For non-direct patient care areas, nationally recognized certification in the area precepted

	Certificate of completion in the area precepted (minimum 14.5 contact hours or equivalent college credit) from an ACPE-accredited certificate program or accredited college/university. Certificate of completion obtained or renewed in last four years.
	Credential/Privileging granted by organization meeting these criteria: <ul style="list-style-type: none"> • Includes peer review as part of the re-credentialing procedure. • Only utilized for advanced practice. • If privileging exists for other allied health professionals at the organization, pharmacist privileging must follow the same process.
	Subject matter expertise as demonstrated by ONE of the following: <ul style="list-style-type: none"> • Completion of PGY2 residency training in the area precepted PLUS at least 2 years of practice experience in the area precepted. • Completion of PGY1 residency training PLUS at least 4 years of practice experience in the area precepted. • PGY2 residency training NOT in the area precepted PLUS at least 4 years of practice experience in the area precepted. • At least 5 years of practice experience in the area precepted.

4.6.b Contribution to pharmacy practice in the area precepted.

(minimum of 1 example in this section should have been demonstrated within the past 4 years)

How it will be surveyed: Review of preceptors' academic and professional record forms.

Documented record of improvements/contributions to pharmacy practice (Check all that apply **in last 4 years**):

<input type="checkbox"/>	Contribution to the development of clinical or operational policies/guidelines/protocols
<input type="checkbox"/>	Contribution to the creation/implementation of a new clinical or operational service
<input type="checkbox"/>	Contribution to an existing service improvement
<input type="checkbox"/>	In-services or presentations to pharmacy staff/other health professionals at organization.
<input type="checkbox"/>	Appointments to appropriate drug policy and other committees of the organization (e.g., practice setting, college of pharmacy, independent pharmacy)

4.6.c Role modeling ongoing professional engagement

(minimum 1 example in three different sections must be demonstrated within the past 4 years with the exception of the "Lifetime Achievement" section) [Note: exclude examples that occurred during residency training]

How it will be surveyed: Review of preceptors' academic and professional record forms.

Lifetime Achievement

<input type="checkbox"/>	Fellow status for a <u>national</u> organization
<input type="checkbox"/>	Pharmacist of the Year recognition at state/regional level
Demonstrate leadership through active service in professional organizations in last 4 years	
<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 in last 4 years :	
<input type="checkbox"/>	Publication (or co-author) in a peer-reviewed journal
<input type="checkbox"/>	Publication (or co-author) in a textbook
<input type="checkbox"/>	Platform presentation at a local, regional, state, or national meeting
<input type="checkbox"/>	Poster presentation at a local, regional, state, or national meeting
Serve as a reviewer/evaluator in last 4 years	
<input type="checkbox"/>	Peer reviewer of manuscripts 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"/>	Evaluator at state/regional residency conference or other professional meetings
<input type="checkbox"/>	CV reviewer/mock interviewer for local/regional/state/national organizations
Demonstrated effectiveness in teaching in last 4 years	
<input type="checkbox"/>	Pharmacy IPPE/APPE student preceptor of record (i.e., no co-preceptor)
<input type="checkbox"/>	Educator of health care professionals [didactic teaching of health care professionals (e.g., laboratory teaching, classroom lectures)]

	Completion of a teaching certification program
	Providing preceptor development to other preceptors at the site
Other	
	Participate in health/wellness event in the community (e.g., health fairs, public health events, employee wellness promotion/disease prevention activities, consumer education classes, etc.)
	Community service related to professional practice (e.g., free clinic, medical mission trip)
	Professional consultation to other health care facilities or professional organizations
	Awards or recognitions at the <u>organization or higher</u> level for patient care, quality, or teaching excellence <u>not included in any other section</u>
4.7 Preceptors maintain an active practice and ongoing responsibilities for the area in which they serve as preceptors	
Guidance:	
<ul style="list-style-type: none"> • 4.7: Preceptor may be part-time and/or at a remote location but must be actively engaged. • 4.7a: If more than one preceptor is involved in the learning experience, one of the preceptors is designated to provide oversight of resident progression during the learning experience and is responsible for approximately 50% of the learning experience (may not be applicable for orientation or staffing learning experiences). • 4.7a: Preceptors engaged in the training of residents during a learning experience (i.e., team-precepted experiences) should be designated as preceptors for the experience (may not be applicable for orientation or staffing learning experiences). 	
How it will be surveyed: Discussion, review of residents' evaluations of preceptor and learning experiences, and review of preceptor roster	
How many times do you (or the preceptor group) meet with the resident per week: 0-3 _____ 2-3 _____ 4-5 _____	

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

Reviewed by: _____ **Date:** _____

Approved by RRC on: _____

Appendix L: Preceptor Remediation Plan

Based on the assessment 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.

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

Activities and scheduling:

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

Mentor sign-off: _____ Date: _____

Supervisor sign-off (if applicable): _____

Approved by RRC on: _____