PGY-1 Pharmacy Residency
Resident's Policy Manual

2026-2027

ONVIDA HEALTH
DEPARTMENT OF PHARMACY
POST-GRADUATE YEAR ONE (PGY1) PHARMACY RESIDENCY PROGRAM
RESIDENT'S MANUAL TABLE OF CONTENTS

Content	Page(s)
Purpose	3
Overview	3
Expected Residency Competency Areas	3
Administration of program	3
Resident Plan for Development	4
Orientation	4
Professionalism	4
Communication Skills	4
Dress Code	5
Learning Experiences	5
Staffing Component	5
Moonlighting	5
Attendance	5
Leave	6
Duty Hours	6
Licensure	6
Accessibility	6
Meetings	7
Teaching	7
Journal Club	7
Formulary Monographs	7
Medication Use Evaluation (MUE)	7
Research Project	7
Manuscript	8
Material Storage	8
Travel Accommodations/Expenses	8
Evaluation Process	8
Problem Resolution Procedure	8
Remediation and Dismissal Process	9
Appendix A (ASHP Accreditation Standard- PGY-1)	10
Appendix B (ASHP PGY1 HARMONIZED CAGO**)**	10
Appendix C (Criteria for Completion)	11-14
Appendix D (Residency Program Roster)	15
Appendix E (Professionalism Agreement)	16
Appendix F (Onvida Residency Learning Experiences)	17
Appendix G (Evaluations In Residency)	18
Appendix H (Your Responsibilities as a Pharmacy Resident)	19-23
Appendix I (Proposed Pharmacy Residency Budget 2026-2027)	24

ONVIDA HEALTH YUMA MEDICAL CENTER
DEPARTMENT OF PHARMACY
PGY1 PHARMACY RESIDENCY PROGRAM

PURPOSE

PGY1 Pharmacy Residency Program at Onvida Health will build upon the Doctor of Pharmacy (PharmD) education to develop pharmacist practitioners with knowledge, skills, and abilities as defined in the educational competency areas, goals, and objectives. Residents who successfully complete the Onvida Health PGY1 residency program will be skilled in diverse patient care, practice management, leadership, and education, and be prepared to provide patient care, seek board certification in pharmacotherapy (i.e., BCPS), and pursue advanced education and training opportunities including postgraduate year two (PGY2) residencies.

OVERVIEW

The PGY1 Pharmacy Residency at Onvida Health is a twelve-month (52 week), that starts each year on July 1st and ends June 30th. This postgraduate training experience is composed of four major elements:

- Acute care
- Ambulatory care
- Practice management
- Drug use policy

In accordance with ASHP Accreditation Standard for PGY1 Pharmacy Residency Programs (*Appendix A*), all residents are required to complete learning experiences in core subject areas considered to be essential to the practice of pharmacy. Elective learning experiences are available to permit the resident flexibility in pursuing individual goals.

Additional learning experiences include the pharmacy practice skill development through staffing, leadership and completion of practice-related research, development of oral and written communication skills, and completion of select ASHP Learning Certificate Programs.

Residents will be awarded a residency certificate upon successful completion of the Onvida Health PGY1 Pharmacy Residency program as defined in *Appendix B*.

EXPECTED RESIDENCY COMPETENCY AREAS

R1: Patient Care
R2: Practice Advancement
R3: Leadership
R4: Teaching and Education

ADMINISTRATION OF PROGRAM (*Appendix C*)

Residency Program Director (RPD)

The RPD works with the Pharmacist preceptors to ensure that appropriate preceptors are assigned to the learning experiences, the program goals and objectives are met, training schedules are maintained, and evaluations are conducted.

Preceptors

Each learning experience has a pharmacist preceptor who develops and guides the resident to meet the residency program's goals and objectives, while maintaining the resident's interests and goals.

Residency Advisory Committee (RAC): Stephanie Kehle (Residency Program Director) and all Pharmacist preceptors

RESIDENT PLAN FOR DEVELOPMENT

Each resident completing the residency program at Onvida Health will prepare an individual initial plan for development in PharmAcademic. The residents will indicate their goals, interests, strengths, and opportunities for improvement. The RPD and preceptors will review the Resident Plan for Development to ensure learning experiences can help achieve the plan and will update this plan quarterly. Within the framework of the ASHP Residency Standard and the administrative guidelines of the Onvida Health PGY1 Pharmacy Residency Program, the residents are encouraged to assume ownership of their training experience and development plan.

ORIENTATION

Each resident will have an Onvida Health organization half day onboarding orientation shared with all the new onboarding medical residents on July 1st. The Pharmacy resident will then complete an inpatient orientation during the month of July and August. At this time, they will learn the roles and responsibilities of all hospital pharmacy personnel, including pharmacists and pharmacy technicians' processes. The residents will obtain BLS, ACLS and PALS certifications during this time as well. Educational elements provided will help prepare the pharmacy resident for the upcoming residency year. It is highly recommended that the resident obtain their Arizona pharmacist licensure by **August 31 if possible.** Licensure will be required no later than 120 days after initial start date of the residency **(Deadline October 28, of the current resident year)** to avoid dismissal from the program.

PROFESSIONALISM

Onvida Health pharmacy residents are expected to demonstrate professionalism that include knowledge and skills of the profession, commitment to self-improvement of skills and knowledge, pride in the profession, creativity and innovation, trustworthiness, accountability for his or her work, ethically sound decision making, and leadership. The residents must adhere to the hospital policies, rules, and regulations. Residents should maintain a professional appearance and be respectful and considerate in interactions with employees. A Professionalism Agreement (*Appendix D*) will be signed upon initiation of the residency year, and it is expected the residents will abide by the Agreement.

COMMUNICATION SKILLS

Effective communication skills are essential for a pharmacy practitioner. During the PGY1 Pharmacy Residency, the residents will have numerous opportunities to improve their communication skills. Opportunities for improving communication skills include interaction with healthcare providers and patients, presentation of MUE and research project results, in-services to healthcare staff, formulary monographs, newsletter items, and a final manuscript.

DRESS CODE

The pharmacy dress code is professional business casual. Males must keep their shirts always tucked in. A pharmacy laboratory coat is to be worn in pharmacy and patient care areas. Lab coats are to be kept clean, including sleeves and cuffs. Grossly wrinkled attire is not appropriate. Closed-toed shoes are mandatory. It is required that appropriate hospital nametag be always worn for identification.

LEARNING EXPERIENCES

Learning Experiences provide structure for the residency training in various areas of pharmacy practice. The resident is expected to review the learning activities, goals, and objectives for each rotation **prior to each experience**. This can be found within PharmAcademic at any time. The resident and preceptor will meet on the first day of the learning experience to discuss the expectations of the learning experience. Residents are expected to perform independently and demonstrate proficiency in their learning experience. The preceptor provides guidance to the residents and ensures the goals set forth by the resident and residency program are met. The preceptor will provide the residents with feedback during the learning experience, as well as a written evaluation at the conclusion of the rotation. Residents may request change or trade scheduled learning experiences, which will be approved by the RPD and preceptors involved. Residency experiences and schedule will be determined during the residents' orientation period (*Appendix G*). Each required and Elective Rotation will range from 4 to 8 weeks in length unless indicated otherwise in the learning experience description. **Longitudinal Experiences** will be done throughout the duration of the residency year. **Concentrated Experiences** will occur once or may occur more than once such as Community Service. Ad hoc learning experiences, although not formally evaluated, should have specific learning goals and objectives.

STAFFING COMPONENT

Each resident is required to complete a staffing component of the residency program for the development of essential practice skills. For the 2026-2027 residency year, the pharmacy residents will staff on Fridays starting in the month of August and continue until December. The staffing schedule will change in January, and the resident will staff every other weekend until the end of April. The resident will complete their residency with an Intensive Staffing Learning Experience which will take place for the months of May and June. Residents may be called upon to do an extra staffing shift on an emergency basis and if so, the shift will be considered an extension of their longitudinal staffing rotation and will not go against the duty hour policy of the residency program

MOONLIGHTING

To guarantee that the PGY1 residency program upholds ASHP duty hour requirements, and to ensure that the residents can spend enough time performing all functions and duties of the residency, staffing at other pharmacies (moonlighting) as well within Onvida Health will not be permitted during the residency year.

ATTENDANCE

Residents are expected to abide by the Pharmacy Policies and Procedures on attendance. Call-offs, schedule changes, and requested days off must be approved in advance by the RPD and the preceptor, after which it is then submitted through the usual means (electronically) in the same manner as all other pharmacy personnel through the Employee Infor WFM software. In addition to notifying appropriate employees of the Pharmacy

Management team, preceptors affected should be notified of the absence and involved in discussions of days off. When residents are on the schedule to work, it is expected that they will physically be on location and could work up to a 12-hour shift for the day. It is expected that the residents will have to study and work at home. The resident will work a 5-day work week (Monday through Friday) for the first half of the residency and then the resident's schedule will vary every other weekend with a 10 day pay period work rotation for the second half of the residency.

LEAVE

If in the course of the year circumstances require the resident to take an extended leave, the Human Resources policies and procedures will be followed along with the ASHP Standard 2.2a. Time away from the residency program does not exceed a combined total of the greater of (a) 37 days per 52-week training period, or (b) the minimum number of days allowed by applicable federal and /or state laws (allotted time). Time away from the program is defined as the total number of days taken for vacation, sickness, interview, and personal days; holidays; religious time; jury duty; bereavement leave' military leave; parental leave; leaves of absence; and extended leave. Onvida Health PGY-1 program does not permit extensions more than the allotted time of 37 days, and the residents will not receive a certificate of completion for the program if they are gone more than the 37 days. (ASHP Standard 2.2.b.2)

DUTY HOURS

This residency will abide by the definitions and requirements regarding duty hours as defined by ASHP in its document "Duty-Hour Requirements for Pharmacy Residencies" which can be found online at https://www.ashp.org/-/media/assets/professional-development/residencies/docs/duty-hour-requirements.pdf

Residents will be required to sign a monthly attestation as part of their evaluations in PharmAcademic.

If there is a question or concern regarding number of duty-hours being performed, the resident is to immediately notify the RPD to determine whether hours are within requirement. If RPD cannot determine, then the RAC will make overall determination as to if the resident fits within requirements as defined by ASHP.

LICENSURE

Residents must have a valid AZ intern license at the beginning of the program and are required to be a licensed pharmacist prior to or within 120 days of the residency start date. Failure to do so will then require the dismissal of the resident from the program as the residents will fail to meet the ASHP Standard 2.4.b residents must complete at least two-thirds of their residency as a licensed pharmacist. Extensions of this policy will not be allowed.

ACCESSIBILITY

Residents are expected to log into Vocera while in the hospital for learning experiences, so they are accessible to the pharmacy staff. Microsoft Outlook calendars should remain up-to-date and shared with RPD and preceptors.

MEETINGS

Residents will be required to attend a variety of meetings throughout the year. The following meetings will be attended by the resident during the residency year:

- RAC meetings
- Departmental meetings
- P&T Committee meetings
- Medication Safety meetings
- Other meetings will be determined by the RPD and preceptors as they deem important for the development of the resident
- ASHP Mid-Year Meeting
- Western States Conference
- Southwestern States Conference

TEACHING

Upon completion of the PGY1 Pharmacy Residency program, the residents will have developed competency in teaching and training healthcare professionals, pharmacy students, and patients. The residents will complete the ASHP Teaching Certificate Program prior to their Teaching Preceptor Development learning experience. Residents will provide in-services for medical staff, and other healthcare professionals, help facilitate pharmacy students on rotation at Onvida Health, educate patients on medication management, as well as contribute to other educational activities throughout the residency year. Residents are responsible for the scheduling of all presentations, including but not limited to the reservation of rooms and availability of presentation equipment as needed.

JOURNAL CLUB

Each resident will complete at least three Journal Club presentations (or more as assigned by preceptors) for the pharmacy staff during the residency. Articles selected by the pharmacy resident must be approved by the rotation preceptor(s) prior to presenting.

FORMULARY MONOGRAPHS

Formulary monographs will be prepared and presented by the pharmacy residents at the P & T Meetings, as assigned by the Clinical Pharmacy Manager and RPD

MEDICATION USE EVALUATION

Medication-use evaluation (MUE) is a performance improvement method that focuses on evaluating and improving medication-use processes with the goal of optimal patient outcomes. Each resident is required to complete an MUE during the first half of the residency year for presentation at ASHP Midyear Clinical Meeting. A list of ideas provided by the pharmacy staff will be provided to the residents in July. The residents will be evaluated on the proposal, abstract, final report, and poster. A designated preceptor will provide guidance and evaluation for the MUE. Poster submission guidelines are available on the Q: drive (PGY1 Residency folder).

RESEARCH PROJECT

Each resident will be required to complete one major project (e.g. creation of service, quality assurance, etc) relating to a specific aspect of pharmacy practice for presentations at conferences approved by the RPD and RAC. A list of project ideas provided by the

pharmacy staff will be provided to the residents in the early part of the residency year. Residents will be responsible for approaching preceptors for guidance and evaluation for the research project.

MANUSCRIPT

A written manuscript suitable for publication will be prepared and submitted to those providing guidance for the research project. This will be a written presentation of the research project and will be submitted prior to residency completion.

MATERIAL STORAGE

All items produced by the resident in conjunction with the residency are to be placed in the Q/Share drive (PGY1 Residency folder) to become property of the Onvida Health PGY1 Pharmacy Residency Program. This includes, but is not limited to, presentations, research projects, drug information responses, etc. This must be up to date and will be audited regularly. The Resident will also upload all deliverables to PharmAcademic under the files tab in the Resident File section (not the Resident Portfolio section).

TRAVEL ACCOMMODATIONS/EXPENSES

The residency program will define a budget for registration, travel, dining and lodging associated with required meetings. Residents are required to attend ASHP Midyear Clinical Meeting, the Western States Residency Conference and Southwestern States Conference. Department of Pharmacy will pay for hotel accommodation, meeting registration, flight, parking, mileage associated with travel for required meetings. Meals may be reimbursed up to a specified dollar amount per day. Receipts are required for reimbursement.

EVALUATION PROCESS

During the year, the residents will be evaluated by the RPD, preceptors, and themselves (*Appendix H*). The resident is required to meet with the preceptor **prior** to the start of each new rotation, primarily to discuss and customize the learning experience goals and objectives. The following evaluations are required for each learning experience:

- ASHP Learning Experience evaluation
- ASHP Preceptor Evaluation
- Summative Evaluation

These will be submitted to the RPD via PharmAcademic® and the residents will maintain a copy for their records.

PROBLEM RESOLUTION PROCEDURE

If a resident disagrees with established rules of conduct, policies, practices or conditions of participation in the residency, she/he can express this to a member of the RAC. It is expected that as problems or issues, the residents will first attempt to solve the issue themselves. If the problem cannot be handled alone, then the next step is speaking with the RPD. If no resolution can be made at that level, then the issue can be escalated to the RAC committee. Remember that clear communication can resolve most issues between individuals.

REMEDIATION AND DISMISSAL PROCESS

The Residency Program Director (RPD) and Residency Advisory Committee (RAC) will follow a corrective action process based on an oral and documented corrective action counseling when one or more serious deficiencies in a resident's performance are noted. The corrective

action process will be used when addressing areas of resident performance and/or behavior requiring improvement or elimination. It is intended to initiate action that will assist the residents in correcting problems and improving performance and behavior. Failure to improve performance as addressed by the corrective action process within the specified time frame(s) will result in the resident not receiving a certificate of successful completion and may result in involuntary dismissal. However certain behaviors or actions will be considered immediate grounds for dismissal, and the corrective action process will not apply. The following are examples of concerns, performance, or actions that may prompt an investigation to determine the need for corrective action (this list is not comprehensive):

1. Failure to make progress towards achievement of an educational objective in more than one learning experience.
2. Failure to meet required deadlines.
3. Failure to complete assigned work.

Dismissal: Grounds for immediate dismissal from the residency program include but are not limited to:

1. Failure to obtain pharmacist licensure within 120 days of the residency start date.
2. Knowingly or negligently places a patient, employee or any other person in danger.
3. Falsifying information on a document.
4. Committing plagiarism as determined by the RAC after review of the materials suspected of plagiarism.

Appendix A

PLEASE SEE THE ASHP WEBSITE FOR THE CURRENT AND FULL

ASHP ACCREDITATION STANDARD

FOR POSTGRADUATE PHARMACY RESIDENCY PROGRAMS

APPENDIX B

PLEASE SEE THE ASHP WEBSITE FOR THE CURRENT AND FULL EXPLAINATION OF THE PGY1 HARMONIZED CAGO – Latest updated August 2025

APPENDIX C
CRITERIA FOR SUCCESSFUL COMPLETION OF THE RESIDENCY PROGRAM

Purpose: To establish the criteria for successful completion of the Residency Program. Residents will be awarded a certificate if all the criteria are met.

Policy: Upon successful completion of all requirements of the residency program the resident will be awarded a certificate of completion. This certificate will attest that the resident has achieved competencies consistent and in accordance with accreditation standards as set forth by the American Society of Health-Systems Pharmacist

Procedure:
The following are required criteria that the resident must meet prior to receiving a residency certificate:

1. The resident is expected to abide by all policies of the residency program, pharmacy department and Onvida Health. Policies can be found in PharmAcadamic or on the Onvida Intranet under Compliance 360.
2. The resident is required to perform all duties expected of a licensed pharmacist, including but not limited to staffing (anticoagulation, central pharmacy and decentralized pharmacy roles), drug information, clinical consultative services by the end of their residency with proficiency.
3. The residents will be evaluated on 31 Curricular Outcomes in the program. Each Learning Experience will evaluate the resident on the outcomes related to the activities performed in that specific learning experience. The Resident must achieve 100% ACHR in all R1 Patient Care objectives by the end of the residency and in the Intensive Staffing learning experience. Residents must achieve ACHR in a minimum of 28 of the evaluated 31 outcomes ACHR with none labeled as Needs Improvement at the end of the program.

Rating Scale Example	**Definition**
Needs Improvement (NI)	• 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)	Resident is performing and progressing at a level that should eventually lead to mastery of the goal/objective • 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)	• Fully accomplished the ability to perform the objective independently in the learning experience • Rarely requires assistance to complete the objective; minimum supervision required • No further developmental work needed
Achieved for Residency (ACHR)*	Resident consistently performs objective independently at the Achieved level, as defined above, across multiple settings/patient populations/acuity levels for the residency program

4. Completion of all required learning experiences with no Needs Improvement designations.

5. The residents must complete and archive within PharmAcademic the following Deliverables to receive a certificate of completion from the program:
    a. R1.4.2
        Minimally One of the following: Drug Class Review, Monograph, Treatment Guideline, Treatment Protocol, Utilization Management Criteria and/or Order Set
    b. R2.1
        Project Plan
        Major Project - MUE Poster Presentation at ASHP Midyear
        Written report (manuscript/ formal written report)
        Second Project- One of the following (MUE, clinical program development/enhancement/analysis, pipeline forecast, cost or budget analysis, quality assurance)- Presented at Western States Conference
    c. R4.1.1, 4.1.2, 4.1.3
        One Verbal presentation to each: GME staff, Nursing Staff, Mid-Year meeting recap to Pharmacy Staff, Preceptor Development to RAC
        Minimally One Written Example (Patient education brochure or handout, Education to Health care provider or education to Pharmacists)
    d. Upload in PharmAcademic all Journal Club and Topic Discussions presented in each learning experience
    e. Completion Teaching Certificate
    f. Completion of Pharmacy Leadership Certificate

This will be tracked quarterly on each Resident Development Plan update using the Onvida Health Completion Tracker.

Completion Requirements Tracker	End of 1st Quarter	End of 2nd Quarter	End of 3rd Quarter	End of Residency Final Verification
Abide by all policies of the Program. Notate if Correction Action Plan is put in place				
Upload in PharmAcademic all Topic Discussion	Orientation, Anticoagulation Clinic	Internal Medicine I, Project Month	Critical Care I, Internal Medicine II	Elective, Teaching Preceptor Development, Intensive Staffing
Upload in PharmAcademic all Journal Clubs	Orientation, Anticoagulation Clinic	Internal Medicine I, Project Month	Critical Care I, Internal Medicine II	Elective, Teaching Preceptor Development, Intensive Staffing
R2.1 Project Plan				
R2.1 Major Project- MUE Poster Presentation ASHP Mid-Year meeting				
R2.1 Written Report (manuscript/formal written report)				
R 1.4.2 One of the following: Drug Class Review, Monograph, Treatment Guideline, Treatment Protocol, Utilization Management Criteria and/or Order Set				
R2.1 Second Project- One of the following: MUE, clinical program development/enhancement/analysis, pipeline forecast, cost or budget analysis, quality assurance				
R4.1 Verbal presentation to:				
GME Staff (November) Nursing Staff (TBD) Mid-Year Meeting Presentation to Pharmacy Staff (December) Preceptor Development Presentation to RAC (May)				
R4.1 Minimally one Written Example (Patient education brochure or handout, Education to Health care provider or education to Pharmacists)				
Completion Pharmacy Leadership Certificate				
Completion Teaching Certificate				

Presentation of Year-long project at a regional residency conference				
100% ACHR in the intensive staffing learning experience				
Completion of all required learning experiences				
100% ACHR in all R1 Patient Care Objectives				
No objectives with a final rating of NI				
A minimum of 28 objectives achieved for the residency (ACHR)				

Appendix D

RESIDENCY PROGRAM ROSTER

Residency Program Director:

Stephanie Kehle, PharmD
Clinical Pharmacist Specialist
Learning Experiences: Onvida Orientation, Anticoagulation Clinic

Members of the RAC Committee & Preceptors: (not all learning experiences may be currently active)

Banin Alqadheeb, PharmD
Clinical Pharmacist Specialist Ambulatory Care
Learning Experiences: Family Medicine Center Ambulatory Care

Rachel Belcher, PharmD
Clinical Pharmacist Specialist Critical Care
Learning Experiences: Critical Care I & II, Emergency Department Elective, Research

Richard Cosgrove, PharmD, Manager Pharmacy Clinical Services
Learning Experiences: Pharmacy Leadership and Practice Management

Denisse Garcia Zavala, PharmD
Clinical Pharmacist (Graduate Resident from Onvida Health 2023)
Learning Experiences: Onvida Orientation

Jean- Paul Lee, PharmD, Pharmacist Specialist Sterile Compounding
Med Safety Officer

Ania Mathews, PharmD.
Clinical Pharmacist
Learning Experiences: Ambulatory Care Infusion Center Elective

Thao Nguyen,PharmD
Clinical Pharmacist Specialist
Learning Experiences: Critical Care I & II

Quan Pham, Pharm.D.
Clinical Pharmacist
Learning Experiences: Onvida Orientation, Internal Medicine I & II, Staffing

Rania Robinson, PharmD, Pharmacist
Learning Experiences: Staffing

Hailey Wang, Pharm.D.
Clinical Pharmacist
Learning Experiences: Internal Medicine I & II, Intensive Staffing, Critical Care, Teaching and Preceptor Development

Appendix E

PROFESSIONALISM AGREEMENT

During my pharmacy residency, I am an employee of Onvida Health. I understand that my actions are not only a reflection of self, but also representative of the hospital and the residency program.

I agree to maintain professional, legal, and ethical conduct always. I will respect the privacy of patients, families, and coworkers and protect the confidentiality of information bestowed to me.

I agree to maintain a professional demeanor and appearance, in accordance with the hospital and pharmacy policies.

I agree to complete my assigned tasks, duties, and responsibilities on time.

I agree to interact and communicate in a positive and professional manner with other healthcare providers, hospital personnel, pharmacy staff, students and patients.

I agree to remain committed to improving my own clinical abilities. I will remain flexible and open to feedback from others.

I agree to demonstrate commitment to the profession of pharmacy.

I understand that failure to comply with this agreement may result in review by the Residency Advisory Committee.

_____
Pharmacy Resident (printed)

_____
Pharmacy Resident signature

_____
Date

Appendix F

PGY1 Pharmacy Residency Learning Experiences
Onvida Health

Each Required and Elective Rotation is 6 weeks in length unless indicated otherwise in the learning experience description.

Longitudinal Experiences will be completed throughout the duration of the residency year.

Concentrated Experiences will occur one time or may occur more than once in the case of Community Service.

Residency experiences and schedule will be determined during the residents' orientation period and updated as resident progress is realized throughout the residency

Required Rotations	Onvida Orientation Anticoagulation Clinic Internal Medicine I/II Critical Care I Intensive Staffing
Elective Rotations (May not be offered annually due to preceptor availability)	Critical Care II Emergency Medicine Ambulatory Oncology Infusion Clinic Family Medicine/TCS
Longitudinal Experiences	Research Staffing Teaching and Preceptor Development Pharmacy Leadership and Practice Management
Concentrated Experiences	BLS, ACLS, PALS training Community Service/Outreach GME Presentations Diabetic Group Visit
Projects, Meetings & Certifications	MUE for ASHP Mid-Year Meeting Western States Conference Southwestern States Conference Manuscript ASHP Teaching Certification ASHP Pharmacy Leadership Certification Others as assigned

Appendix G

EVALUATIONS IN RESIDENCY

PharmAcademic® will be used to complete all evaluations by the preceptor and the resident. Evaluations ***must*** be completed within 3 business days following end of the learning experience. Evaluations need to have a **substantive comment for each objective plus summary comments**. All evaluations not meeting this requirement will be returned for revision.

For each learning experience the following evaluations will be completed by the residents:

- ASHP Learning Experience Evaluation
- ASHP Preceptor Evaluation

For each learning experience the following evaluations will be completed by the preceptor:

- Summative Evaluation for learning experience

Longitudinal Rotations will be evaluated quarterly.

Preceptor and Learning Experience evaluations for the learning experiences will need to be cosigned by the preceptor and Residency Program Director.

Summative Evaluations of the learning experiences will be cosigned by the residents and the Residency Program Director.

Interpretation of Ratings:

Achieved (ACH): This designation indicates that the resident has mastered this goal/objective for this rotation. The resident can perform the task independently or upon request for this experience/population.

Satisfactory Progress (SP): This designates that the resident is performing and professing at a rate that should lead to a master of the objective during the residency year.

Needs Improvement (NI): The resident is not performing at a level expected of similar residents at that particular time; significant improvement is needed to meet this objective during the course of the residency year.

Appendix H

YOUR RESPONSIBILITIES AS A PHARMACY RESIDENT
Clifton J. Latiolais

Much has been said and written about the obligations and responsibilities required of the Preceptor, the Pharmacy Department and its staff and the hospital for teaching you, the pharmacy resident. But what about your responsibilities as a resident? Do you have any? If so, what are they? Let us seek the answers.

Before going further, you must know what the word "responsibility" means. To me, the best definition is "a particular burden of obligation upon who is responsible."[1]

To Your Hospital

Learning is most efficient when the learner is actively involved in the learning process. That is why you are in the residency program, i.e., to learn through doing. You, as a pharmacy resident, enter a contract with the hospital to render certain services in return for a learning experiences. Because you are in a hospital training program, you are expected to give the hospital services in return for the stipend received. Believing that you are there only to learn is not true. The hospital has provided the training ground and is entitled to receive a fair share of your services as its reward.

Every hospital has its own policies, rules and regulations. These have been drafted by the trustees and are binding to every employee. You, as a resident, being an employee of the hospital, are expected to familiarize yourself and abide by them. Any infraction, such as smoking in a prohibited area, is reason enough for disciplinary action. You should also respect the hospital's property by carefully using equipment and fixtures.

The hospital expects you, a graduate pharmacist, to practice within the legal framework of your profession. You must strictly adhere to all federal, state and local laws. The hospital may assume liability for a breach of any pharmacy standard, law or regulation.

You should show your sincere loyalty to the hospital. This can be done by supporting its policies, rule and regulations, both inside and outside of the building. Criticizing the hospital is being disloyal. Any criticizing should be done privately in the confines of the department heads or other administrative officer's office.

To Your Profession

There should not be any question about giving your wholehearted support to the pharmacy profession. This can be done best by actively supporting the American Pharmaceutical Association and American Society of Hospital Pharmacists as a minimum. This, of course, can be done by becoming a member of both groups. You should also belong to both the state and local pharmacy and hospital pharmacy organizations. You might also join other pharmaceutical groups of a specialized area of interest.

Becoming a member is not enough. To receive the full worth of belonging, you should attend the meetings of these organizations. If there is an opportunity, you might even participate in one of the

programs. You should not have to be prodded to attend these meetings. You have the responsibility of fulfilling this obligation.

Too many graduated residents lose their interest and become lackadaisical after receiving their certificate. Promote hospital pharmacy after completing your residency. There are several ways of doing this. Those who have an ability to write should do so, not for the sake of publishing an article, but to contribute to the worthwhile literature of hospital pharmacy conduct scientific administrative research wherever you go. A profession dies without research. Recruit capable pharmacy students to hospital pharmacy. Remember, they will be our leaders tomorrow.

You will soon realize that you are slowly forgetting what you learned in college. This can be solved by your own continuing education program. One way is to attend professional meetings and local seminars. You are in a position where, if a meeting is scheduled during the daytime, you can leave the hospital and attend the meeting.

Perhaps a new development in the nursing field will directly affect the Pharmacy Department. Therefore, you should learn and keep abreast of new trends in the hospital field. This means that you must pursue not only the pharmacy, but the hospital literature as well. This can be done best by subscribing to some of the pharmacy and hospital journals. If this is too expensive, the pharmacy should have these journals available. If there is something lacking, then the hospital library will have them.

Along with keeping abreast of new trends in hospital pharmacy practice, don't forget drugs. As a pharmacist, you are responsible for keeping current with trends in drug therapy. Providing drug information daily means that you must know about new drug information or where you can obtain it. By the same token, being aware of drugs removed from the marked is just important.

You are professional practitioners. Maintain the highest standards of daily prescription practice. Too many times I see shortcuts or slipshoddiness. These are not becoming of a professional. You owe it to yourself and the patients to dispense and compound with the highest degree of accuracy attainable.

It is your professional responsibility to observe both moral and ethical codes. You should show that your conduct is above reproach and has met the qualities of a good pharmacist. You have the moral obligation to see that other pharmacists do not practice under the influence of alcohol, narcotics, or other stimulants and depressants. Wolkovich defines ethics as "the etiquette, rules or standards of ideal personal or professional conduct."[2]

The Alpha's Code of Ethics says, in part, "Accordingly, the pharmacist recognizes his responsibility to the state and to the community for their well-being and fulfills his professional obligations honorably."[3]

Just because you earned a degree by completing five years in a college of pharmacy does not mean you automatically deserve respect from both professional and non-professional people alike. You must earn respect. Earn it through your daily interactions with people by the way you conduct yourself as a professional. People do not respect a B.S. or Pharm.D. degree, but the person holding it.

You should be loyal to your colleagues. If a question is raised doubting the integrity of a fellow pharmacist, give him the benefit of the doubt. To openly criticize another pharmacist without his being able to defend himself is unjust.

To Your Department

Looking at an organizational chart, you find yourself directly responsible to the Director of the pharmacist department. This is a unique position. Usually no one else is directly responsible to this person except his assistant. The time arises, though, that you are assigned to a certain area such as inpatient dispensing. In this event, you are now responsible to the Supervisor of inpatient dispensing. Theoretically, you still are responsible to the Director, but for practical purposes, your responsibility lies with the Supervisor.

Difficulties may arise from this. You may see something being done that you don't agree with. The natural tendency might be to go immediately to the Director and inform him of it. A staff pharmacist has a more difficult time that you bypass his supervisor in attempting upward communication. The subordinate realized that if he does bypass his immediate Supervisor, he might jeopardize his whole future with him. This is not so for you because of your relationship with the Director. You should respect the chain of command, however. Wait until the next conference or other such time for a discussion.

Times arise when a certain area may be deluged with work, or a pharmacist is sick. When this occurs, it is your duty to cheerfully come to the aid of others. You may argue that the department should be able to get along without your services. This is true. But remember that many times you are working on projects not directly concerned with getting drugs to the patient. I could not willfully stand aside and watch other pharmacists toil and sweat because I had to complete a survey on the use of germicide solutions in the hospital. If a job requires teamwork, do your fair share of the work.

You should be agreeable to help other people in the pharmacy. It is possible for an individual to be a good pharmacist but be a disagreeable person. Agreeableness can be developed. One must think less of oneself and be interested in the feelings of other people. Where intradepartmental communication can be improved, you are in an ideal position to serve as a liaison between the director and the pharmacy staff. Sometimes the staff do not always fully understand the reasons why a change has been made such as in a new procedure. Due to your close relationship with both the Director and staff, you are in an ideal position to explain such things. The staff may be dissatisfied with something but hesitate to tell the Director about it. They may well tell you, however, and you can convey the staff's feelings to the Director.

Probably all the pharmacists on the staff have been practicing pharmacy much longer than you have. They have amassed a wealth of knowledge and experience during this time. They must be respected for this. A college of pharmacy is limited to what it can teach. Therefore, there is much to be learned after graduation. You may think you know more than many of the pharmacists, but a "know it all" attitude will not gain you anything. Age and experience count for something. It is probable that individuals of the older generation can offer profitable suggestions and advice, which you can use to your advantage.

To Your Preceptor

The relationship between you and your Preceptors in today's residency program can be traced back to the classical apprenticeship of the medieval craft guilds. You have been told of the fascination of the work for them by and the mutual devotion of both the master and apprentice.

The Preceptors should be accorded all the loyalty and respect due to them. Although you are seeking advanced specialized training unlike an apprentice or intern, your Preceptor deserves this. They are the

masters. Have faith in them. Perhaps they may do things that are not completely understood at the time. Have faith in them until they can explain their ways. Faith is a powerful attribute. It is easier to help one who has faith than it is if he is suspicious. I am not saying to extend blind loyalty, but you should give the intention of your preceptors the most favorably interpretation.

Learn to speak and write to your Preceptors. If you can learn to communicate and clearly understand them, you enhance your chances of a close relationship. Sometimes you discuss things of a private or semi-private nature. You must hold these in confidence. You are obliged to tell no one about such matters while other times you have to use discretion.

Having a close rapport with your Preceptor, you should be ready to accept any criticism, advice, or suggestion that they might offer. This works both ways. You have the responsibility of informing them of any way they might improve themselves or the department. Through this close relationship, the Preceptor and you can discuss things that would otherwise serve as a barrier between the two of you.

Your Preceptor is a busy and important individual. His/her time is valuable to the hospital. Respect this time. You should not bother them with trivialities. Speaking of time, if you feel you have not been in an area long enough to have fully grasped the subject, you have the responsibility of informing your preceptor of this. Not saying anything will only handicap you in the future.

To Yourself

Now to consider what responsibilities you owe to yourself. First, you are a professional. Don't forget it! Conduct yourself as only a professional would.

There are some qualities and attitudes for which you must assume responsibility.

1. Attendance and Punctuality

   These go hand in hand. Regular attendance on time should become a habit. You have no more right to be two minutes late than you have to be two hours late. If you must turn in a report every three months, do so on the date due without someone reminding you.

2. Personal Appearance

   You should look like a resident. Never use extremes in your attire. There should be something certain about your appearance, which encourages confidence in your ability.

3. Integrity of Character

   Positions of trust and responsibility can go only to those who are scrupulously honest. Careful observance of one's word and a code of personal honor are necessary to accomplish any high endeavor.

4. Desire to Cooperate

   Modern economic life results from men working together in voluntary and involuntary cooperation. We can only have real progress based upon joint endeavor.

5. Diligence and Application

   This means consistency in purpose, attention to necessary details, and the ability to stick to a job until it is mastered.

6. Improvement on Own Initiative

   Self-improvement is the development of all your faculties. Gibbon once said, "Every person has two educations…one he receives from others and, one more important, which he gives himself." If you aren't familiar with a drug, find out about it before, not after someone asks you the question.

7. Enthusiasm

   In the words of Emerson, "Nothing great was ever achieved without enthusiasm." Enthusiasm and the ability to arouse enthusiasm in others should be based on a sincere belief that these is a sound reason for enthusiasm. This enthusiasm is contagious so it can serve to inspire the other pharmacy staff members.

8. Perform Duties Promptly and Cheerfully

   Sometime or another you are faced with doing something you don't like to do. If you are assigned something, which may not be to your liking, you have a responsibility to do it promptly and cheerfully. Putting it off will only make matters worse and grumbling about it won't help either.

9. Willingness to Work

   Belonging to a profession such as pharmacy, you must be ready to serve your fellow man whenever called upon, day or night. You may think it is possible to be a success working from 9 to 5. It isn't. How many real successful men do you personally know who work only eight hours a day? Think about it.

Don't think these are the only qualities and attitudes that are needed to make a good resident. This is not so. The above list contains the things that stand uppermost in my own mind. The next person would have his own list. These, then, are your responsibilities as pharmacy residents. Take a moment and examine yourself. Are you deficient in any of the mentioned areas? You have the responsibility to cultivate them if you are to meet with the success you naturally aspire to.

The words of Keith Preston seem appropriate.

I am the captain of my soul;
I rule it with stern joy;
And yet I think I have more fun
When I was a cabin boy.

References

1. Barnhart, Clarence L: **The American College Dictionary**, text edition, Harper & Brothers Publisher, New York, p. 1034.

2. Wolkovich, William L.: **Norms of Conduct for Pharmacists**, The Colonial Press, Inc., Clinton, Mass., 1962, p.18.

3. Anon.: **J. Am. Pharm. Assoc.**, Pract. Ed. NS3:72 (Feb.) 1963.

Appendix I

Proposed PGY1 Pharmacy Residency Budget 2026-2027

ASHP accreditation fee	$5000
ASHP Midyear Clinical Meeting. Dec 6-9 2026 (Orlando, FL)	
Registration 2 x $500;	$1000
Residency Showcase booth 10' x 10'	$ 875
National Residency Match Program	Incl'd
Promotional Materials	$ 50
Poster presentation 4 x $80	$ 320
Flights	$ 1000
Lodging (2 double occupancy rooms x 4 nights)	$1600
Meals @ $40/ person/ day	$ 320
Western States Residency Conference. May 2027 (San Diego, CA)	
Registration 2 x $400; 1 x $450	$ 1250
Travel (to be divided between residents)	$ 200
Lodging (2 double occupancy rooms x 2 nights)	$ 900
Meals @ $40/ person/ day	$ 240
TENTATIVE Southwestern Residency Conference June, 2027 (Phoenix, AZ)	
Registration 2 x $200;	$ 200
Driving to SRC (divided between residents)	$ 200
Meals @ $40/person/day	$ 80
Resident lab coats 2 x $25	$ 50
Reference materials	$ 440
Resident graduation and preceptor of the year materials	$ 250
ACLS/ BLS/ PALS	$ 280
Total budget for each resident for conferences	**$3865**
Registration, Travel, Hotel, Food	
Onsite recruitment interviews	
Lodging 8 x $100	$ 800
Meals 4 x $75	$ 300
Subtotal	$ 1100
Total Expenses	$