



Intermountain Health Pharmacy Residency Manual

2023-2024 Residency Class

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Vision and Vision Statement

Proving well-trained pharmacy caregivers support Intermountain's mission of *Helping people live the healthiest lives possible.*

Our Vision

- **Create the best learning environment** for consistent evaluated clinical pharmacy training.
- **Provide the greatest number of opportunities** throughout the enterprise to facilitate the resident's choice of specialty.
- Develop **well-rounded pharmacy practitioners** that patients and providers **demand** to have as part of their health care team.
- **Compete nationally** in all aspects of a residency program and work together to attract the best applicants.

Vision Statement

- Create the best learning environment for clinical pharmacy training. Intermountain Health provides an environment dedicated to training drug therapy experts.
- Teaches, develop, and produce well-trained health care professionals.
- The program hires and develops qualified preceptors.
- Treat the residents as licensed pharmacists, staff members within the pharmacy department, and as colleagues.
- Provide the greatest number of opportunities throughout the enterprise to facilitate the resident's choice of specialty.
- Intermountain maintains and continues to develop rotations in core and specialty areas of clinical pharmacy practice.
- Develop well-rounded pharmacy practitioners that patients and providers demand to have as part of their health care team.
- Intermountain preceptors and residents are a recognized value to the health care team and are essential in maximizing patient outcomes.
- Preceptors and residents consistently contribute to the interdisciplinary teams within their respected areas of pharmacy practice.
- Compete nationally in all aspects of a residency program and work together to attract the best applicants.



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Residency Program Standards

There are 5 standards in the ASHP Accreditation Standard for Postgraduate Pharmacy Residency Programs. These standards serve as the basis for evaluating residency programs for accreditation.

Standard 1: Recruitment and Selection of Residents

Standard 1 provides guidance to residency programs for the recruitment and selection of residents by defining candidate eligibility requirements along with the policies and procedures necessary to the recruitment process. The goal of the selection process is to ensure selected candidates will be successful in the training environment, attain professional competence, contribute to the advancement of profession of pharmacy, and support the organizations' mission and values.

Standard 2: Program Requirements and Policies

Standard 2 details the specific requirements for residency program policies; materials to be provided to candidates invited to interview; resident financial support and resources; and, requirements of ASHP Regulations on Accreditation of Pharmacy Residencies and ASHP Duty Hour Requirements for Pharmacy Residencies.

Standard 3: Structure, Design, and Conduct of the Residency Program

Standard 3 defines required components of program structure, design, and conduct. It is important that the program's structure and design enable residents to achieve the purpose of the residency program through skill development in the program's required competency areas. Requirements for oversight of residents' development, formative and summative evaluations, and self-assessment are defined.

Standard 4: Requirements of the Residency Program Director and Preceptors

Standard 4 defines eligibility and qualification requirements for residency program directors (RPDs) and preceptors as well as requirements for the program oversight, continuous program improvement, and preceptor development. RPDs and preceptors are critical to the success of both residents and the residency program and are the foundation of residency training. They serve as role models for residents through their professionalism and commitment to advancing the profession of pharmacy.

Standard 5: Pharmacy Services

Standard 5 serves as a guide to best practices across the continuum of pharmacy practice environments and focuses on the key elements of a well-managed department that are applicable to all practice environments.



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PGY1 Pharmacy Residency Program Overview

Definition

PGY1 pharmacy residency training at Intermountain Health is an organized, directed, accredited program that builds upon knowledge, skills, attitudes, and abilities gained from an accredited professional pharmacy degree program. Intermountain's first-year pharmacy residency program enhances general competencies in managing medication-use systems and supports optimal medication therapy outcomes for patients with a broad range of disease states.

Purpose

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

Residents in the Intermountain pharmacy residency program are provided the opportunity to accelerate their growth beyond entry-level professional competence in patient-centered care and in pharmacy operational services, and to further the development of leadership skills that can be applied in any position and in any practice setting. Residents acquire substantial knowledge required for skillful problem solving, refine their problem-solving strategies, strengthen their professional values and attitudes, and advance the growth of their clinical judgment. The instructional emphasis is on the progressive development of clinical judgment, a process that begins in the Advanced Pharmacy Practice Experiences (APPE) of the professional school years, but requires further extensive practice, self-reflection, and shaping of decision-making skills fostered by feedback on performance.

The residency year provides a fertile environment for accelerating growth beyond entry-level professional competence through supervised practice under the guidance of model practitioners. Specifically, residents will be held responsible and accountable for acquiring the following outcome competencies: managing and improving the medication-use process; providing evidence-based, patient-centered medication therapy management with interdisciplinary teams; exercising leadership and practice management; demonstrating project management skills; providing medication and practice-related education/training; and utilizing medical informatics.



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Pharmacists completing this residency will be competent and confident practitioners of direct patient care in multiple practice and patient care environments. They will be able to identify and resolve patient-specific, drug-related problems and will be accountable for achieving optimal drug therapy outcomes as members of the health care team. These pharmacists will be skilled educators, both verbally and in writing, of health care professionals, students, patients, and the community. They will demonstrate professional maturity by independently following a personal philosophy of practice, monitoring their own performance, exhibiting commitment to the profession, and exercising leadership in improving the safety of the medication-use system.

As highly trained professionals, these pharmacists will be well prepared to compete in today's job market. Pharmacists completing this residency program will be ready to accept positions as clinical pharmacists in a variety of health care settings. They will also be well qualified to compete for PGY2 residencies if specialty training is desired.

Program Description

The residency program at Intermountain Health is an organized, directed, postgraduate training program in pharmacy practice. Training is provided in acute care, primary care, drug information, practice management, and other clinical practice areas. Rotation sites are available at Intermountain Medical Center, LDS Hospital, McKay-Dee Hospital, Primary Children's Hospital, Utah Valley Hospital, St. George Regional Hospital, Central Pharmacy Offices, and a variety of other sites of service.

The PGY1 Multi-site (System), PGY1 St. George Regional Hospital, PGY1 Community-Based Pharmacy, and combined PGY1/PGY2 Medication-Use Safety and Policy are accredited by the American Society of Health-System Pharmacists (ASHP). The program goals and objectives have been selected using the ASHP Accreditation Standard for the applicable program.

General Structure and Information

1. The PGY1 RPD shall be responsible to oversee the residency program and work directly with the Residency Advisory Committee (RAC) and each Residency Program Site Coordinator (RPSC), as applicable.
2. For programs and sites with a RPSC, the RPSC shall serve as program advisor for each of the residents at their "home base" facilities and will guide the resident in meeting the requirements for successful completion of the Intermountain Pharmacy Residency.
3. The resident shall meet with the RPD/RPSC at the beginning of the program to evaluate their skills and knowledge. An individualized plan will be developed based on the resident's previous preparation and professional practice goals. The plan shall be



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reviewed and updated by the RPSC and the resident quarterly and uploaded to PharmAcademic™ with a copy sent to the RPD.

- a. The evaluation and planning process shall be documented on the Resident Self-Evaluation and Planning Form/Quarterly Assessment.
 - b. The resident and RPSC will complete the Pre-Residency Assessment Form during orientation.
 - c. The Resident Self-Evaluation and Planning Form will be used to develop each resident's schedule of rotations.
 - d. Once residency rotations have been assigned, the resident may request to change assigned rotations based upon availability by working with the RPSC and RPD.
4. General Requirements and the Intermountain Pharmacy Residency Program Manual (Program Manual). A copy of the Program Manual shall be provided to each resident upon matching, outlining the requirements of the residency program.
- a. Residents shall make themselves knowledgeable of all program requirements.
 - b. Residents shall be aware of and comply with all policies, procedures, and practices of Intermountain and the Pharmacy Residency including, but not limited to, Freedom from Harassment, Complaint Resolution, Constructive Discipline, Fitness for Duty, and department-specific time and attendance policies.
 - c. Residents shall adhere to important dates and deadlines set forth and identified in the Program Manual.
 - d. Residents are covered under the Intermountain Liability Insurance Policy.
5. Orientation to the facility and Department of Pharmacy will take place during the first several weeks of the program. Orientation to Intermountain Health includes 2 weeks of health-system pharmacy orientation with Central Entities and 4 weeks of staffing training at their home site. For hospital-based PGY1 pharmacy residents there is an additional 1-week central operations and compounding learning experience. This orientation will provide the resident with an overview of the entire health system, including experiences with the central office staff and operations at their home base facility.
6. Residents are classified as regular, full-time, exempt employees of Intermountain and are eligible for benefits as such.

PGY1 Pharmacy and Community Staffing (Service Requirements)

1. All residents are required to provide staffing support, within their home facility's Pharmacy Department, as part of the Intermountain Health (Intermountain) Pharmacy Residency Program and stipend. Residents shall be required to provide staffing for the

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Department of Pharmacy, in the amount of **32 hours every month**. Staffing requirements serve to benefit the facility and the resident experience. Residents may use PTO consistent with Intermountain Department of Pharmacy Services policy and procedure. A formal training for the staffing requirement will begin during the first rotation of the residency program in the month of July during the initial training rotation that ends the middle part of August.

2. After hospital-based PGY1 Pharmacy residents complete appropriate compounding training, they complete a Central Operations/Sterile Compounding Operations learning experience. During the central operations experience, residents spend a **minimum of 40 hours staffing in the central pharmacy during the residency year**, including the IV compounding area. The central pharmacy staffing shifts (40 hours cumulative) must be completed over the course of 7 days to provide continuity for the pharmacy operations experience.
3. In addition to the staffing requirement of Intermountain's Pharmacy Residency program, the residents may staff Intermountain recognized holidays (e.g., if a minor holiday falls on their normal staffing weekend). Residents will be required to staff 1 major holiday per residency year.
 - a. Major holidays include New Year's Day, Thanksgiving, Christmas Eve, and Christmas Day.
 - b. Non-major holidays include Martin Luther King Jr Day, President's Day, Memorial Day, Independence Day, Pioneer Day, and Labor Day.
 - c. On the rare occasion when 2 major holidays fall on the resident's scheduled staffing weekend, the resident may be scheduled to work both shifts (ie, Christmas Eve and Christmas or New Year's Eve and New Year's Day). This approach is only allowed once per resident and must be pre-approved by both System RAC and the Local Facility/Program RAC.
4. The fulfillment of holiday coverage will be coordinated through the Director of Pharmacy Services and RPSC at each facility. See the *Holidays and Holiday Leave* Section for additional details.
5. The resident shall attend all monthly departmental staff meetings, huddles, and educational meetings as scheduled.
6. Resident staffing/backfilling while on rotation
 - a. A resident should not be removed from a rotation experience to provide staffing coverage outside of their normal staffing requirements.
 - b. In rare circumstances, it may be reasonable to utilize a resident to provide unforeseen pharmacist staffing coverage if the following criteria are met:
 - i. Another pharmacist cannot be found to cover the clinical service/area.

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- ii. The pharmacist team lead, manager, or director over that clinical service/area receives approval from the rotation preceptor and the residency site coordinator.
- iii. The resident is currently on rotation in that clinical service/area and the resident feels comfortable staffing the area.
- iv. A pharmacist back-up is identified to support the resident and assist with questions, if needed.
- v. The resident is paid at a pharmacist salary for the shift covered.
- vi. The resident would not break duty hour limits by providing this staffing coverage.

Minimum Requirements for Completion of the PGY1 Pharmacy Program

Minimum requirements have been set for completion of the Intermountain Health PGY1 Pharmacy residency program (applies to the PGY1 Multi-site, PGY1 St. George, and first year of the PGY1/PGY2 MUSP programs). Requirements for the PGY1 Community Pharmacy Program can be found in the program appendix. The requirements and progress will be reviewed with the resident at each quarterly evaluation. Failure to meet the minimum requirements by the end of the residency year will result in the resident not receiving a certificate of achievement and not completing the PGY1 residency program. **(Note that program requirements for individual PGY2 Programs and the PGY1 Community program are detailed in separate appendices.)**

The minimum requirements for the PGY1 Pharmacy program include the following:

- Complete orientation and 10 learning experiences along with required activities and assignments (see [PGY1 rotation crosswalk](#)). Required learning experiences include the following:
 - Central Operations/Compounding (1 week)
 - Pharmacy Management (4 weeks)
 - Medicine (4 weeks)
 - Ambulatory Care (4 weeks)
 - Critical Care (4 weeks)
 - Drug Information (4 weeks)
- } To be completed at home-base facility
- Complete a research or quality improvement project. See the [Resident Project Section](#) for full details and requirements. Key activities include the following:
 - Complete data collection and analysis
 - Write manuscript
 - Complete CITI training
 - Complete project design
 - Submit for IRB approval
 - Present poster of the project

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- Present a platform presentation of the final project
- Staff 32 hours per month at home base facility.
- Complete all PharmAcademic™ evaluations and requirements.
- Attain “achieved” on at least 75% of all objectives (including 100% of the objectives in competency areas surrounding patient care) within each of the 9 listed goals and attain satisfactory progress on all other objectives not documented as achieved by the end of the residency year.
- Completion of all learning experience assignments as determined by the RPD and preceptor. Attend and participate in Core Curriculum Conferences, as scheduled.
- Prepare and present an assigned topic intended for a System-wide Pharmacy and Therapeutics committee meeting or subcommittee meeting.
- Obtain and maintain Basic Life Support (BLS), Pediatric Advanced Life Support (PALS) and Advanced Life Support (ALS) certification and participate in management of medical emergencies.
- Complete required teaching activities including:
 - Prepare and present a 1-hour seminar at home base facility for pharmacists.
 - Prepare and present a 1-hour, system-wide broadcast ACPE-accredited presentation for pharmacists and technicians.
 - Develop and deliver one platform presentation and one poster presentation at a regional, state, national or other approved conference meeting.
 - Precept at least 1 student on rotation and demonstrate the ability to effectively assess student performance, including the following:
 - Lead at least 1 topic discussion
 - Lead at least 1 journal club
 - Participate in either a midpoint or final assessment
 - Give meaningful feedback to the student after at least 1 learning activity

Additionally, some residents may choose to pursue an optional, formalized teaching certificate program to further advance their knowledge. Program highlights are described in the [Teaching Certificate Program Section](#).



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PGY2 Residency Programs Overview

PGY2 residency programs build upon Doctor of Pharmacy (PharmD) education and PGY1 pharmacy residency training to develop pharmacist practitioners with knowledge, skills, and abilities as defined in the educational competency areas, goals, and objectives for advanced practice areas. Residents who successfully complete PGY2 residency programs are prepared for advanced patient care or other specialized positions, and board certification in the advanced practice area, if available.

1. The PGY2 Ambulatory Care, PGY2 Cardiology, PGY2 Critical Care, PGY2 Emergency Medicine, PGY2 Infectious Diseases, PGY2 MUSP, and PGY2 Pediatric residency programs are accredited by the American Society of Health-System Pharmacists (ASHP). The PGY2 Psychiatric Pharmacy and PGY2 Solid Organ Transplant programs are in candidate status. The program goals and objectives have been selected using the ASHP Accreditation Standard for the applicable program.
2. The PGY2 RPD shall be responsible for overseeing their individual residency program and work directly with the Residency Advisory Committee (RAC).
3. As soon as possible (preferably within the first week of PGY2 residency), the resident will provide the RPD a PDF of the PGY1 residency program completion certificate. The RPD will upload the document to PharmAcademic™. If the resident does not complete this within 30 days from the start of residency, the resident will be terminated from the PGY2 program.
4. The RPD will guide the resident in meeting the requirements for successful completion of the Intermountain Pharmacy Residency.
5. The resident shall meet with the RPD at the beginning of the program to evaluate their skills and knowledge. An individualized plan will be developed based on the resident's previous preparation and professional practice goals. The plan shall be reviewed and updated by the RPD and the resident quarterly.
 - a. The evaluation and planning process shall be documented on the Resident Self-Evaluation and Planning Form.
 - b. The resident and RPD will complete the Pre-Residency Assessment Form during orientation.
 - c. The Resident Self-Evaluation and Planning Form will be used to develop each resident's schedule of rotations.
 - d. Once residency rotations have been assigned, the resident may request to change assigned rotations based upon availability by working with the RPD.



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6. General Requirements and the Intermountain Pharmacy Residency Program Manual (Program Manual). A copy of the Program Manual shall be provided to each resident upon offering an interview outlining the requirements of the residency program.
 - a. Residents shall make themselves knowledgeable of all program requirements.
 - b. Residents shall be aware of and comply with all policies, procedures and practices of Intermountain and the Pharmacy Residency including, but not limited to, Freedom from Harassment, Complaint Resolution, Constructive Discipline, Fitness for Duty, and department-specific time and attendance policies.
 - c. Residents shall adhere to important dates and deadlines set forth and identified in the Program Manual.
 - d. Residents are covered under the Intermountain Liability Insurance Policy.
7. Orientation to the Intermountain facility and to the Department of Pharmacy will take place during the first 3 to 6 weeks of the program. Optional orientation to Intermountain Health includes a partial week of Health System Pharmacy orientation with Central Entities and up to 5 weeks at their facility. This orientation will provide the resident with an overview of Intermountain Health and operations at their home base facility.
8. Residents are classified as regular, full-time, exempt employees of Intermountain and are eligible for benefits as such.

PGY2 Staffing and Other Requirements

See specific program appendices for other PGY2 requirements, including staffing.

Recruitment and Selection of Residents

Intermountain Health strives to recruit a diverse and inclusive pool of candidates for its residency programs. Intermountain also seeks to match with applicants who are aligned to our mission, vision, and values.

To achieve this aim, Intermountain markets its programs to wide segment of the community using a variety of methods, such as outreach to historically black colleges of pharmacy (HBCP), social media posts (e.g., LinkedIn, Instagram), website, virtual townhalls, in-person and virtual career fairs, and ASHP Midyear. Marketing materials are also designed to foster an atmosphere of inclusivity (e.g., LGBTQ+ marketing banners at recruitment events, using photos highlighting diversity on the website).



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In addition, program leaders ensure that implicit bias is minimized as much as possible throughout the applicant selection process (recruitment, selection, and ranking). All program leaders undergo implicit bias training and talk annually at the System RAC retreat on this topic. Program rubrics and scoring methods are also refined every year with an eye toward enhanced objectivity and bias minimization. Similarly, applicant statistics are tracked annually so that progress can be monitored.

Summary of Recruitment, Selection, and Ranking Procedure

1. Completed applications will be screened by the RPD for minimum qualifications and, if applicable, forwarded to a designee at each site the candidate is applying. **Minimum qualifications** for applicants include:
 - a. For Intermountain's Utah-based residency programs, applicants are licensed or will be eligible for pharmacist licensure in the State of Utah. Applicants to international programs are graduates or candidates for graduation from a pharmacy degree program that is a minimum of five years in duration.
 - i. To be eligible for pharmacist licensure, candidates must be graduates or candidates for graduation from an ACPE accredited degree program (or one in the process of pursuing accreditation) or have a Foreign Pharmacy Graduate Examination Committee (FPGEC) certificate from the NABP.
 - ii. An FPGEC certificate indicates that the candidate graduated from a pharmacy school outside of the US and is eligible for pharmacist licensure. FPGEC status is not related to citizenship or VISA sponsorship.
 - b. To be eligible for a PGY2 residency, candidates have completed, or be in the process of completing, an ASHP-accredited or candidate-status PGY1 residency.
 - i. Proof of PGY1 completion is obtained by the PGY2 RPD before the incoming PGY2 resident begins their program.
2. The review panel will be determined by the RPD, RPSC, or facility designee. This panel will review applicants to determine qualifications based on a standardized, objective scoring rubric.
 - a. The scoring rubric includes information on how the academic performance of applicants from pass/fail institutions are evaluated.
 - b. Intermountain Health reserves the right to not offer interviews to candidates who demonstrate academic or professional dishonesty.
3. Based on rubric scores, a decision will be made based on the agreement of the panel at each site to:
 - a. Invite the applicant for an interview,
 - b. Hold the applicant file for consideration at a later date, or
 - c. To decline invitation for an interview.

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4. If the decision is made to grant an interview, the applicant will be contacted by the RPD and an interview date will be set.
 - a. Programs will extend interviews to the top candidates per residency position. If a candidate declines an interview, the next candidate on the list will be offered the interview spot, if this can be done in a reasonable amount of time.
5. The applicant will receive an agenda specific for the date of the interview. Additionally, the System Residency Manual and applicable Human Resource procedures are provided to potential candidates.
 - a. Virtual interview options will be made available to candidates.
6. The day will generally consist of overview, interviews, a tour of the facilities, meeting the staff, candidate presentations/case and a conclusion to the day.
7. Interviewers will be given pre-written questions to ask each applicant. Each interviewer will score the applicant's response to all questions in their group using an objective scoring system to rate performance.
 - a. Interview questions and panels will be assigned by the site coordinator. The resident's complete application packet will be made available to the interviewers prior to the day of interview.
8. Once the interviews are conducted, the sites, under the direction of the RPD or designee, will determine a rank list for all interviewed candidates. Application packets and interview scores will be used to make a rank determination.
 - a. Rank meetings will include site-level program leaders and preceptors and will be as objective and data-driven as possible to minimize the risk of bias.
9. At the end of the interview process, the RPD submits rankings to the ASHP match program. If applicable, the RPD confirms rankings with the RPSC or other designees for each site.
10. The RPD will ensure compliance with ASHP match requirements and National Matching Service's standards and guidelines.

Phase II Matching Procedure

Programs who do not match during Phase I will enter Phase II of the match. Program leaders at the impacted site(s) will meet to debrief on Phase I and identify opportunities for improvement. During this meeting, the Phase II recruitment timeline and next steps will also be determined. Processes for Phase II will closely mirror those of Phase I; however, timelines will be shorted in accordance with deadlines from the National Matching Service.

The standardized application rubric will be used to score applicants participating in Phase II, just as was done during Phase I. The top candidates will be selected to participate in an interview. Interviews may be modified to accommodate the abbreviated schedule (e.g., perhaps there will only be 1 preceptor panel instead of 2 panels); however, objective criteria will still be used to



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evaluate candidate performance. As in Phase I, program leaders and preceptors at the site will meet to rank the Phase II candidates based on their interview performance. The RPD then submits the list of ranked candidates to the National Matching Service ahead of the Phase II deadline.

PGY2 Program Early Commitment Process for Internal Applicants

Application Process

Current PGY1 residents may be eligible for early commitment to a PGY2 program at Intermountain Health without participating in the ASHP Resident Matching Program. Participation in the Early Commitment Process will be at the discretion of each PGY2 Residency RPD and may change on a yearly basis. Residents interested in participating in the early commitment process are strongly encouraged to talk directly to the appropriate RPD about their interest early in the residency year. The resident must submit the following to the RPD via email for the PGY2 program in which they are interested:

- Letter of intent
- CV

The PGY2 RPD is responsible for assessing the qualifications and performances of the PGY1 resident to determine if they are a suitable candidate for the PGY2 program. Criteria used to evaluate the PGY1's candidacy include, but are not limited to the following:

- Strength of letter of intent
- CV
- Performance in the PGY1 position based on reviews of formal evaluations and feedback gathered from the staff

If the RPD determines that the PGY1 resident is an appropriate candidate for early commitment, they should solicit feedback from applicable preceptors and stakeholders. Additionally, the RPD may choose to discuss the candidates with the System-wide RAC and/or local PGY1 RAC. The RPD will make the final decision regarding resident selection. If more than one PGY1 resident applies for the position, an interview will be conducted with each applicant, the RPD, and a panel of applicable PGY2 residency program preceptors. At the discretion of the PGY2 RPD, the facility PGY1 RSC may be involved in the interview process. All discussions regarding resident selection will be kept strictly confidential amongst the preceptors. This is particularly important when two or more residents apply for the same position. PGY1 residents may only apply to one PGY2 program under this early commitment process.



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Qualifications

Preferred:

- Completion or in the process of completing a PGY1 rotation in the specialty area prior to applying or during the application process.
- Strong preference will be given to residents who have completed a rotation with the PGY2 RPD or their designee.
- Successful completion of the Fall Education Seminar.

Required:

- Resident must be licensed in the state of practice at the time of application.
- Resident must have 80% of goals marked as “satisfactory progress” or higher on all evaluations from all previous rotations completed at Intermountain Health.

Timeline

The deadline for e-mail receipt of the completed application materials is 5 PM on the first Friday in November of the residency year. The RPD will inform the candidate of the decision by the 3rd Friday in November. The PGY1 resident will return the signed offer letter and early commitment letter of agreement to the RPD and the PGY1 RSPC/RPD by the following Wednesday. The formal offer letter is contingent on the resident satisfying eligibility requirements including, but not limited to, successfully completing the PGY1 residency program.

If the resident accepts the position for early commitment, a letter of agreement from the National Matching Services committing the PGY2 residency position to a current PGY1 resident must be completed and signed by both the RPD and the PGY1 resident. These materials must be received at National Matching Service (NMS) by the early commitment deadline.

By signing the letter of agreement, the residency program agrees to have the position withdrawn from the Match and will not submit any rankings for the position in the Match. The residency program has provided on the letter of agreement the updated number of positions that it will offer in the Match, excluding the position being committed by the resident. If the number of positions remaining in the Match for this program as indicated on the letter of agreement has been reduced to zero, the program understands and agrees that the residency program will be withdrawn from the Match.

Agreements received after the NMS deadline may not be accepted, and in that case the position will not be considered committed to the resident but must be offered to the resident or any other applicant through the matching process.



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Commitment of the Program and the Applicant

The PGY1 resident cannot avoid accepting appointment to the program without a written release from the program; furthermore, without this release another residency program participating in the Match cannot offer a position to the resident, and the resident will not make any commitments to or contracts with any other program for PGY2 training. If the resident has already registered for the Match, then by signing the letter of agreement the resident agrees to be withdrawn from the Match and will not submit a Rank Order List for the Match. If the resident has not yet registered for the Match, then the resident will not need to register for the Match.

The residency program agrees that the PGY2 position that has been committed to the resident will not be offered to any other applicant without a written release from the resident. The PGY1 resident applicant will inform both PGY2 RPD and the PGY1 RPD if they decide to rescind from the early commitment process immediately upon returning from the ASHP Midyear Clinical Meeting.

General Residency Information

Duty Hours

- Duty hours are defined as all scheduled clinical and academic activities related to the pharmacy residency program. This includes inpatient and outpatient care, in-house call, administrative duties, and scheduled and assigned activities (such as conferences, committee meetings, and health fairs) that are required to meet the objectives of the residency program.
- Duty hours must be addressed by a well-documented, structured process. The Intermountain Health residency program will use PharmAcademic™ to track and log duty hours.
- Duty hours do not include reading, studying, and academic preparation time for presentations, journal clubs, etc. It also does not include travel time to and from conferences or hours that are not scheduled by the RPD, RPSC, or preceptor.
- **Duty hours must be limited to 80 hours per week, averaged over a 4-week period, inclusive of all in-house call activities and all moonlighting.**
- 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.

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- With regard to the mandatory time free of duty, residents must have a minimum of 1 day in 7 days free of duty (when averaged over 4 weeks). At-home call cannot be assigned on these free days.
- Adequate time for rest and personal activities must be provided. Residents should have 10 hours free of duty between scheduled duty and must have at a minimum 8 hours between scheduled duty periods.
- Moonlighting must not interfere with the ability of the resident to achieve the goals and objectives of the educational program. Residents may choose to moonlight internally at an Intermountain facility with the approval of the RPD or RPSC. External moonlighting at an outside organization is generally not permitted during the residency year; however, exceptions may be granted with approval by the RPD or RPSC.
- All moonlighting must be considered part of the 80-hour weekly limit on duty hours.
- Duty hours and fatigue levels are self-reported by residents and tracked within monthly evaluations in PharmAcademic™. Any instance of non-compliance will be addressed by the RPD. The RPD will develop an action plan to prevent future instances (e.g., moonlighting will be restricted, or the resident will not be allowed to moonlight).
- If there is a concern that moonlighting is affecting the resident's performance, moonlighting privileges will be suspended.
- Please see the [ASHP Duty Hour Requirements for Pharmacy Residencies](#) document for additional information and requirements.

Residency Term and Duration

The minimum term of residency appointment is 52 weeks.

Paid Time Off (PTO)

Residents are permitted paid time off (PTO) in accordance with Intermountain's PTO policy. Time away from the residency program does not exceed 37 days per 52-week training period. If a resident exceeds 37 days away from the program, in order to fulfill the requirements of the Standard, the program must be extended by the number of days the resident is away from the program in excess of 37.

- Time away from the program is defined as the total number of days taken for vacation, sick, interview, and personal days; holidays; religious time; jury duty; bereavement leave; military leave; parental leave; leaves of absence; and, extended leave.
- Conference and/or education days, are also defined as "time away" for the purposes of the ASHP Residency Accreditation Standard.
- The calculation of time away does *not* include service commitment/staffing days nor are compensatory days for staffing shifts counted in the calculation.



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Residents are permitted to use their time off during the residency year when approved by the RPD/ RPSC. This includes leave time granted for interviewing for positions. Accrued, unused PTO will be paid out when a caregiver leaves Intermountain employment. Requested time off (RTO) should be submitted as far in advance as possible to the RPD/ RPSC (ideally a minimum of 7 days prior to the date the resident will be gone), unless the time off is for legitimate, unexpected illnesses, or emergencies. RTO must be submitted via Intermountain's time keeping management system. The resident will first discuss the request with the affected rotation's preceptor and obtain the preceptor's permission to ensure rotation objectives will be met.

Time-off days should be limited to a maximum of 2 days per rotation. If additional days are requested, the RPSC must be informed to ensure rotation objectives will be met. In general, preceptors appreciate as much notice as possible when a resident expects to miss work for a scheduled absence.

Excessive Absence and Time Away During the Program

The residency will be extended as necessary beyond the 52-week time frame to make sure all ASHP program requirements are met; however, the **maximum duration of residency program extension is not to exceed 12 weeks** from when the program was originally scheduled to end. Residents must complete all requirements for completion during the program extension to receive a certificate of completion. Pay and other benefit eligibility during this leave would follow Intermountain's [Leave of Absence Policy](#). If total leave exceeds 12 weeks, the resident will be dismissed from the program and will not receive a certificate of completion.

A preceptor, RPSC, or RPD may decide that absences from a rotation or the program are excessive when there is potential for a resident not to be able to complete program requirements or exceeds 37 days, as outlined in the ASHP residency accreditation standards. Excessive absence may be due to illness or other factors. When situations such as these occur, the resident must work closely with the preceptor, RPSC, and RPD to make arrangements to meet program requirements and rotation objectives. Possible actions may include dismissal, suspension, or a leave of absence from the residency program.

Residents who are not eligible for Intermountain Health's Family Medical Leave Policy or Leave of Absence Policy will be evaluated on a case-by-case basis. The RPSC/ RPD, in conjunction with the appropriate department leader, will work with the Human Resources representative to make this decision. If the resident takes an unpaid leave of absence, once they are reinstated in the residency program, their pay will resume through the duration of the residency. Each instance of excessive absence will be evaluated on a case-by-case basis with input from the Residency Advisory Committee, Human Resource representative, and the appropriate department leader, as appropriate.



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In all circumstances, a customized training plan will be signed by the resident and RPSC/RPD and shared with the preceptors documenting these changes to the residency program. All applicable Intermountain policies and procedures will be followed, including the [Family Medical Leave Policy](#) and [Leave of Absence Policy](#).

Interview Leave

Residents may request leave time when interviewing for positions. This includes both residency as well as pharmacist positions. Interview leave requires a request to be submitted via Intermountain's timekeeping system with approval from the RPSC/RPD a minimum of 7 days prior to the date you will be gone. The resident will first discuss the request with the affected rotation's preceptor and obtain the preceptor's permission to ensure rotation objectives will be met. Residents will be required to use PTO for leave for interviewing or make up any shifts missed, depending on the specific situation.

Sick Leave

Residents are afforded sick leave as a benefit of their employment, which is included in their PTO bank. When the resident is unable to work as a result of illness or other emergent issue, either on their rotation assignment or staffing assignment, the resident shall immediately notify their rotation preceptor, scheduling supervisor, and/or the pharmacist in charge. Additionally, they must enter that they are sick in the timekeeping system. The resident shall subsequently notify the RPD/RPSC of their absence from rotation or staffing assignment. If a resident is absent from work due to illness or other situation, they must enter PTO for the day. In the event the resident must take extended time off due to illness or a family situation, all Intermountain policies and procedures concerning the Family Medical Leave Act (FMLA) shall be followed. The RPD, RPSC, and the resident will coordinate the requirements for completion of the Intermountain Pharmacy Residency.

Holidays and Holiday Leave

Residents accrue PTO for holidays as part of their total PTO accruals (see above). The fulfillment of holiday coverage will be coordinated through the Director of Pharmacy and RPD/RPSC at each facility. Refer to program-specific staffing requirements for additional information.

Residents may staff additional shifts for holidays consistent with the standards applied to general staff and shall receive pharmacist pay rate for holiday shifts worked as outlined below. All shift differentials, including holiday premium differentials, are automatically calculated in Intermountain's timekeeping system, per facility approvals. Holiday premium is only paid on designated Intermountain holidays.

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A summary of appropriate holiday pay practices for residents is provided below:

- When residents staff/work a holiday that is during the week (Mon-Fri), they will get paid at pharmacist pay rate + holiday premium differential at the pharmacist pay rate.
 - To do this, resident pay for the pay period is adjusted. i.e., Residents are paid 72 hours at the resident rate, and then actual hours worked on the holiday at the pharmacist rate.
- When the residents staff/work a holiday that is during the weekend (Sat/Sun), and they are already assigned that weekend as part of their pre-arranged staffing schedule for residency, they do not get pharmacist pay rate but still get a holiday premium differential at the resident rate.
- However, if a resident picks up an extra holiday shift that is on the weekend (Sat/Sun and is not part of their normal pre-arranged staffing schedule), then they would get full pharmacist pay rate + holiday premium differential for that shift for all actual hours worked.
- Based on the above, residents doing a staffing shift on a weekend holiday as part of their pre-set training schedule would not get paid pharmacist pay rate.
- We do not provide comp days to the residents after they work a weekend staffing shift.

Important note: To receive any extra pay or any differential (of any kind), salaried individuals need to punch in and out using the time clock. Additionally, to receive extra pay (as a resident or a pharmacist), individuals will need to enter a timecard exception.

Project Weeks for all PGY1 Programs

Project weeks are provided to the resident through the PGY1 residency year to give the learner scheduled time to work on longitudinal activities, such as research projects, presentations, or other residency-related work. It is expected that learners work on projects and other residency-related activities during project weeks. If the resident wants to take time off away from work, then PTO should be requested ahead of time and used. Residents are generally encouraged to work from their assigned facility; however, they may also work from home or another off-site location if approved by their local program leader.

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Example of Projects to Work On During Project Weeks for the PGY1 Pharmacy Program

Project Week	Dates	Activities/Deliverables
Week 1	9/11 – 9/15	<ul style="list-style-type: none"> • Fall seminar presentation • Research/continuous improvement (CI) project Institutional Review Board (IRB) protocol • Research/CI project manuscript • ASHP Midyear abstract and poster • Initial research on Spring Continuing Education (CE) presentation
Week 2	12/18 – 12/22	<ul style="list-style-type: none"> • Continuing work on Spring CE presentation • Prep for PGY2 interviews (as needed)
Week 3	12/25 – 12/29	<ul style="list-style-type: none"> • Continue work on data collection for research/CI project • Start data analysis for research/CI project (if able) • Finalize methods section of research/CI manuscript
Week 4 <i>FLOATING, flex week</i>	2/26 – 3/1	<ul style="list-style-type: none"> • Finish/continue data analysis for research project • Finish research project abstract and platform presentation • Write research/CI project manuscript results and discussion • Finalize/practice Spring CE • Interviews and other related employment matters

Project Days for all PGY1 Programs and Applicable PGY2 Programs

Residents will be allowed 1 flexible project day per rotation block. The project day includes scheduled time to work on the learner’s residency project or other longitudinal residency-related activities. The resident is expected to complete an 8-hour workday and be on site at their home-base facility; however, the resident may work with project advisors and preceptors at other sites if this is discussed with the preceptor, RPSC, or RPD. The project day should be scheduled at the resident’s choosing, in coordination and with approval of the preceptor, at the start of rotation, and may be restricted to a certain rotation timeframe based on rotation structure. For additional information on project days within PGY2 programs, refer to the specific program manual.

Disciplinary Action and Dismissal

Corrective action or dismissal from the program are actions that are considered when residents do not meet program or rotation expectations and requirements. Program expectations, requirements, and deadlines are reviewed and communicated to the residents by the RPD during orientation and by reviewing this manual prior to the start of the residency program. Rotation expectations are communicated to the residents by the preceptor at the start of and during each rotation.



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Residents are expected to complete all requirements of the Residency Program based upon the ASHP Residency Standards and Competency Areas, Goals and Objectives for their specific program. Only those residents who complete the residency requirements set forth will receive their residency certificate. Evaluation of the resident's progress in completing the residency requirements is documented as part of the quarterly review process.

When issues or problems arise, which jeopardize the resident's successful completion of a rotation or other program requirement, the resident and the preceptor will discuss and attempt to resolve the issues or problems. If resolution is not achieved to the satisfaction of the preceptor, the ongoing concern will be documented and referred to the RPD/ RPSC.

The RPD, in conjunction with the RPSC and local RAC, will continually assess the ability of the resident to meet the residency requirements by established deadlines. If a resident is failing to make progress in any aspect specific to the residency program completion requirements or if there is a concern with other behaviors related to performance (e.g., not meeting deadlines, not integrating feedback, unprofessional behavior, etc.), the following steps shall be taken while following Intermountain's [Employee Corrective Action Policy](#).

The RPSC or RPD will provide a documented verbal warning for any initial issues identified. Corrective action may include make-up or remedial work, repeated or alternate rotations, or other assignments or actions appropriate to the circumstance and as determined by the preceptor, RPSC and RPD.

If the identified issue continues, a written warning will be initiated, and the resident will be placed in an [improvement plan](#). The plan will provide specific action steps to address the behavior or performance concerns. The plan will indicate the criteria for successful remediation and will have a timeline for remediation of no longer than four (4) weeks.

- If the resident meets the criteria for successful remediation, the resident must not regress for the duration of the residency to receive a certificate of completion.
- If the resident makes progress but does not fully complete all action steps, a second resident improvement plan may be executed as a final written warning. The second resident improvement plan will be no longer than 4 weeks.
 - If the resident does not meet the criteria for successful remediation of the second plan, the resident will be terminated from the program and will not receive a certificate.

If a resident's performance is potentially jeopardizing patient safety, the RPD and/or RPSC, in conjunction with Human Resources, may implement an accelerated Performance Improvement Plan (PIP).



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The RPSC, RPD and Pharmacy Director will make the final decision concerning dismissal from the pharmacy residency. The Chief Pharmacy Officer and Human Resource Representative will be involved as necessary.

Licensure Requirements

All Intermountain residents are **expected to arrive with a temporary Utah pharmacist license** or full Utah pharmacist license on the first day of residency. Residents who do not have at least a temporary Utah pharmacist license within the first 30 days of their start date will be subject to disciplinary action or dismissal, unless a formal appeal is submitted and approved.

- For more information on the temporary pharmacist licenses please refer to the [Utah Pharmacy Practice Act Rule](#) and the [DOPL Website](#).
- ASHP recognizes temporary pharmacist licensure as counting toward the standard that residents have a pharmacist license for at least two-thirds of their program.^{1,2}

Residents must obtain their **full Utah pharmacist license within 90 days of the start date** of the residency. If the resident does not acquire licensure within 90 days of the start date of the residency, the resident will be dismissed from the program unless a formal appeal is submitted and approved.

Appeals process: In the event of an extenuating circumstance (e.g., the resident has passed the North American Pharmacist Licensure Examination [NAPLEX] and Utah Multistate Pharmacy Jurisprudence Examination [MPJE] and is waiting on Utah Division of Occupational & Professional Licensing [DOPL] for licensure), a formal appeal may be filed to request an extension of the licensing deadline.

- The resident should submit the appeal, in writing, to the RPD and RPSC in advance of the deadline and include details surrounding the circumstance and when they expect to be licensed. The RPD and RPSC will review the information with the Chief Pharmacy Officer.
- Several factors will be considered when reviewing appeals, including the timeliness of residents' scheduled testing, resident performance during the residency, etc.
- Approved licensure deadline extensions will be documented within the resident's files. Additionally, the resident and site leaders must document a written action plan that addresses specific steps the resident will take to improve. The resident should also consult

¹ Hanrahan, Conor (Intermountain Health, Pharmacy Services). Conversation with: Carlson, Jim (Accreditation Services Associate, American Society for Health-System Pharmacists). 2021 Oct 5.

² PGY1 Residency Accreditation Standard with Guidance. American Society for Health-System Pharmacists: Bethesda, MD. Updated 2021 March. Available from: <https://www.ashp.org/-/media/assets/professional-development/residencies/docs/guidance-document-PGY1-standards.pdf>

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with an Employee Assistance Program counselor to discuss test-taking anxiety and tools to manage stress.

- *For residents who have already obtained a temporary pharmacist license:* appeals for licensure extension may be submitted for up to a maximum of (i.e., not to exceed) 2 NAPLEX attempts and 3 MPJE attempts, or until the expiration of their temporary pharmacist license—whichever comes first.

Grievance Process for Residents

Residents will contact their respective program leader to initiate complaints. If the RPD or RPSC fails to respond or inadequately responds to complaints related to the resident's program experience, the resident may bring the complaint to the Pharmacy Director and System RPD (for PGY1 programs). If the RPD or Pharmacy Director inadequately responds to the complaint, the resident may bring the complaint to the Intermountain Health Chief Pharmacy Officer for resolution. Intermountain Health maintains a Compliance Hotline to report any compliance-related concerns: 1-800-442-4845.

Academic Dishonesty and Professional Conduct

All Intermountain residents are to act with academic integrity and conduct themselves in a respectful, professional manner. Dishonest or disrespectful behavior should be immediately reported to program leadership, including the RPD and RPSC. Academic dishonesty includes, but is not limited to, cheating, assisting someone else in dishonest behavior, falsifying patient records, lying to caregivers, plagiarism, and unauthorized possession of any confidential materials (e.g., patient records that should not be accessed, possession and use past resident presentations). See Intermountain's [Protection of Confidential Information Policy](#), [Privacy Incident Response Procedure](#), and [Privacy Security Sanctions Procedure](#) for additional information on inappropriate use of patient records. Unprofessional conduct includes, but is not limited to, use of inappropriate or offensive language; actions unbecoming of a Health professional (e.g, yelling, offensive gestures, inappropriate body language); improper dress per Intermountain's [Professional Appearance Policy](#); and inappropriate use of social media as outlined in Intermountain's [Social Media Policy](#).

Instances of academic dishonesty and unprofessional conduct will be assessed on a case-by-case basis. The severity of the infraction, history of past occurrences, resident's personal accountability, and other related factors will be considered. The program RPD will be engaged in any conversations and decisions related to dishonesty or unprofessional conduct; Human Resources should also be engaged for serious or egregious situations. Residents found guilty of engaging in an act of dishonesty or unprofessional conduct may be required to repeat a rotation or assignment. For severe infractions, the resident may be dismissed from the



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program. All appropriate Human Resource policies, including the [Employee Corrective Action Policy](#) will be followed.

Residency Program Certificate

Upon successful completion of all program requirements and compliance with all conditions of the residency program, the resident shall be awarded a certificate indicating successful completion of the Intermountain Pharmacy Residency. Residents that fail to complete the program requirements and comply with all conditions of the residency program shall not be awarded a certificate of completion of the Intermountain Pharmacy Residency program.

Pre-Residency and Quarterly Assessments

Prior to starting the residency, residents will complete the Resident Self-Evaluation and Planning Form (typically embedded within the Quarterly Assessment Form) and return it to the RPSC and RPD. The purpose of this assessment is to identify the resident's areas of strength and areas for development. The information will be used to plan for the resident's rotations and individualize the resident's learning year.

The RPD/RPSC will meet with the resident during the orientation. The assessment materials will be reviewed, and the residency year will be planned. The RPSC/RPD will complete a Pre-Residency Assessment summarizing this assessment process. This will include:

- Resident's goals for the residency year
- Summary of the resident's strengths
- Summary of resident's areas for development
- Plan for addressing the areas of development, notes on planning for rotations, and residency experiences.

On at least a quarterly basis, the RPD/RPSC and the resident will meet to review and discuss the progress of the resident towards meeting the goals set by the plan. These quarterly assessments will occur on or before October 15th, January 15th, April 15th and June 15th of the residency year. This affords the resident a scheduled time to update their plan for the remainder of the year. Standardized forms will be used for the assessment and planning process. This information may also be entered directly into the PharmAcademic™ evaluation system.

Rotation Guidelines

1. The resident shall provide complete pharmacy services in coordination and cooperation with departmental professional and support staff, consistent with departmental policies

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and procedures for operations and clinical practice, meeting all the requirements and obligations of pharmacists on staff.

2. The resident shall actively participate in all rotation activities, as applicable, including team meetings, rounds, and other interdisciplinary conferences that occur on the services of their rotations. The rotation preceptor is responsible for identifying these opportunities and to commit the resident to effectively participate. It is expected that the resident will participate in the rotation activities using the philosophy of “what the pharmacist does, the resident is expected to do,” which is to say the resident will expend the required amount of time and energy needed to complete assignments and activities right along with the preceptor.
3. The resident shall identify therapeutic issues and problems and develop and present in-services to the medical, nursing, and pharmacy staff addressing those issues and problems. The resident is encouraged to seek opportunities to educate health care professionals on subjects relating to pharmacology and drug usage.
4. The residency programs at Intermountain Health take a holistic approach to post-graduate training. The expectation is that a team philosophy will be used to develop pharmacists within the Intermountain programs.
5. The resident shall provide clinical instruction to College of Pharmacy students on clinical clerkships, under the supervision and guidance of the rotation preceptor.
6. No more than one-third of the twelve-month PGY1 pharmacy residency program may deal with a specific patient disease state and population (e.g., critical care, oncology, cardiology).
7. Residents must spend two-thirds or more of the program in direct patient care activities.
8. Residents within the PGY1 Pharmacy Multi-site Program (87600) are permitted to complete any required or elective rotation off-site (i.e., away from the home-base facility) except the Central Operations/Sterile Compounding, Pharmacy Management rotation, and longitudinal staffing experience.
9. Non-Intermountain Rotations:
 - a. Residents are allowed to obtain limited practice experience in non-Intermountain rotations upon approval of the RAC.
 - b. Residents will be permitted a maximum of one rotation in a non-Intermountain site rotation during the residency training year; however, exceptions may be granted on a case-by-case basis by the RPD or RPSC.
10. There are 6 required learning experiences during the residency year for the PGY1 Pharmacy Program (hospital-based programs): Central Operations/Sterile Compounding (1 week learning experience), Inpatient Acute Care, Ambulatory Care, Critical Care, Pharmacy Administration (with director at home base facility), and Drug Information (at the central office).

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- a. The Central Operations/Sterile Compounding and Pharmacy Administration learning experiences must be taken at the resident's home-base facility; however, the other required learning experiences may be done at another Intermountain location.
11. Required rotations for Community-Based Pharmacy and the PGY2 programs vary by program, see individual program appendices for details.

Presentations, Seminars, and Posters

Requirements for ACPE-Accredited Presentations

1. The resident shall, with guidance and supervision of appropriate preceptors and Pharmacy Education and Postgraduate Training Pharmacy Manager (EPTPM), develop and deliver an Accreditation Council for Pharmacy Education (ACPE)-accredited presentation.
2. The resident and preceptor(s) are expected to read, review, and follow the [Continuing Pharmacy Education \(CPE\) Faculty Guidance Document](#).
3. Presentation deadlines are described in the tables below.
 - a. Deadlines may be subject to change based on program-specific requirements and resident needs.
4. The resident is responsible for:
 - a. Selecting a presentation topic from a predetermined needs assessment list.
 - b. Selecting two to three preceptors with additional input from the EPTPM. Any individual who has influence over presentation content must be listed as preceptor. At least one preceptor must be a subject content expert.
 - c. Designating a lead preceptor for the project.
 - d. Submitting materials and revisions to preceptors, EPTPM, and Intermountain Interprofessional Continuing Education (IPCE) accredited education coordinator within two (2) weeks of request.
 - e. Developing continuing pharmacy education materials in concordance with ACPE requirements, including:
 - i. Learning outcomes appropriate to target audience and educational need.
 - ii. Learning outcomes using ACPE-approved verbiage.
 - iii. Content which is equitable and fair-balanced (free from commercial support).
 - iv. Content applicable to pharmacy practice for both pharmacists and pharmacy technicians.
 - v. Fully referenced instructional materials based upon literature and evidence-based practices.
 - vi. Teaching strategies and learning assessment designed for adult learners.
 - vii. Active learning and post-test questions mapped to the target audience and associated learning outcome.

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- f. Content designed with target of 50-55 minutes of content for every one (1) hour of ACPE credit offered.
 - g. Submission of letter of agreement (LOA), conflict of interest (COI) forms and a CV requested by the IPCE accredited education coordinator within two (2) weeks of original request. This ensures compliance with ACPE standards.
 - h. Verbally present the live seminar to pharmacists and pharmacy technicians. Presentations are broadcasted across the system via teleconferencing technology.
 - i. Effectively answer participant questions at the conclusion of the presentation.
5. The lead presentation preceptor is responsible for:
- a. Serving as the main point of contact between the resident and other preceptors.
 - b. Coordinating feedback within five (5) business days with the residents, EPTPM, and other preceptors to allow adequate time for the resident to make needed revisions.
 - c. Conducting review of resident materials prior to submission to EPTPM to ensure compliance with ACPE accreditation standards.
 - d. Scheduling at least one (1) full verbal practice session of the resident CE prior to the live presentation.
 - e. Attending the live presentation delivered by the resident.
 - f. Providing feedback to EPTPM within one (1) week of live presentation. Content should include resident performance on communication with preceptors, accountability and timeliness, and quality of presentation.
6. All presentation preceptor(s) are responsible for:
- a. Providing guidance with designing learning outcomes.
 - b. Reviewing presentation materials to ensure information is independent, balanced, evidence-based, and pertinent to current pharmacy practice.
 - c. Reviewing active learning materials.
 - d. Providing written feedback to residents with requested changes in presentation materials.
 - e. Submission of LOA, COI forms, and CV requested by the IPCE coordinator within two (2) weeks of original request. This ensures compliance with ACPE standards.
 - f. Providing feedback to residents on verbal presentation skills. Presentation preceptor(s) may request additional practice presentations at their discretion.
7. The Education and Postgraduate Training Pharmacy Manager (EPTPM) is responsible for:
- a. Developing and maintaining a list of presentation topics and associated education gaps.
 - b. Evaluating the learning outcomes are appropriate for target audience and education needs.
 - c. Reviewing presentation materials to ensure compliance with ACPE requirements and adult learning principles.



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- d. Providing feedback within five (5) business days to the resident and local preceptors to allow for revisions as needed.
- e. Providing final approval of topic selection, preceptor selection, activity title, learning outcomes, presentation content, and active learning strategies.
- f. Facilitating delivery of ACPE-accreditation presentation to system-wide pharmacists and pharmacy technicians.
- g. Completing a finalized learning experience evaluation in PharmAcademic™, incorporating feedback from the lead preceptor.



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PGY1 ACPE-Accredited Presentation Deadlines (2023-2024 Residency Class)

Activity	Deadline	Responsible Party
Submit completed PGY1 Continuing Pharmacy Education (CPE) Seminar Topic Selection Form to RxEducationResearch@imail.org	Monday, November 13, 2023 @ 2359 Mountain Time	PGY1 resident
Approval of topic, preceptor mentors and/or suggestions for other preceptors	Monday, November 20, 2023	EPTPM
Submit completed PGY1/PGY2 Continuing Pharmacy Education (CPE) Seminar Activity Form to RxEducationResearch@imail.org	Friday, December 15, 2023 @ 2359 Mountain Time	PGY1 Resident
Final approval of presentation title and learning outcomes ^a	Friday, January 5, 2024	EPTPM
Complete LOA, COI, and CV as required for ACPE accreditation	Deadline to be determined by IPCE	PGY1 resident and local preceptor(s)
Final date to switch presentation date (only if necessary) ^b	Friday, February 2, 2024	
Presentation materials due to local preceptors to review	Friday, February 2, 2024	PGY1 resident
Review presentation and active learning for content	Between February 5-16, 2024	Local preceptor(s)
Update presentation materials based upon preceptor feedback	Between February 5-16, 2024	PGY1 resident
Completed presentation materials including: <ul style="list-style-type: none"> • PowerPoint with: <ul style="list-style-type: none"> ○ Disclosure slide ○ Objective slide for pharmacists ○ Objective slide for pharmacy technicians ○ References on each slide footer and formal bibliography at the end of the presentation ○ At least 3 active learning questions ○ Target audience for each active learning question • Post-test questions <ul style="list-style-type: none"> ○ Five for pharmacists ○ Five for pharmacy technicians ○ Key including correct answer and justification why each option is correct/incorrect 	Friday, February 17, 2024 @ 2359 Mountain Time Email materials to RxEducationResearch@imail.org .	PGY1 resident
Initial review of materials for ACPE compliance and feedback sent to resident	Rolling basis between February 5-16, 2024	EPTPM
Additional presentation draft(s) due to EPTPM ^a	Rolling basis between February 16-23, 2024	PGY1 resident
Practice presentation(s) at local site with preceptors	Between March 4-15, 2024	PGY1 resident
Finalized presentation materials due ^c	Friday, March 15, 2024 @ 2359 Mountain Time	PGY1 resident
Post finalized presentation handouts on Education and Onboarding website*	Rolling basis between March 18-22, 2024	EPTPM
PGY1 resident CE presentations	Between last week in March and last week in May 2024	PGY1 resident

^aThe EPTPM may provide additional interim deadlines to ensure resident revises materials and has approval of these changes from local site preceptors. Once the title and learning objectives have been finalized by the EPTPM, they cannot be changed.

^bAcceptable reasons to switch presentation dates include teaching at a local college of pharmacy, interview, or family and medical leave-related (FMLA). Presentation date changes must be approved by RPSC/RPD and EPTPM.

^cAfter this date, no changes can be made to presentation content unless there are significant new updates in primary literature or guidelines. This includes fixing typographical or grammatical errors, rearranging slide order, and adding/modifying speaker notes.



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PGY2 ACPE-Accredited Presentation Deadlines (2023-2024 Residency Class)

Activity	Deadline	Responsible Party
Submit completed PGY1/PGY2 Continuing Pharmacy Education (CPE) Seminar Activity Form to RxEducationResearch@imail.org	Friday, August 18, 2023 @ 2359 Mountain Time	PGY2 resident
Approval of topic, presentation title, and learning outcomes. Approval of preceptors mentors and/or suggestions for other preceptors.	Friday, August 25, 2023	EPTPM
Complete LOA, COI, and CV as required for ACPE accreditation.	Deadline to be determined by IPCE	PGY2 resident and preceptor(s)
Final date to switch presentation date (only if necessary) ^b	Friday, September 8, 2023	
Presentation materials due to local preceptors to review	Friday, September 15, 2023	PGY2 resident
Review presentation and active learning	Between September 18-22, 2023	Content preceptor(s)
Update presentation materials based upon preceptor feedback	Between September 18-29, 2023	PGY2 resident
Completed presentation materials including: <ul style="list-style-type: none"> • PowerPoint with: <ul style="list-style-type: none"> ○ Disclosure slide ○ Objective slide for pharmacists ○ Objective slide for pharmacy technicians ○ References on each slide footer and formal bibliography at the end of the presentation ○ At least 3 active learning questions ○ Target audience for each active learning question • Post-test questions <ul style="list-style-type: none"> ○ Five for pharmacists ○ Five for pharmacy technicians ○ Key including correct answer and justification why each option is correct/incorrect 	Friday September 29, 2023 at 2359 Mountain Time Email materials to RxEducationResearch@imail.org .	PGY2 resident
Initial review of presentation for ACPE compliance and feedback sent to resident	Rolling basis between October 2-4, 2023	EPTPM
Additional presentation draft(s) due to EPTPM ^a	Between October 6-13, 2023	PGY2 resident
Practice presentation(s) at local site with preceptors	Between October 6-13, 2023	PGY2 resident
Finalized presentation materials due ^c	Monday, October 16, 2023 @ 2359 Mountain Time	PGY2 resident
Post finalized presentation handouts on Education and Onboarding website*	Rolling basis between October 18-27, 2023	EPTPM
PGY2 resident CE presentations	Between late October and end of November 2023	PGY2 resident

^aThe EPTPM may provide additional interim deadlines to ensure resident revises materials and has approval of these changes from local site preceptors. Once the title and learning objectives have been finalized by the EPTPM, they cannot be changed.

^bAn example reason to switch presentation dates is family and medical leave-related (FMLA). Presentation date changes must be approved by RPD and EPTPM.

^cAfter this date, no changes can be made to presentation content unless there are significant new updates in primary literature or guidelines. This includes fixing typographical or grammatical errors, rearranging slide order, and adding/modifying speaker notes.

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General Presentation Guidelines for all PGY1 Programs

1. The resident participates in departmental staff development programs as directed by the Residency Program Site Coordinator.
2. The approved residency templates for the poster and presentations shall be used. The templates will be made available to the resident when the program is started.
3. The PGY1 residents shall present a minimum of 5 presentations/seminars under the direction of the RPSC and RPD. The five presentations or seminars are:
 - a. A formal, academic seminar to the Department of Pharmacy staff at the resident's home base facility.
 - b. An ACPE-approved, academic seminar developed and presented for system-wide pharmacists and pharmacy technicians. The continuing education presentation is subject to the guidelines provided by ACPE.
 - c. The residency project presentation at Mountain States Conference or other similar conference venue.
 - d. A Pharmacy and Therapeutics presentation at an Intermountain System-wide Pharmacy and Therapeutics Committee or subcommittee meeting.
 - e. A poster presentation at a professional meeting.

If completing the academia track teaching certificate, residents are also required to present a didactic lecture, case presentation, or other teaching session to a local college of pharmacy.

4. The following are goals for each of the presentations:
 - a. In the formal, academic seminar to pharmacists (fall seminar), the resident will:
 - i. Demonstrate the ability to verbally present patient, disease-state, and therapeutic information to peers.
 - ii. Select and evaluate literature to support or refute a proposed controversial therapeutic plan.
 - iii. Prepare and use appropriate visual aids for a small to medium sized conference room.
 - iv. Prepare the presentation well enough to appropriately answer questions posed by peers.
 - v. Provide relevant conclusions specific to pharmacists based on the literature.
 - b. In the ACPE-approved presentation for pharmacists and pharmacy technicians, the resident will:
 - i. Develop a presentation based upon requirements for providing an ACPE-accredited activity.
 - ii. Prepare a PowerPoint® presentation with the approved template with accompanying handouts for a large auditorium.

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- iii. Demonstrate the ability to present background information relating to the topic.
 - iv. Select, evaluate, and cite evidence-based and balanced literature to support conclusions relevant to the pharmacy practitioner.
 - v. Develop speaking skills and presentation style.
 - vi. Effectively utilize active learning strategies within the presentation.
 - vii. Create well-designed post-test assessment questions appropriate for each target audience.
- c. In the project presentation at Mountain States Conference, the resident will:
- i. Clearly and confidently present original research.
 - ii. Follow guidelines established for a formal invited speaking engagement such as the guidelines mandated by the Mountain States Conference Coordinators.
 - iii. Use the approved PowerPoint® template to create presentation, graphs and tables.
 - iv. Use the presentation as a starting point for writing the final manuscript to Residency Program Director and/or publication.
- d. In the System-wide Pharmacy and Therapeutics Committee or subcommittee presentation, the resident will:
- i. Complete an appropriate literature review combined with cost, contracting and usage data.
 - ii. Prepare the drug review and slide presentation appropriate for the level of audience at the Pharmacy and Therapeutics Committee or subcommittee.
 - iii. Gain expert feedback regarding the presentation and recommendation.
 - iv. If circumstances allow, present a formal presentation appropriate for the level of audience at the System-wide Pharmacy and Therapeutics Committee or subcommittee using the approved templates.
 - v. Provide a recommendation for the System-wide Pharmacy and Therapeutics committee or subcommittee.
 - vi. Field questions regarding the presentation.
- e. In the poster presentation at a professional meeting, the resident will:
- i. Learn the preparation and procedures required for presenting a poster set by the professional organization's expectations.
 - ii. Clearly and confidently present original research as complete at the time the poster is due for printing.
 - iii. Follow the guidelines established for poster presentation as mandated by ASHP and use the approved Intermountain residency template.
 - iv. Use graphic art resources to create posters.

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- v. Prepare for the presentation well enough to answer questions posed by peers.
 - vi. Develop speaking and communication skills used in an informal setting.
 - f. In the lecture to pharmacy students at the College of Pharmacy (if applicable), the resident will:
 - i. Provide an appropriate overview of material that is new to a group of pharmacy students.
 - ii. Research the material well enough to act as a content expert.
 - iii. Select current primary and tertiary references for the class.
 - iv. Prepare handout and other teaching aids appropriate for pharmacy students.
 - v. Work with the course instructor to schedule the class and verify that the lecture content is adequate.
 5. All materials for the presentations and posters (including objectives, handouts, slideshow, etc.) shall be due by the date outlined in the residency manual or a date separately agreed upon between the resident and their project mentors.
 6. Presentations will be evaluated by the audience, as well as designated evaluators, using approved evaluation forms. The designated evaluators will determine if the resident has met the requirements for a formal academic seminar. Failure to achieve satisfactory evaluations or meet ACPE requirements may result in project remediation.
 7. The presenting resident shall be responsible for providing notification to preceptors and staff of presentation at least 2 weeks (14 days) in advance of the presentation date.
 8. The residents shall attend all presentations held within their rotation facility, projects and poster presentations.
 9. In the case of conflict, the resident shall resolve issues regarding attendance to these presentation with the rotation preceptor and the facility's RPSC/RPD.

Intermountain Core Curriculum Series

1. Residents participate in the core curriculum conference series, as scheduled. Typically, these conferences will be held 2 times per month, primarily at the central office but will rotate through the sites. Attendance at these conferences is mandatory for all PGY1 residents and will be left to the discretion of the RPD for the PGY2 residents. Residents should work with their preceptors at the beginning of each rotation to ensure the resident conference schedule is calendared into the rotation schedule.
2. A schedule of discussion topics shall be developed, and a discussion leader shall be assigned. A schedule of topics will be provided and list exact topics, dates, and locations.
3. Residents are responsible to participate in and lead discussions and to be prepared by reading background materials and supplementing with additional readings.
4. Attendance at other meetings:

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- a. The residents shall attend their individual departmental meetings.
- b. Each preceptor may determine additional meetings that the resident shall be required to attend during rotation.

External Conference Attendance

Depending on the specific residency year, organizational finances, and other related-factors, residents will be given educational leave and financial assistance to attend meetings. The specific meetings allowed will depend on the residency program, individual resident needs, and other organizational factors; generally, Intermountain has supported attendance at ASHP Midyear, the Regional Mountain States Conference, and certain specialty conferences such as the Pediatric Pharmacy Association (PPA) and the Society of Critical Care Medicine (SCCM).

Financial assistance to attend meetings is a privilege and may be subject to change based on the financial performance of the organization. Intermountain reserves the right to deny funding to meetings and/or select a smaller subset of residents to attend certain conferences. If funding is provided, reasonable expenses for attending a meeting will be paid by the home-base facility's pharmacy department (meeting registration, transportation, hotel, meal per-diem, poster printing). Refer to the [Intermountain Pharmacy Services Travel Guidelines](#) for additional information and instructions.

Lead Resident

Depending on the residency year, a lead resident (selected from the PGY1 class) may be determined by the residency class and RPD. The person in this role will act as a liaison and representative for all PGY1 and PGY2 residents.

Lead Resident(s) Responsibilities - General

1. Serve as the point person to facilitate and clarify issues and policies regarding the Pharmacy Residency Programs. This includes travel guidelines for the group during ASHP Midyear and other resident conferences.
2. If concerns arise within the group, the Lead Resident will present the concerns and represent the current group of residents.
3. Work with the RPD to coordinate the interview process during January and February for the incoming group of residents.

Lead Resident Responsibilities – Specific

1. ASHP Midyear Meeting:

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- a. Help plan recruitment activities at the ASHP Midyear Clinical Meeting by scheduling residents for the Personnel Placement Service (PPS) and coordinating the residency showcase.
- b. Working with the RPD, serve as the Midyear coordinator, and assist residents in preparation for the Midyear Clinical Meeting.
2. Recruitment:
 - a. Serve as an active participant in resident recruiting process. Coordinate tours for the resident interview groups.
3. Mountain States Residency Conference:
 - a. Work with the PGY1 RPD to distribute information and coordinate events concerning the Pharmacy Resident Conference to residents and preceptors.
4. Service Project
 - a. The lead resident will work with the RPD to coordinate a service project.
 - b. The service project will involve the entire PGY1 and PGY2 group and should provide some service to the community and those in need.
5. End of the Year Banquet:
 - a. Assist the RPD in the facilitating and planning of the end of the year celebration banquet.
 - b. Coordinate the selection and award for the preceptor of the year.
6. Social coordinator:
 - a. Plan and promote several social activities for the residents throughout the year. Activities should be planned on weeknights when the majority of residents may be able to attend. All PGY1 and PGY2 Intermountain residents should be invited to attend. Activities should encourage bonding and team building.

Academic Teaching Certificate Program

Residents who are motivated to pursue a career in academia may choose to pursue an optional, formalized teaching certificate program to further advance their knowledge. This program is administered in collaboration with Roseman University and the University of Utah.

Program goal: To provide pharmacy residents with the training necessary to enhance their teaching skills and succeed as a faculty member at a college of pharmacy.

Target audience: Residents who have a strong interest in teaching and are considering career goals related to academia and didactic education.

Enrollment process:

- Residents who wish to enroll in the optional program do so during the 2-week system orientation period under the direction of the System RPD.

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- Once enrolled, residents are provided with an Intermountain teaching certificate coach from their home-base facility and a faculty mentor from a local college (typically either Roseman University or the University of Utah). Faculty mentors from a technician training school may also be provided on a case-by-case basis.
 - The System RPD, in coordination with facility teaching certificate program coaches, works with the schools of pharmacy to assign a faculty mentor.
- Enrolled residents then work with their program coaches and faculty mentors throughout the year in order to complete program requirements.
- To complete enrollment, all participants must sign the [participant attestation and requirements tracking form](#).

Program requirements and components:

- Teaching philosophy
 - Residents will work with a faculty mentor to develop a personal, written teaching philosophy. The document should describe the resident's philosophy/approach towards teaching as well as their overall goals when working with a learner.
 - A group learning session about teaching philosophies will be provided for those who are enrolled in the program.
 - The teaching philosophy should be drafted by the resident by the end of the first quarter and completed/approved by the faculty mentor by the end of the residency.
- Teaching portfolio
 - Residents will work with faculty mentors to design and maintain a teaching portfolio, which is due by the end of the residency year.
 - At a minimum, the resident teaching portfolio should include the following:
 - Summary of the resident's career goals in academia
 - Copy of the resident's teaching philosophy
 - All related teaching documents/materials created by the resident including lectures, test questions, etc.
 - Copies of formative or summative evaluations written by the resident (including any self-reflections or evaluations of other learners written while precepting)
- Classroom lectures and facilitations/recitations
 - Residents will coordinate with their faculty mentors to observe at least 2 different didactic lectures at their assigned school. These lectures should be delivered by 2 different educators to ensure exposure to different teaching styles.

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- Residents then submit a brief reflection of their experience to their faculty mentor for review and discussion. They may also be asked to submit a formal evaluation of the lecture, in coordination with their faculty mentor.
 - Residents will work with their faculty mentor to develop and deliver a lecture at college to students. This lecture must include learning objectives and the development of test questions.
 - Residents then submit a brief reflection of their experience to their faculty mentor for review and discussion.
 - The resident will also participate as a leader/facilitator of at least one recitation, simulation lab, or other similar activity at a college of pharmacy.
 - Residents then submit a brief reflection of their experience to their faculty mentor for review and discussion.
- Academia experiences
 - The resident will serve, in a limited capacity, as a teaching assistant to help their faculty mentor with some classroom activities, such as grading tests or other instructional activities. The goal of these activities is to provide the resident with exposure to the “behind-the-scenes” work of leading a classroom course.
 - The resident, faculty mentor, and teaching certificate coach should collaborate on specific work and expectations, as appropriate.
 - Residents will also work with faculty mentors to attend at least 2 committee or faculty meetings at their assigned college.
 - The resident and faculty member will then debrief after each meeting to discuss questions, observations, and learnings.
- Other non-classroom presentations
 - Residents will work with their Intermountain teaching coaches and preceptors to give a seminar presentation to local staff. This presentation is to be delivered during the first half of the residency year. The target audience is pharmacists.
 - Residents will work with their Intermountain teaching coaches, preceptors, and the System Teaching & Scholarship Manager to give an ACPE-accredited presentation. This accredited presentation will be broadcast system-wide, with the target audience being both pharmacists and technicians.
 - Residents must also deliver at least 1 inservice presentation to clinical staff (nursing, pharmacists, etc.) while on a clinical rotation.
 - Residents will also coordinate and deliver a journal club, topic discussion, or other similar activity to pharmacy learners (typically a pharmacy student) while on rotation.
 - Residents will deliver one platform presentation and one poster presentation at a regional, state, national or other approved meeting.

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- Typically, residents will present a platform presentation at the Mountain States Residency Conference and a poster at ASHP Midyear; however, other conference venues are also acceptable.
- Residents will self-reflect and discuss an evaluation with their project preceptors and teaching coach after each of these activities.
- Precept learners
 - Residents will work with their Intermountain coach, local RPSC, and rotation preceptors to serve as the primary preceptor of a learner (typically a pharmacy student) for at least 3-4 weeks.
 - Ideally, precepting would be done on a clinical rotation experience; however, longitudinal precepting of projects or other activities may also count toward this requirement.
 - This experience will include delivering formative and summative feedback to the learner, in coordination with the Intermountain coach and rotation preceptor.
 - Residents will self-reflect and discuss an evaluation with their preceptors and teaching coaches throughout the precepting process.
- Scholarship activities
 - By the end of their residency year, residents must complete at least one of the following (completion of **any** of the items below meets the requirement):
 - Author and publish an article in a reputable/recognizable pharmacy resource or newsletter. Examples include, but are not limited to, the following:
 - *Pharmacy Times*
 - *Pharmacists Letter*
 - Vizient newsletter
 - Local State pharmacy association newsletter
 - Monograph or article for a drug compendium like Lexicomp
 - Internal newsletter (such as the Ambulatory Care Rx Report)
 - Others at the discretion of the resident's mentors and program RPD
 - Submit a publication to a peer reviewed journal (e.g., *AJHP*, *Hospital Pharmacy*, *Pharmacotherapy*, *Critical Care Medicine*, etc.).
 - Note: this publication does not need to be the resident's research project; other articles like case reports, review articles, etc. count.
 - Serve as a peer reviewer on at least 1 article for a journal (e.g., peer reviewing an article for *AJHP*).

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- Other novel scholarship activities, as determined appropriate by the resident's mentors. Examples include, but are not limited to, the following:
 - Participating in a podcast hosted by a reputable/recognizable pharmacy organization (e.g., Vizient, ASHP, ACCP, UPhA, local State pharmacy association) and ideally one that focuses on clinical pharmacy or practice topics.
 - Participate in a regional/national presentation or panel discussion (e.g., give an ACPE-accredited presentation at USHP, ASHP, PPA, etc.).
 - Note: platform presentations of the resident's research project does *not* count toward this completion requirement.
 - Act as a guest lecturer or invited speaker for a school or organization (e.g., teaching at a formal pharmacy technician training program, giving a lecture a nursing school on a medication topic).
 - Note: giving your scheduled classroom presentation that is already a requirement of the teaching certificate doesn't count.
 - Others at the discretion of the resident's mentors and RPD.
- Engage in additional group discussions and workshops:
 - The resident will actively participate in various education-focused lecture series throughout the year. Some of these lectures may be required in addition to the Core Curriculum conference residents are already expected to attend.
 - Specific topics include the following:
 - Precepting and the 4 preceptor roles
 - Preparing presentations
 - Preparing posters and platform presentations
 - Writing objectives and assessment questions
 - Active learning techniques
 - Feedback and evaluations
 - Managing difficult learners
 - Teaching philosophies
 - Career development in academia (tenure process, types of professorships, typical requirements for promotion, etc.)



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Program completion

- Enrolled residents will receive a signed teaching certificate as when they complete the program. Residents who do not complete all teaching certificate program requirements will not be issued this certificate.
- To complete the program, residents must submit their final teaching portfolio and [participant attestation and requirements tracking form](#) to the System RPD, faculty mentor, and Intermountain program coach.

Expectations of participants

- Residents
 - Complete all program requirements in a timely manner.
 - Remain activity engaged in all aspects of the teaching certificate.
 - Meet project deadlines and milestones, as assigned by faculty mentors, Intermountain coaches, and other preceptors.
 - Communicate with faculty mentors, Intermountain coaches, local RPSCs, and/or the System RPD (as appropriate) if issues arise, help is needed, or deadlines cannot be met.
 - Take responsibility and ownership for completing program deliverables, including a teaching portfolio documenting progress toward program completion.
 - Participate in a joint meeting with your faculty mentor and Intermountain coach at least once per quarter to review your teaching portfolio and evaluate your progress toward program completion.
 - Meet with your faculty mentor and/or Intermountain coach as needed on various projects and activities related to the program.
- School Faculty Mentors
 - Support the resident in completing all academia-related program requirements in a timely manner.
 - Guide the resident throughout their teaching certificate journey, with an emphasis on the deliverables related to academia. This includes committing to be a true mentor to the resident and exposing them to important aspects of academic life.
 - Spend time providing feedback to the resident on their performance and debriefing with them after activities.
 - Provide written evaluations (either within or outside PharmAcademic™) to the Intermountain coach regarding assigned resident projects.
 - Participate in a joint meeting with the resident and Intermountain coach at least once per quarter to review the resident's progress toward program completion.

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- Meet with the resident as needed on various projects and activities throughout the year.
- Communicate with the Intermountain coach, local RPSC, and/or System RPD if there are any concerns or issues related to the resident's performance.
- Intermountain Teaching Certificate Coaches
 - Support the resident in completing program requirements in a timely manner.
 - Coordinate with the local RPSC to initiate the longitudinal teaching certificate evaluations in PharmAcademic™.
 - Participate in a joint meeting with the resident and faculty mentor at least once per quarter to review the resident's progress toward program completion.
 - Keep the local RPSC informed of resident progress toward the teaching certificate.
 - Act as a liaison between Intermountain and the school of pharmacy faculty mentor related to the residents enrolled in the teaching program at your facility/location.
 - Participate in scheduled system-wide meetings with other Intermountain teaching program coaches and the System RPD.
 - Meet with the resident as needed on various projects and activities related to the teaching certificate program throughout the year.
- System PGY1 RPD
 - Administers and oversees the Intermountain teaching certificate program in coordination with the schools of pharmacy and Intermountain program coaches.
 - Acts as a point of contact between System Pharmacy Services and the schools of pharmacy.
 - Ensure that teaching program staff and participates meet requirements and expectations.
 - Supports enrolled residents, aligned faculty members from schools of pharmacy, and Intermountain program coaches to ensure the success of the teaching certificate program.



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Teaching Program Timelines and Deliverables

Deliverable/Activity	Owner	Assistance from...	Timeline/Due Date
Teaching philosophy	Resident	Faculty mentor	Send of second quarter (Dec 31 st)
Classroom observation and associated reflections/evaluations (x 2)	Resident	Faculty mentor	By the completion of residency
Didactic classroom lecture to students	Resident	Faculty mentor	By the completion of residency
Function as a teaching assistant to support classroom instruction activities	Resident	Faculty mentor	By the completion of residency
Lead at least one student group recitation, simulation lab, or other similar activity	Resident	Faculty mentor	By the completion of residency
Attend at least 2 faculty meetings or equivalent committee meeting at college of pharmacy	Resident	Faculty mentor	By the completion of residency
Fall seminar presentation	Resident	Intermountain coach	By the end of the second quarter
Spring CE presentation	Resident	Intermountain coach and System Teaching/Scholarship Manger	By the end of the fourth quarter
Inservice to clinical staff	Resident	Intermountain coach and preceptors	By the completion of residency
Poster presentation	Resident	Intermountain coach and preceptors	By ASHP Midyear deadline
Platform presentation	Resident	Intermountain coach and preceptors	By Mountain States deadline
Lead a journal club, topic discussion, etc. for pharmacy learners on rotation	Resident	Intermountain coach and rotation preceptors	By the completion of residency
Precept a pharmacy learner	Resident	Intermountain coach, RPSC, and rotation preceptors	By the completion of residency
Complete scholarly activity requirement	Resident	Various, depending on the project submitted	By the completion of residency
Attend scheduled group discussions and workshops	Resident	System RPD	Longitudinal
Teaching portfolio	Resident	Faculty mentor	By the completion of residency
Signed teaching certificate completion form	Resident	Faculty mentor and Intermountain coach	By the completion of residency

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Residency Project

General Information and Overview

1. All residents, with the guidance and supervision of appropriate preceptors, complete at least one research or quality improvement project.
2. The resident, with guidance from the RPD/RPSC, is responsible for selecting an individual to serve as a project advisor. Projects selected and conducted away from the resident's site must be approved by the RPD/RPSC.
3. The project advisor will be responsible to:
 - a. Provide guidance and direction to the resident in designing, performing, and documenting the outcomes of the project.
 - b. Oversee the development of the project proposal and IRB submission.
 - c. Provide technical expertise and advice to the resident during initiation of project, data gathering and analysis, statistical analysis, and project write-up.
 - d. Work with the resident to ensure that all project deadlines are met.
 - e. Discuss and agree on authorship with the resident and all others involved in the project per ICMJE recommendations:
 1. Substantial contributions to the conception or design of the work; or the acquisition, analysis, or interpretation of data for the work; AND
 2. Drafting the work or revising it critically for important intellectual content; AND
 3. Final approval of the version to be published; AND
 4. Agreement to be accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved.
4. The final project manuscript will be approved by the RPSC/RPD.
5. Residents are required to submit a final write up of the project to the RPD and are *strongly encouraged* to submit a manuscript to a peer-reviewed journal as a requirement for successful completion of the residency. The report shall be written using format and style consistent with publication in a professional journal, including project subject, background, methods, results, discussion and conclusions.



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PGY1 Pharmacy Residency Project Timeline (2023-2024 Residency Class)

Pharmacy Residency Project Activity		Due Date/Timeline
Conceptualize	Complete CITI Training	7/7/23 (end of system orientation)
	Submit project concept sheet to local and system leaders Project will be vetted by facility teams, project mentor(s), and the System Research Oversight Committee	8/4/23
	Project concept discussion and approval	8/7/23 through 8/11/23
	Meet with Data Analysts to discuss data needs	8/21/23 through 9/1/23
Design	Complete draft IRB protocol and provide to project preceptors Required for both research and QI projects as part of the residency Complete draft ASHP Midyear abstract and provide to preceptors Complete draft background section of manuscript for preceptors	9/4/23
	Preceptor review of materials; edits/optimization with resident	9/5/23 through 9/22/23
	Start work on IRB submission in IRIS - start early! Click here for a guide	9/25/23
	Submit final ASHP Midyear abstract (with preceptor approval)	9/27/23 – before ASHP deadline
	Submit final protocol to IRB (with preceptor approval) Complete final version of background section to manuscript	10/2/23
	Obtain IRB approval	Month of mid-Nov to early Dec
Implement / Collect	Data collection and project implementation	Ongoing from IRB approval
	Complete draft ASHP Midyear poster for preceptor review	10/23/23
	Preceptor review of poster and edits/optimization with resident	10/24/23 through 11/3/23
	Final ASHP Midyear poster due Poster must be sent to Conor.Hanrahan@imail.org for printing	11/6/23
	Present poster at ASHP midyear	12/3/23 through 12/7/23
	Complete draft of methods section of manuscript for preceptor review	12/18/23
	Preceptor review of manuscript and edits/optimization with resident	12/19/23 through 1/8/24
	Complete final methods section of manuscript	1/15/24
Analyze and Present	Data analysis and generate results Set-up individual meetings with data analysts, as needed	Ongoing Feb through end of April
	Complete draft Mt. States Residency Conference abstract	2/23/24
	Preceptor review of abstract and edits/optimization with resident	2/26/24 through 3/8/24
	Submit final Mt. States Conference abstract (with preceptor approval)	Mid-March per conference requirements
	Complete draft Mt. States Conference platform presentation	4/1/24
	Preceptor review of presentation and edits/optimization with resident	4/2/24 through 4/19/24
	Submit final Mt. States Conference presentation (with approval)	End of April per conference requirements
	Deliver Mt. States Conference presentation Present project results to local teams (per site requirements)	Mid-May
	Complete draft results/discussion section of manuscript for review	5/13/24
	Preceptor review of manuscript and edits/optimization with resident	5/14/24 through 6/7/24
Final, completed manuscript due and uploaded in PharmAcademic	6/12/24	

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Guiding Principles for Research Projects

- The System Data Analytics and Research Team should primarily be leveraged to pull data that are not reasonably obtainable via manual chart abstraction. Due to limited analytics bandwidth and likely delays with obtaining data, residents should prioritize projects that don't require a significant amount of Data Analytics Team help.
- The Data Analytics Team should be leveraged for help with statistics and data analysis when local resources are not available.
- **Ongoing review of project progress should occur at least quarterly during resident quarterly assessments.**
 - The resident is responsible for submitting a detailed progress report to the appropriate individual at each site. The purpose of the interim report is for you and the residency advisory committee to assess project progress. Minimum elements of this report should include the following (when applicable):
 - Data collection goals or subject recruitment to date and total recruitment needed to complete the project/research
 - Major timeline events that have/have not been met
 - Required funding is received
 - Perceived barriers to timely completion
 - All interim progress reports should include a self-assessment statement co-signed by the resident and the pharmacist preceptors that the project is as follows:
 - "On track for successful completion"
 - "Slow to start-will catch up" (identify specifics for delays and plan for action)
 - "Major obstacles able to be addressed" (identify specifics for delays and plan for action)
 - "Not started or major obstacles unable to be addressed" (request meeting with site coordinator)
 - The project preceptor must review and approve all completed resident work before it is finalized and submitted to any third party (such as IRB, Mountain States, ASHP, etc.)

Initial Project Submission Guidelines

1. Written Project Proposal
 - a. The resident should work closely with their project advisor(s) in developing the project proposal. The proposal should be typewritten and should follow a technical style suitable for medical writing. Proper grammar and spelling are expected.
2. Project concept submissions should follow the [standard project submission form](#).
 - a. All PGY1 research projects must be reviewed by the local program team and System Resident Research Oversight Committee before proceeding.

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Final Project Report Submission Guidelines

1. Written Project Report/Manuscript
 - a. The resident should work closely with their project advisor and program leadership in writing the project report/manuscript. The document should be typewritten and should follow a technical style suitable for medical writing. Proper grammar and spelling are expected. Residents are highly encouraged to publish their projects in an appropriate peer-reviewed journal.
 - b. The following sections should be included:
 - i. Introduction/background that includes a statement of the problem/hypothesis
 - ii. Methods
 - iii. Results
 - iv. Discussion
 - v. Conclusions
 - vi. References of literature cited
2. Presentation of Project
 - a. PGY1 residents are expected to submit an abstract and poster to the ASHP Midyear Clinical Meeting (or other appropriate conference venue upon approval of program leadership). PGY2 residents may submit to ASHP Midyear or another meeting tailored to their specialty area, as deemed appropriate by program leadership.
 - b. PGY1 residents are expected to submit an abstract and deliver a platform presentation at the local Mountain States Conference or other comparable meeting venue. PGY2 residents may or may not be expected to present at Mountain States, depending on the specific program.

Performance Evaluation Guidelines

Intermountain Health will use ASHP's online evaluation program (PharmAcademic™). The RPD/ RPSC will coordinate objectives chosen by rotation preceptors to ensure resident has adequate evaluation of residency goals and objectives. For each rotation, at least one summative evaluation will be completed by the preceptor. The resident will complete a summative self-evaluation, evaluation of rotation site, duty hour form, and preceptor evaluation. The primary preceptor seeks consensus of preceptors to determine final ratings and co-signs evaluations. Co-preceptors are encouraged to provide documentation in resident's written evaluations. Evaluations completed on PharmAcademic™ will be cosigned by the RPD.

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Evaluation of Resident

The evaluation of the performance of the resident is based upon the use of predetermined goals and objectives taken from the ASHP Accreditation Standard Competency Areas, Goals and Objectives. The preceptor(s) for each rotation of the residency training program shall select goals to be evaluated during their rotation in conjunction with the RPD/RPSC. The RPSC/RPD will coordinate and evaluate the residents' longitudinal progress towards meeting RLS Goals and Objectives.

Rotation Evaluations

1. The resident shall be responsible for meeting on a consistent basis with their rotation preceptor to assess and evaluate their progress in the rotation. The frequency and scheduling of these sessions shall be determined by the rotation preceptor and the resident. **One day prior to the end of the rotation**, the preceptor will evaluate the overall performance of the resident using the Summative Evaluation form on PharmAcademic™, the resident will also fill out the Summative Self-Evaluation as well as the Preceptor and Learning Experience Evaluation on PharmAcademic. These evaluations will be reviewed and discussed between the preceptor and resident then co-signed on PharmAcademic™.
2. Periodic, point in time (snapshot), evaluations shall be used to assist the resident in achieving specific goals and objectives as defined and selected by the rotation preceptor. The Snapshots (to be filled out by both preceptor and resident to allow for self-evaluation) will be reviewed, discussed and co-signed by the preceptor and resident at the time the Snapshot was performed. These will be completed using the snapshot tool on PharmAcademic™.
3. All evaluations are due within one week of the end of rotation. Preceptors and residents are encouraged to complete evaluations before the last day of rotation.
4. All evaluations will follow the approved [Intermountain rating scale definitions](#).

Quarterly Evaluations and Planning Review

1. Quarterly evaluation and planning review sessions with the RPSC/RPD shall be scheduled to assess progress toward meeting global goals and program requirements. The quarterly evaluations and review sessions shall include the completion of the Service Evaluation Form (both resident self-evaluation and RPSC/RPD evaluation) and the Residency Year Plan – Quarterly Updates form. The RPSC or RPD will schedule with the resident the quarterly evaluation and planning session to be held by the following deadlines:
 - a. October 15
 - b. January 15



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- c. April 15
 - d. June 15
2. Quarterly evaluation sessions with the resident's longitudinal experience preceptor shall be scheduled to assess progress toward meeting the goals and objectives of the longitudinal experience. The quarterly evaluation sessions shall include the completion of the specific longitudinal summative evaluation form in PharmAcademic™. The resident shall schedule the sessions to be held with the longitudinal experience preceptor by the deadlines listed above.
3. Failure to demonstrate adequate performance or to meet program deadlines may result in formal disciplinary action including possible dismissal from the residency program.

Evaluation of the Preceptor(s)

One day prior to the last day of the rotation, the resident shall complete the Preceptor and Learning Experience Evaluations in PharmAcademic™. A preceptor evaluation must be completed for preceptors who precepted the resident for 33% or more of the rotation. These evaluations shall be reviewed with, and co-signed by, the preceptor. This will then be co-signed by the RPD.

Evaluation of the Program and Continuous Improvement

Residents may bring program issues to the attention of the RPSC, RPD, Pharmacy Director, or RAC at any time during the year. The RPD/RPSC, RAC, and other pharmacy leaders engage in an on-going process of assessment of the residency program including a formal annual program evaluation. To this end, the resident or residency class will meet with a program leader at least twice per year to discuss program feedback and improvements. These recommendations will be reviewed, usually at the annual residency program retreat, with a plan for improvement of the residency program. The RPD will be responsible for developing a written summary report at the end of the residency program.

System Residency Advisory Committee

The purpose of the System Residency Advisory Committee (RAC) is to provide direction and oversight to the Intermountain Health Pharmacy Residency Programs. The system RAC assists the PGY1 Intermountain RPD, the RPSC, and the PGY2 Residency Program Directors (RPD) in compliance with ASHP, Intermountain, and individual department requirements. Full details on the role of the committee and responsibility of members can be found in the [System RAC Charter](#). Additional PGY1-specific roles, accountabilities, and responsibilities related to RAC can be found in the [multisite program memorandum of understanding](#).



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Preceptor Qualifications and Appointment

Program Leaders

RPDs and RPSCs meet all ASHP qualifications in order to be eligible for their role. (See ASHP Accreditation Standards). RPDs are appointed by the Chief Pharmacy Officer, who takes guidance and recommendations from other leaders and the Postgraduate Education Leadership Council.

Preceptors

Residency program preceptors include those who lead rotations or spend a significant amount of time mentoring/teaching residents. These preceptors meet the qualifications set forth by ASHP or are designated as a preceptor-in-training (PIT). PITs meet full preceptor qualifications within 2 years. (See ASHP Accreditation Standards). All preceptors of an Intermountain residency program are reviewed and re-appointed every other year in odd years by System Preceptor Development Subgroup (PDS). New preceptors or preceptors who have successfully completed preceptor-in-training requirements are approved quarterly. System RAC takes recommendations from the PDS when making appointment or re-appointment decisions. Various factors are considered, such as the preceptor's qualifications, aptitude for precepting, and prior evaluations from residents.

Documentation and Appointment Process

All residency leaders and preceptors update their academic professional records (APRs) in coordination with their local residency leadership and direct supervisor. APRs and any applicable PIT plans for existing program preceptors are submitted for review no later than **April 30th** every other year in odd years. Residency programs undergoing reaccreditation in even years will have APRs and development records for preceptors, site coordinator(s), and RPDs reviewed off-cycle in even years.

New preceptors must submit an APR and preceptor development plan before precepting residents. Submitted APRs and preceptor development plans are then reviewed by local/program RACs before submission to the PDS. The Preceptor Development Subgroup then reviews each APR and/or preceptor development plan, identifies any needed gaps/areas of improvement, and approves re-appointment. Final recommendations are sent to the System RAC for consent approval.



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Intermountain Facility and Services Descriptions

Intermountain Health

Based in Salt Lake City, Utah, Intermountain Health (Intermountain) is a nonprofit health care system serving the health care needs of Utah, Idaho, Nevada, Colorado, Wyoming, Montana, and Colorado residents. Intermountain employs over 59,000 Health professionals (called caregivers). Intermountain is one of the nation's leading integrated health care systems, usually ranked number one or two in Modern Health's list of "Top 10 Integrated Health Networks".

Physicians, hospitals, home care, community pharmacy, and managed care work together at Intermountain in a mutual search for higher quality health care. We strive to provide a seamless continuum of care and services to our customers. We believe by working together, we enhance value and take health care to new levels of excellence.

Residents in the Intermountain West have access to the finest medical care available in the world, due in large part to the presence of Intermountain. System-wide quality improvement efforts ensure high quality at all Intermountain facilities. Through the Intermountain system, even rural areas of the Intermountain West have access to care. Intermountain offers inpatient care at 33 hospitals, including one virtual hospital, with 4,700 licensed beds.

The Intermountain Physician's Division aspires to provide the highest quality, most compassionate patient care at an affordable cost through a physician-led team of diverse specialties working together in clinical practice. These physicians also work with 3,800 independent colleagues who are affiliated with Intermountain.

SelectHealth, a division of Intermountain, offers its members convenience, excellent service, and affordable health coverage. SelectHealth was the first and only plan in Utah to receive full accreditation by the National Committee for Quality Assurance. SelectHealth serves over 1 million members.

The purpose of Intermountain Health Shared Pharmacy Services is to coordinate and integrate pharmacy services across the continuum of care provided by Intermountain. Intermountain Central Entity Pharmacy Services encompasses both acute and ambulatory care services, as well as community pharmacy, homecare pharmacy, and specialty pharmacy.

Intermountain Medical Center – Murray, UT

Intermountain Medical Center is one of the largest hospitals in the Intermountain West. It is a 500-bed, major adult referral center for 6 surrounding states and more than 75 regional Health



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institutions. The campus is made up of five specialty hospitals, a central laboratory, a physical plant, and an education center. The specialty hospitals provide a full spectrum of care for patients and families. Medical education and research facilities are on campus. Intermountain Medical Center serves as a major teaching hospital for local medical, pharmacy, and nursing colleges. [Click here](#) to learn more.

The pharmacy department provides both inpatient and ambulatory pharmacy services. The inpatient pharmacy provides comprehensive pharmaceutical care for hospital patients seven days a week, twenty-four hours a day. Pharmacy technicians are widely used in the distribution process. A robot and two new carousels are used for filling new orders and medication carts. Automated dispensing machines are used on nursing units for controlled substances and immediate needs. Over 2 million doses are administered annually. The infusion center provides comprehensive intravenous (IV) admixture services, chemotherapy and parenteral nutrition (PN). An operating room (OR) satellite pharmacy provides pharmacy services for these patients.

Clinical pharmacist teams are used to provide pharmaceutical care. Current teams include Central, Medicine, Cardiovascular, Critical Care, Transplant, Ambulatory Care, and Float Team. Clinical pharmacists are involved in multidisciplinary team meetings, protocol development, rounds, patient monitoring, interventions, adverse drug event (ADE) surveillance, and education for patients, nurses and physicians. Pharmacy provides support for pharmaceutical research studies done in the hospital.

Current inpatient personnel includes pharmacy director, clinical manager, operations manager 6 clinical coordinators, approximately 80 pharmacists, 60 pharmacy technicians, an inventory specialist, and 16 pharmacy interns.

Pharmacists also provide ambulatory pharmaceutical care to medicine, anticoagulation, solid organ transplant, and heart failure clinic patients.

LDS Hospital – Salt Lake City, UT

LDS Hospital is a 263-bed, full-service, community hospital serving Salt Lake City, Northern Salt Lake and Southern Davis Counties. The population served in this geographical area totals 312,000. However, the Acute Leukemia and Blood/Marrow Transplant program including CAR-T therapy serves patients throughout Utah and the Intermountain West. LDS Hospital is an Orthopedic and Bariatric Center of Excellence. LDS Hospital is a Watson's top 100 hospital and has a CMS 5 Star rating. LDS Hospital is located near the heart of downtown Salt Lake City and offers a complete range of high-quality wellness, diagnostic and treatment services to the community. [Click here](#) to learn more.



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The pharmacy department provides both inpatient and ambulatory pharmacy services. Current inpatient personnel include: a pharmacy director, two managers, two team leads, technician supervisor, automation technician lead, patient assistance specialist, inventory specialist, 21 clinical pharmacists, and 16 pharmacy technicians.

The inpatient pharmacy provides comprehensive pharmaceutical care for hospital patients seven days a week, twenty-four hours a day. Pharmacy technicians are widely used in the medication acquisition, preparation and distribution processes. Multiple carousels are used for filling automatic dispensing machine (ADM) orders and patient specific medications. ADMs are used on nursing units for managing controlled substances and immediate medication needs. Approximately 1.2 million doses are administered annually. The sterile compounding center provides comprehensive IV admixture services including chemotherapy and investigational products. An OR satellite pharmacy is staffed by a pharmacist and technician team that provides services for these patients. The inpatient pharmacy also provides services for an outpatient infusion center and supports pharmaceutical research studies performed within the hospital.

Clinical pharmacists are highly engaged in providing pharmaceutical care in a variety of specialized settings which include the emergency department, post-surgical (general and orthopedic), internal medicine, psychiatry (including general inpatient, geriatric, and PICU), medical/surgical intensive care unit (MICU), blood and marrow transplant (BMT)/acute leukemia and comprehensive ambulatory care to hematopoietic stem cell transplant patients. Clinical pharmacists are actively involved in multidisciplinary team meetings, protocol development, huddles, rounds, patient monitoring, interventions, ADE surveillance, and education for patients, nurses and physicians.

McKay-Dee Hospital – Ogden, UT

McKay-Dee Hospital is a 349-bed, full service, tertiary and acute care referral center. With ten affiliated clinics, McKay-Dee serves northern Utah, portions of southeast Idaho, and western Wyoming. McKay-Dee Hospital offers nationally ranked health programs such as the Heart Institute, the Newborn Intensive Care Unit and, a newest addition, the Cancer Center. Other “Centers of Excellence” include Emergency and Level II Trauma Care, Critical Care, Women and Children’s Services, Stewart Rehabilitation Center, Behavioral Medicine and the Community Health Information Center. [Click here](#) to learn more.

The pharmacy department provides both inpatient and ambulatory pharmacy services. The inpatient pharmacy provides comprehensive pharmaceutical care for hospital patients twenty-four hours a day, seven days a week. Pharmacy technicians are widely used in the distribution process. A medication carousel – automated dispensing machine model is used for the storage, distribution and dispensing of medications. The IV center provides comprehensive IV



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admixture services, chemotherapy and PNs. An ICU/OR satellite pharmacy provides pharmacy services for patients in the ICU/OR.

Clinical pharmacist teams are used to provide pharmaceutical care. Current teams include Critical Care, Medical, Surgical and Newborn ICU. Clinical pharmacists are involved in multidisciplinary team meetings, protocol development, rounds, patient monitoring, interventions, ADE surveillance and education for patients, nurses and physicians. Current staff includes a pharmacy director, two managers, thirty-nine pharmacists, twenty-eight technicians and one buyer.

Primary Children’s Hospital – Salt Lake City, UT

Founded on the philosophy of “the child first and always,” Primary Children’s Hospital is the pediatric referral center for five states in the Intermountain West. The 300-bed facility is a level I Trauma Center and is equipped to care for neonates, children, and adolescents with complex illnesses and injuries. Primary Children’s Hospital is associated with the University of Utah School of Medicine Department of Pediatrics, enabling patients and staff to benefit from its research and clinical expertise. [Click here](#) to learn more. Primary Children’s Hospital plays a key role in caring for all pediatric patients throughout the state and has a Primary Promise to build the nation’s model Health system for children. See [Link](#).

The inpatient pharmacy is open 24 hours a day, 7 days a week, 365 days a year. The inpatient pharmacy works as a team to provide pharmaceutical care for the children cared for by Primary Children’s Hospital. Each floor has its own team of pharmacists supporting clinical activities, educating medical residents and interacting with physicians, nurses and other health care professionals. Central pharmacy, consisting of pharmacists and technicians, plays a large role in the overall support of the pharmacy teams on each floor. All medication orders, IV preparations, and PN’s administered to the patients admitted to the hospital are dispensed from the central pharmacy. A robot is used for filling new orders and medication carts. A pharmacy satellite located in the operating room provides pharmacy services to each room in the OR.

The clinical pharmacist teams provide pharmaceutical care to Newborn Intensive Care, General Medicine, Hematology/Oncology, Bone Marrow Transplant, Solid Organ Transplant, Pulmonary, Endocrine, Surgery, Pediatric Intensive Care, Inpatient Rehab, Neurology, and Behavioral Health. Each floor team has a team leader and clinical staff pharmacists. Clinical pharmacists are involved in interdisciplinary meetings, rounds, drug guideline/protocol development, patient monitoring, interventions, ADE surveillance, order review, as well as educating patients, parents, nurses, physicians, and other health care professionals. Pharmacy is a member of the



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Institutional Review Board and is involved with investigational drug studies conducted at Primary Children's Hospital.

Current staff includes a pharmacy director, medication safety manager, clinical manager, pharmacy operations manager, six pharmacy team leads, approximately thirty-two clinical staff pharmacists, six ambulatory care pharmacists, twenty-seven pharmacy technicians, and ten pharmacy student interns that address the pharmaceutical care for Primary Children's Hospital, Primary Children's Surgical Center at Riverton Hospital, and Wasatch Canyons Behavioral Health Campus.

Utah Valley Hospital – Provo, UT

Utah Valley Hospital is a 400-bed referral hospital located in Provo, Utah. The facility is a level II Trauma Center, a certified stroke center, and has a level III newborn ICU (NICU). Utah Valley Hospital serves patients in Utah County, central Utah, and southern Utah. Comprehensive pharmacy services are offered throughout the hospital and the Infusion clinic. Unique learning opportunities include rotations in the NICU and expanding Pediatrics department, a part of the Primary Children's network, multiple critical care units, and behavioral medicine. Utah Valley Hospital prides itself on fostering a healthy and supportive learning environment for its residents. [Click here](#) to learn more.

The Pharmacy primarily provides inpatient pharmaceutical services. Hospice care is also provided. Approximately 45 pharmacists and 40 technicians address the pharmaceutical care for the 400-bed hospital which encompasses most areas of health care. Staff includes a Pharmacy director, 2 managers, 5 team leads, 2 technician supervisors, administrative assistant, medication history technicians, buyer, and a decentralized staffing model employed in most areas including cardiology, adult, pediatric, and neonatal intensive and general care units, orthopedics and neurological care, oncology, rehabilitation, intermediate and transitional care areas, behavioral medicine, medical/surgical, and maternal care.

Centralized operations include dedicated intravenous and chemotherapy preparation which support the decentralized model and allow extended clinical services to coexist. Satellite pharmacies or equivalent work areas exist throughout UVH and provide additional medication needs and computer access. The central pharmacy is open 24/7 and dispenses approximately 2.4 million doses/year. In addition to routine pharmaceutical services, the pharmacy staff actively participate in interdisciplinary care, including clinical teams established as needed. Current teams include congestive heart failure, surgical prophylactic antibiotic use, medical specialties (deep vein thrombosis, community acquired pneumonia), oncology, pain management, critical care, neonatal care, medication safety, diagnosis-related group (DRG)-specific group evaluations, infection control, and investigative medication use. Each



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multidisciplinary team typically is comprised of physicians, pharmacists, nurses, and support staff devoted to further examining and improving health care via fine-tuning or introduction of new care models.

Automation of medication delivery and information system development is a part of the pharmacy operations at UVH, and emphasis on data information systems and application as solutions to ongoing pharmacy issues is stressed. Centralized robotics and decentralized automated dispensing machines complement the medication distribution system. Pharmacists participate in medication use evaluations, patient and health care provider consultation, and treatment protocols to provide a completely integrated medication delivery system.

St. George Regional Hospital – St. George, UT

St. George Regional Hospital is the major medical referral center for northwestern Arizona, southeastern Nevada, and southern Utah. The 284-bed hospital is fully accredited by The Joint Commission and serves as a level II trauma center, certified stroke center, and has a level III newborn ICU. [Click here](#) to learn more.

Comprehensive pharmacy services are provided throughout the hospital by a department that includes 30 pharmacists and 40 pharmacy technicians. Decentralized pharmacists staff clinical care areas including the ICU, NICU, ED, medical/oncology, cardiovascular, neurology, orthopedic, surgical, and pediatric units. Outpatient services are provided to an infusion therapy clinic and oncology clinic. Ambulatory care services in the St. George area are provided at a pharmacist-managed anticoagulation clinic as well as ongoing expansion into multiple primary care clinics.

The central pharmacy supports the hospital with 24-hour services. The pharmacy is equipped to provide both sterile and non-sterile compounding, including hazardous drugs. Sterile compounding is supported by an automated sterile compounder as well as remote video verification technology. A medication carousel system supports on-demand dispensing as well as efficient stocking of automated dispensing cabinets located throughout the hospital. Decentralized pharmacy technicians provide further optimization of drug distribution in high-acuity areas throughout the hospital.

Ambulatory Care Services

Ambulatory care pharmacy services encompass pharmacists embedded in clinic practices, centralized teams of pharmacists and pharmacy technicians, and anticoagulation pharmacists aimed at improving patient safety, quality, and access related to medications. They work cohesively to support the care team and patients to optimize medication therapy, improve



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adherence, and avoid/correct medication therapy problems (MTPs). Current efforts are focused in primary care, anticoagulation and population health initiatives. Opportunities exist to extend similar services within specialty clinic practices (i.e., rheumatology, GI, endocrinology, cardiology, etc.). Additionally, support for Medical Group refills and prior authorizations have been identified as areas of need.

Community Pharmacy Services

Community pharmacy includes outpatient, specialty, home delivery and discharge pharmacy services. With distinct specialties, the pharmacies combine to provide a cohesive approach to supporting evidence-based care and medication therapy management that meets individual's health goals. Pharmacists, technicians, and patient service representatives provide efficient and timely medication delivery resulting in better patient outcomes. Through efforts to improved medication adherence and safety, pharmacies strives to improve patient outcomes. This quality approach coupled with direct to patient delivery options including at the counter, at the bedside or at home further disrupts barriers and increases accessible care.

Intermountain has experienced a changed in the way patients want and expect to receive Health and other services including medications. Community pharmacy is well positioned to address this change through the ability to provide pharmacy services when, where and how a patient prefers. Medication delivery service expands beyond the intermountain footprint to encompass the greater part of the continental united states, and Hawaii. With non-resident pharmacy licenses in 48 states, convenient medication access and delivery is available to the over 1M SelectHealth covered lives across the country. Community pharmacy will continue to evaluate unique and innovative services to further promote the organizational vision.

Homecare Pharmacy Services

The Homecare delivery model is designed to allow patients to receive therapy at home rather than in a facility. This model decreases cost to the health system, insurance providers, and patients. Homecare offers traditional home infusion services such as IV antibiotics, parenteral nutrition (PN), enteral nutrition, hydration, electrolyte replacement, and other infused medications. Homecare supports patients from both community providers and hospitals. The pharmacy at Homecare provides robust IV compounding that includes PN, chemotherapy, and high-risk compounding. Homecare is responsible for providing patient specific products to our hospitals and clinics, this includes PN for most Intermountain Hospitals. Homecare also provides medication and clinical services for facilities being supported by the Hospital Level Care at Home. Additionally, chemotherapy is provided to non-intermountain facilities. This allows for patients to receive care closer to where they live.

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Appendices and Links

Intermountain-Specific Resources

- [Pharmacy Residency Program Teams](#)
- [Pharmacy Learner and Preceptor Resources](#)
- [PharmAcademic Rating Scale Definitions](#)
- [Standardized Presentation Evaluation Form](#)
- [Intermountain Multi-site PGY1 Memorandum of Understanding](#)
 - Signed MOUs can be found on [Teams](#)
- [Rotation and Teaching Remote Work Best Practices](#)

Important Web Links

- [Residency Program Directory Self Service Portal Login](#)
 - [Instructions](#) on how to use the portal
- [PharmAcademic](#)
- [PhORCAS WebAdmit](#)
- [PPS Employers](#)
- [National Matching Service \(NMS\)](#)

General Accreditation Standards

- [Regulations on Accreditation of Pharmacy Residencies](#)
- [Accreditation Standards for PGY1 Pharmacy Residencies](#)
- [PGY1 Competency Areas, Goals and Objectives](#)
- [Accreditation Standards for PGY2 Pharmacy Residencies](#)
- [PGY2 Competency Areas, Goals and Objectives](#)
- [Starting a Residency](#)
- [Applying for Accreditation](#)
- [Residency Accreditation Survey Readiness](#)
- [After an Accreditation Site Survey](#)
- [Modifying or Changing a Residency](#)
- [Residency Program Design and Conduct](#)

Multi-site Specific Accreditation Documents

- [Policy for Multiple-Site Residency Programs](#)
- [Multiple-site Pharmacy Residency Program Notification of Discontinuing a Site](#)
- [Multiple-site Pharmacy Residency Program Request to Add a Site](#)



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Conferences

- [ASHP National Pharmacy Preceptor Conference](#)
- [ASHP Midyear](#)
- [Mountain States Conference](#)