



# Intermountain Healthcare Pharmacy Residency Manual

## 2021-2022 Residency Class

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### Vision and Vision Statement

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#### 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 Healthcare 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

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There are 6 standards in the ASHP Accreditation Standard for Postgraduate Year One (PGY1) Pharmacy Residency Programs. These standards serve as the basis for evaluating a PGY1 residency program for accreditation.

An overview of the 6 standards is provided here. For more detailed information please review the *ASHP Accreditation Standard for Postgraduate Year One (PGY1) Pharmacy Residency Programs* that is provided to you with your residency contract upon matching, during system residency orientation, and is available on the ASHP website at <http://www.ashp.org>.

#### Overview of the Standards for PGY1 Pharmacy Residencies

##### ***Standard 1: Requirements and Selection of Residents***

This Standard is intended to help ensure success of residents and that exemplary pharmacists are identified for further development for the benefit of the profession and contributions to patient care. Therefore, residents must be pharmacists committed to attaining professional competence beyond entry-level practice, committed to attaining the program's educational goals and objectives, and supportive of the organization's mission and values.

##### ***Standard 2: Responsibilities of the Program to the Resident***

It is important that pharmacy residency programs provide an exemplary environment for residents' learning. This area indicates policies that must be in place to help protect residents and organizations during unusual situations that may arise with residency programs (e.g. extended leaves, dismissal, duty hours).

##### ***Standard 3: Design and Conduct of the Residency Program***

It is important that residents' training enables them to achieve the purpose, goals, and objectives of the residency program and become more mature, clinically competent practitioners, enabling them to address patients' needs. Proper design and implementation of programs helps ensure successful residency programs.

##### ***Standard 4: Requirements of the Residency Program Director and Preceptors***

The residency program director (RPD) and preceptors are critical to the residency program's success and effectiveness. Their qualifications and skills are crucial. Therefore, the residency program director and preceptors will be professionally and educationally qualified pharmacists who are committed to providing effective training of residents and being exemplary role models for residents.



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### ***Standard 5: Requirements of the Site Conducting the Residency Program***

It is important that residents learn to help institute best practices in their future roles; therefore, the organization conducting the residency must meet accreditation standards, regulatory requirements, and other nationally applicable standards, and will have sufficient resources to achieve the purposes of the residency program.

### ***Standard 6: Pharmacy Services***

When pharmacy facilities and services provide the learning environment where residents are trained, it is important that they train in exemplary environments. Residents' expectations as they leave residency programs should be to strive for exemplary pharmacy services to improve patient care outcomes. Pharmacy's role in providing effective leadership, quality improvement efforts, appropriate organization, staffing, automation, and collaboration with others to provide safe and effective medication-use systems are reviewed in this section. This section encourages sites to continue to improve and advance pharmacy services and should motivate the profession to continually improve patient care outcomes.

## **Overview of the Standards for PGY2 Pharmacy Residencies**

### ***Standard 1: Requirements and Selection of Residents***

PGY2 residents must be pharmacists having sufficiently broad knowledge, skills, attitudes, and abilities in pharmacy practice necessary for further professional development at an advanced level of pharmacy practice.

### ***Standard 2: Responsibilities of the Program to the Resident***

It is important that pharmacy residency programs provide an exemplary environment for residents' learning. This area indicates policies that must be in place to help protect residents and organizations during unusual situations that may arise with residency programs (e.g., extended leaves, dismissal, duty hours).

### ***Standard 3: Design and Conduct of the Residency Program***

It is important that residents' training enables them to achieve the purpose, goals, and objectives of the residency program. Residents should develop into more mature, clinically competent, and independent practitioners able to address patients' needs. Proper design and implementation of programs helps ensure successful residency programs.

### ***Standard 4: Requirements of the Residency Program Director and Preceptors***



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The residency program director (RPD) and preceptors are critical to the residency program's success and effectiveness. Their qualifications and skills are crucial. Therefore, the RPD and preceptors will be professionally and educationally qualified pharmacists who are committed to providing effective training of residents and being exemplary role models for residents.

### **Standard 5: Requirements of the Site Conducting the Residency Program**

It is important that residents learn to incorporate best practices into their future roles; therefore, the organization conducting the residency must meet accreditation standards, regulatory requirements, and other nationally applicable standards and will have sufficient resources to achieve the purposes of the residency program.

### ***Standard 6: Pharmacy Services***

Pharmacy facilities and services that train residents provide an exemplary learning environment. Residents' expectations as they leave residency programs should be to strive for exemplary pharmacy services to improve patient care outcomes.

Pharmacy's role in providing effective leadership, quality improvement efforts, appropriate organization, staffing, automation, and collaboration with others to provide safe and effective medication-use systems are reviewed in this standard. This section encourages sites to continue to improve and advance pharmacy services and should motivate the profession to continually improve patient care outcomes.



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### PGY1 Pharmacy Residency Program Overview

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#### Definition

Postgraduate year one (PGY1) pharmacy residency training at Intermountain Healthcare 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

The PGY1 Pharmacy residency programs build on Doctor of Pharmacy education and outcomes to contribute to the development of clinical pharmacists responsible for medication-related care of patients with a wide range of conditions. The program also enables learners to sit for board certification and participate in postgraduate year two (PGY2) pharmacy residency training.

PGY1 Community-Based Pharmacy residency programs build upon the Doctor of Pharmacy education and outcomes to develop community-based pharmacist practitioners with diverse patient care, leadership, and education skills who are eligible to pursue advanced training opportunities including PGY2 residencies and professional certifications.

PGY1 Managed Care Pharmacy residency programs build upon the Doctor of Pharmacy education and outcomes to develop managed care pharmacist clinicians with diverse patient care, leadership and education skills who are eligible for board certification and PGY2 pharmacy residency training. A managed care residency will provide systematic training of pharmacists to achieve professional competence in the delivery of patient care and managed care pharmacy practice.

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





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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.

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

The PGY1 System, PGY1 Community-Based Pharmacy, PGY2 Critical Care, PGY2 Ambulatory Care, PGY2 Emergency medicine, PGY2 Cardiology, and PGY2 Pediatric residency programs are accredited by the American Society of Health-System Pharmacists (ASHP). The combined PGY1/PGY2 Medication-Use Safety and Policy program is in pre-candidacy status and will be



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surveyed in 2021. The program goals and objectives have been selected using the ASHP Accreditation Standard for the applicable program.

### General Structure and Information

1. The PGY1 Residency Program Director (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 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.
  - 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.



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5. Orientation to the Intermountain facility and to the Department of Pharmacy will take place during the first several weeks of the program. Orientation to Intermountain Healthcare includes 2 weeks of Health-System Pharmacy orientation with Central Entities and 4 weeks of staffing training at their home site. For PGY1 Pharmacy residents (hospital-based) 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, the SelectHealth program 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 Staffing (Service Requirements)

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



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4. The fulfillment of holiday coverage will be coordinated through the Director of Pharmacy Services and RPSC at each facility. Residents shall receive holiday pay as a pharmacist when working a holiday shift.
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.
    - 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.



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### Minimum Requirements for Completion of the PGY1 Pharmacy Program

Minimum requirements have been set for completion of the Intermountain Healthcare PGY1 residency program. 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 will not complete the PGY1 residency program. (Note that program requirements for individual PGY2 Programs are detailed in the individual program appendices.)

The minimum requirements for the PGY1 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 (4-5 weeks)
  - Medicine (4-5 weeks)
  - Ambulatory Care (4-5 weeks)
  - Critical Care (4-5 weeks)
  - Drug Information (4-5 weeks)
- Complete one residency research project and start a second 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 on Project 1 at ASHP’s Midyear Clinical Meeting
  - Present final results of Project 1 at Mountain States Regional Residency Conference
- 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.
- Attend and participate in Core Curriculum Conferences, as scheduled.

} To be completed at home-base facility



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- Prepare and present an assigned topic intended for a System-wide Pharmacy and Therapeutics committee meeting or subcommittee meeting.
- Obtain PALS and ACLS 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 broadcasted 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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### Recruitment and Selection of PGY1 Residents

1. Purpose:
  - a. To evaluate an applicant's qualifications and select candidates for the Intermountain Pharmacy Residency.
2. Goals:
  - a. Develop a process of selection.
  - b. Institute consistency to the resident interview selection process using a scoring method.
  - c. Identify candidates that represent a "good fit" with Intermountain Healthcare's residency programs.
3. Procedure:
  - a. Completed applications will be screened by the RPD for minimum qualifications including residency status, GPA, and college of pharmacy accreditation status and, if applicable, forwarded to a designee at each site the candidate is applying. A site candidate review panel will be determined by the RPD or facility designee. This panel will review applicants to determine qualifications and a decision will be made based on the agreement of the panel at each site to:
    - i. Invite the applicant for an interview,
    - ii. Hold the applicant file for consideration at a later date, or
    - iii. To decline invitation for an interview.
  - b. Determination of which candidates will be invited to interview will be based on a review of all application materials, including CV, letters of recommendation, transcripts, HireVue® videos, personal essay, and other criteria according to a standard screening tool for each program. Intermountain Healthcare reserves the right to not offer interviews to candidates who demonstrate academic or professional dishonesty.
  - c. If the decision is made to grant an interview, the applicant will be contacted by the RPD and an interview date will be set.
  - d. The applicant will receive an agenda specific for the date of the interview.
  - e. The System Residency Manual and applicable Human Resource procedures are provided to potential candidates.
  - f. The day will consist of overview, interviews, a tour of the facilities, meeting the staff, candidate presentations/case and a conclusion to the day.
  - g. 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.
  - h. Interview questions 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.

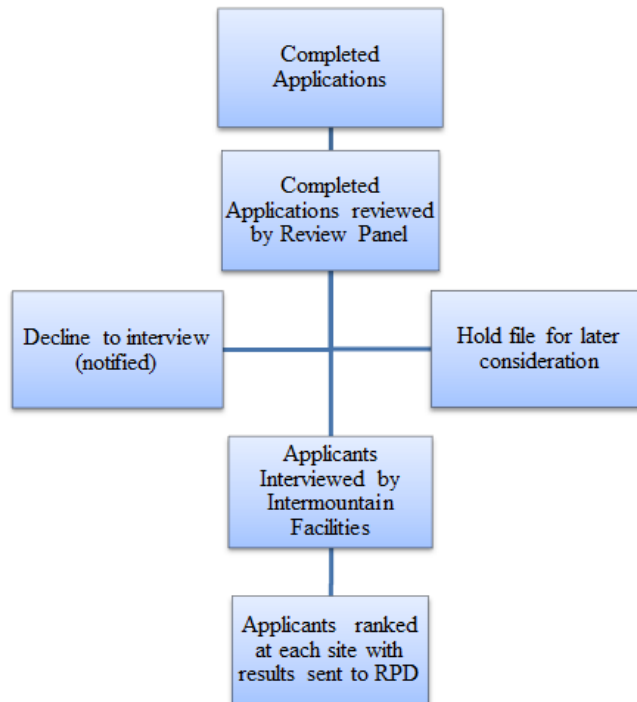


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- i. Once the interviews are conducted, the sites, under the direction of the RPD or designee, will determine a rank list for all interviewed candidates. Application packet, interview scores, and other interview activities (e.g., presentations) will be used to make a rank determination.
- j. At the end of the interview process, the RPD submits rankings to the ASHP match program. If applicable, the RPD confirm rankings with the RPSC or other designees for each site.
- k. The RPD will ensure compliance with ASHP match requirements and National Matching Service's standards and guidelines.

### Resident Selection Process Schematic







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### PGY2 Residency Programs Overview

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1. The PGY2 Residency Program Director (RPD) shall be responsible to oversee their individual residency program and work directly with the Residency Advisory Committee (RAC) and the PGY1 Residency Program Director.
2. The RPD will guide the resident in meeting the requirements for successful completion of the Intermountain Pharmacy Residency.
3. 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.
4. General Requirements and the Intermountain Pharmacy Residency Program Manual (Program Manual). A copy of the Program Manual shall be provided to each resident 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 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 Healthcare 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 Healthcare and operations at their home base facility.



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6. Residents are classified as regular, full-time, exempt employees of Intermountain and are eligible for benefits as such.

### Recruitment and Selection of PGY2 Residents

1. Purpose
  - a. To evaluate an applicant's qualifications and select candidates for Intermountain Pharmacy Residency PGY2 programs.
2. Goals
  - a. Develop a process of selection.
  - b. Institute consistency to the resident interview selection process using a scoring method.
  - c. Identify candidates that represent a "good fit" with Intermountain Healthcare's residency PGY2 programs.
3. Procedure
  - a. Completed applications will be screened by the RPD. A site candidate review panel will be determined by the RPD. The panel will review applicants to determine qualifications and a decision will be made based on the agreement of the panel to:
    - i. Invite the applicant for an interview
    - ii. Hold the applicant file for consideration at a later date, or
    - iii. To decline invitation for an interview.
  - b. Determination of which candidates will be invited to interview will be based on a review of all application materials including CV, letters of recommendation, and personal essay. An individualized scoring sheet for each PGY2 program will be used to rank each candidate. Applicants must be participating in, or have completed an ASHP-accredited PGY1 pharmacy program or one in the ASHP accreditation process (or candidates with an ASHP actioned PGY1 exemption) to be considered.
  - c. PGY2 programs will extend interviews to the top 6 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. All candidates who are to be interviewed must score at least 50% on the individualized scoring sheet.
  - d. The applicant will receive an agenda specific for the date of the interview.
  - e. Interviewers will be given questions to ask the applicant. Each interviewer will score the applicant's response to all questions in their group.



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- f. The RPD will determine who will conduct certain parts of the interview, prior to the interview date. The resident's complete application packet will be made available to the interviewers prior to the day of interview.
- g. Once the interviews are conducted, the sites, under the direction of the RPD, will determine a rank list of all interviewed candidates. Application packet, interview scores and other interview activities (e.g., presentations) will be used to make a rank determination.
- h. At the end of the interview process, the RPD will enter rankings into the match system.
- i. The RPD will ensure compliance with ASHP match requirements and National Matching Service's standards and guidelines.

### 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 Healthcare without participating in the ASHP Resident Matching Program. Participation in the Early Commitment Process will be at the discretion of each PGY2 Residency Program Director (RPD) and may change on a yearly basis. Residents interested in participating in the early commitment process are 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
- Curriculum Vitae (CV)

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

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

If the RPD determines that the PGY1 resident is an appropriate candidate for early commitment, they will bring this decision to the System-wide Residency Advisory Committee



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(RAC) and local PGY1 RAC for feedback. If appropriate, the RPD will also solicit feedback from the pharmacy leadership team. The RPD will make the final decision. If more than one PGY1 resident applies for the position, an interview will be conducted with each applicant, the RPD, a panel of applicable PGY2 residency program preceptors, and the facility PGY1 Residency Site Coordinator (RSC). 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.

### ***Qualifications:***

#### **Preferred:**

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

#### **Required:**

- Resident must be licensed in the state of Utah 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 Healthcare

### ***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 his/her decision by the 3<sup>rd</sup> Friday in November. The PGY1 resident will return the signed offer letter and early commitment letter of agreement to the RPD and the PGY1 RSC 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 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



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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.

### ***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 he/she decides to rescind from the early commitment process immediately upon returning from the ASHP Midyear Clinical Meeting.

### **PGY2 Staffing (Service Requirements)**

See specific program appendices for PGY2 Staffing requirements.



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### General Residency Information

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#### Duty Hours

1. 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 Healthcare residency program will use PharmAcademic to track and log duty hours.
2. 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.
3. **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.**
4. 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.
5. 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.
6. 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.
7. 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.
8. All moonlighting must be considered part of the 80-hour weekly limit on duty hours.
9. Please see the [ASHP Duty Hour Requirements for Pharmacy Residencies](#) document for additional information and requirements.

#### Paid Time Off (PTO)



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Residents generate PTO at the standard rate for full time (36-40 hours/week) employees of Intermountain. Currently the PTO accrual rate is 15 days per year for employees with less than 5 years of service (approximately 4.6 hours per pay period).

Residents shall be permitted to use their PTO during the residency year. This includes leave time granted for interviewing for positions. Accrued, unused PTO will be paid out at termination.

PTO requires a request to be submitted to the RPSC a minimum of 7 days prior to the date the resident will be gone, unless the PTO is used for legitimate, unexpected illnesses, or emergencies. PTO requests must be submitted in writing (e-mail is acceptable) to the RPSC. 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 more PTO is required, 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.

### 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 in writing (e-mail is acceptable) to 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.

### 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, either on their rotation assignment or staffing assignment, the resident shall immediately notify their rotation preceptor, scheduling supervisor, or the pharmacist in charge. The resident shall subsequently and additionally notify the RPSC of their absence from rotation or staffing assignment.

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



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Residents are afforded 10 days of holiday leave as a benefit of their employment. Residents shall be required to work no more than 1 of the 4 major holidays (New Year's Day, Thanksgiving, Christmas Eve, or Christmas) and shall discuss holiday service requirements with the affected rotation preceptor. The fulfillment of holiday coverage will be coordinated through the Director of Pharmacy and RPD/RPSC at each facility.

Residents may participate in staffing of additional shifts for holidays consistent with the standards applied to general staff and shall receive pharmacist per diem salary for holiday shifts worked. See section entitled PGY1 Staffing (Service) Requirements for more details.

### Excessive Absence During the Program

1. 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 expectations or requirements. Excessive absence may be due to illness or other factors. When situations such as these occur, the resident must work closely with the preceptor, 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.
2. Residents who are not eligible for Intermountain Healthcare'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 facility Pharmacy Director, will work with the Human Resources representative to make this decision.
3. **Excessive absence** during the program will not be counted toward the 12-month minimum commitment for successfully completing the residency program. The residency will be extended as necessary beyond the 12-month time frame to make sure all ASHP program requirements are met.
4. 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.
5. 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 facility pharmacy director, as appropriate.
6. 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.
7. All applicable Intermountain policies and procedures will be followed, including the [Family Medical Leave Policy](#) and [Leave of Absence Policy](#).





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### Project Weeks for 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. The expectation is the resident will be on site at their home base facility. The resident may work with project advisors and others in the company at other sites, including the corporate office, to facilitate work on presentations, projects or finishing rotational assignments. The resident will communicate with the RPSC or RPD regarding expectations to be at their home base or other facilities. If the resident wants to take time off away from work, then PTO should be requested ahead of time and used.

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

Project Week	Dates	Activities/Deliverables
Week 1	9/13 – 9/17	<ul style="list-style-type: none"><li>• Fall seminar presentation</li><li>• Research/CI project IRB protocol</li><li>• Research/CI project manuscript</li><li>• ASHP Midyear abstract and poster</li></ul>
Week 2	12/20 – 12/24	<ul style="list-style-type: none"><li>• Initial work on Spring CE presentation</li><li>• Prep for PGY2 interviews (as needed)</li></ul>
Week 3	12/27 – 12/31	<ul style="list-style-type: none"><li>• Continue work on data collection for research/CI project</li><li>• Start data analysis for research/CI project (if able)</li><li>• Finalize methods section of research/CI manuscript</li></ul>
Week 4 <i>FLOATING week</i>	2/28 – 3/4	<ul style="list-style-type: none"><li>• Finish/continue data analysis for research project</li><li>• Finish research project abstract and platform presentation</li><li>• Write research/CI project manuscript results and discussion</li><li>• Practice for Spring CE</li><li>• Interviews and other related employment matters</li></ul>

### Project Days for 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 work day 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 with the preceptor, at the start of rotation. For additional information on project days within PGY2 programs, refer to the specific program manual.



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### Disciplinary Action and Dismissal

All Intermountain residents must arrive with a temporary pharmacist license or full Utah Pharmacist license on the first day of residency. Residents must obtain their full Utah Pharmacist license within 90 days of the start date of the residency. If the resident does not pass the NAPLEX and Utah MPJE and 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. If an appeal is granted, licensure must be obtained within 30 days of the appeal approval such that the resident will complete at least two-thirds of the program as a licensed pharmacist.

*Appeals process:* In the event of an extenuating circumstance (e.g., the resident has passed the NAPLEX and MPJE and is waiting on 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 before the 90-day period is over 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 and come to a decision which will be approved by the Human Resources representative. Any approved licensure deadline extensions will be documented within PharmAcademic.

*Corrective action or dismissal* from the program are actions that are considered when residents do not meet program or rotation expectations and requirements. Residents are informed of the program requirements, expectations, and deadlines. 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.

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/RPSC will discuss the issues with the resident, or others involved if appropriate, and will determine whether corrective action is needed in order for the resident to successfully complete the rotation or residency requirement. The RPD/RPSC will be notified of the issue and involved in the decision for corrective action.

When corrective action is indicated, the RPD/RPSC (or rotation preceptor in conjunction with the RPD/RPSC) will take appropriate action based on the situation and circumstances, while following Intermountain's [Employee Corrective Action Policy](#). Corrective action may include



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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.

Despite all arrangements, a situation may arise where the resident has not completed the rotation requirements or met the objectives satisfactorily. One rotation may be repeated or one alternate rotation may be assigned for **failure to meet expectations**. Failure to meet the requirements of 2 rotations will result in the resident being dismissed from the program.

When dismissal from the Intermountain Healthcare Pharmacy Residency Program is indicated, the RPSC will make recommendations to the RPD and site Pharmacy Director. 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.

### Grievance Process for Residents

Residents will contact their respective program RPD (for PGY2 programs) or RPSC (for PGY1 programs) 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 facility 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 Healthcare Chief Pharmacy Officer for resolution.

Intermountain Healthcare 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 [Confidentiality Policy](#), [Privacy Incident Response Procedure](#), and [Privacy Security Sanctions Procedure](#) for additional information on inappropriate use of patient records. Professional conduct includes, but is not limited to, use of inappropriate or offensive language; actions unbecoming of a healthcare 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](#).



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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 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" 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 RPSC (for PGY1 programs) or RPD (for PGY2 programs) 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:

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

On at least a quarterly basis, the RPSC (for PGY1 programs) or RPD (for PGY2 programs) 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 15<sup>th</sup>, January 15<sup>th</sup>,



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April 15<sup>th</sup> and June 15<sup>th</sup> 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.



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### Rotation Guidelines

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



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10. There are 6 required learning experiences during the residency year for the PGY1 Pharmacy Program: Central Operations/Sterile Compounding (1 week learning experience), Inpatient Acute Care (usually Medicine unless adequate experience in Internal Medicine previously), Ambulatory Care, Critical Care, Pharmacy Administration (with director at home base facility), and Drug Information (at the central office).
  - 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.
12. The summary of current available rotations is shown in Appendix 7.
13. The current rotation schedule for residents is found in Appendix 8.



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### Presentations, Seminars, and Posters

#### ***Requirements for ACPE-Accredited Presentations***

1. The resident shall, with guidance and supervision of appropriate preceptors and Pharmacy Teaching and Scholarship Manager (TSM), develop and deliver an 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.
4. The resident is responsible for:
  - a. Selecting a presentation topic from a predetermined needs assessment list.
  - b. Selecting preceptors with additional input from the TSM. 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, TSM, 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 questions mapped to the target audience and associated learning outcome.
  - 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 Curriculum Vitae (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.





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- 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, TSM, and other preceptors to allow adequate time for the resident to make needed revisions.
  - c. Conducting review of resident materials prior to submission to TSM 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. Providing feedback to TSM 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) is/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 resident 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 resident on verbal presentation skills. Presentation preceptor(s) may request additional practice presentations at their discretion.
7. The Pharmacy Teaching and Scholarship Manager is responsible for:
  - a. Developing and maintaining a list of presentation topics and associated education gaps.
  - b. Evaluating learning outcomes are appropriate for target audience and education needs.
  - c. Reviewing presentation materials to ensure compliance with ACPE requirements and adult learning principles.
  - 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 lead preceptor.



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### ***PGY1 ACPE-Accredited Presentation Deadlines (2021-2022 Residency Class)***

Activity	Deadline	Responsible Party
Presentation topic selection Preliminary list of preceptor mentors	Monday, November 15, 2021	Resident
Approval of topic Approval of preceptors mentors and/or suggestions for other preceptors	Friday, November 19, 2021	TSM
Submit completed <a href="#">PGY1/PGY2 Continuing Education (CPE) Seminar Form</a> to <a href="mailto:RxEducationResearch@imail.org">RxEducationResearch@imail.org</a>	Monday, December 20, 2021 at 2359	PGY1 Resident
Final approval of presentation title and learning outcomes <sup>a</sup>	Friday, January 14, 2022	TSM
Complete LOA, COI, and CV as required for ACPE accreditation	Deadline to be determined by IPCE	PGY1 Resident and Preceptor(s)
Final date to switch presentation date (only if necessary) <sup>b</sup>	Friday, February 4, 2022	
Presentation materials due to local preceptors to review	Friday, February 4, 2022	PGY1 Resident
Review presentation and active learning for content	Between February 7, 2022 – February 25, 2022	Preceptor(s)
Update presentation materials based upon preceptor feedback	Between February 7, 2022 – February 25, 2022	PGY1 Resident
<b>Completed</b> PowerPoint presentation including: <ul style="list-style-type: none"> <li>• Disclosure slide</li> <li>• Objective slide for pharmacists</li> <li>• Objective slide for pharmacy technicians</li> <li>• References on each slide and formal bibliography at the end of the presentation</li> <li>• Active learning questions</li> <li>• Target audience for each active learning question</li> <li>• Identifying which learning objective the active learning question is addressing</li> </ul>	Friday, February 25, 2022 at 2359  Email materials to <a href="mailto:RxEducationResearch@imail.org">RxEducationResearch@imail.org</a> .	PGY1 Resident
Initial review of presentation for ACPE compliance and feedback sent to resident	Rolling basis between February 28- March 11, 2022	TSM
Additional presentation draft(s) due to TSM <sup>a</sup>	Rolling basis between March 12- 25, 2022	PGY1 Resident
Practice presentation(s) at local site with preceptors	Between March 12, 2022 – March 25, 2022	PGY1 Resident
<b>Finalized</b> presentation materials due <sup>c</sup>	Friday, March 25, 2022 at 2359	PGY1 Resident
Post finalized presentation handouts on Education and Onboarding website*	Rolling basis between March 29, 2022 – April 5, 2022	TSM
PGY1 resident CE presentations	Between first week in April – last week in May 2022	PGY1 Resident

<sup>a</sup>The TSM 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 TSM, they cannot be changed.

<sup>b</sup>Acceptable 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 TSM.



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

### **PGY2 ACPE-Accredited Presentation Deadlines (2021-2022 Residency Class)**

Activity	Deadline	Responsible Party
Submit completed <a href="#">PGY1/PGY2 Continuing Education (CPE) Seminar Form</a> to <a href="mailto:RxEducationResearch@imail.org">RxEducationResearch@imail.org</a>	Friday, August 20, 2021 at 2359	PGY2 Resident
Approval of topic, presentation title, and learning outcomes. Approval of preceptors mentors and/or suggestions for other preceptors.	Friday, August 27, 2021	TSM
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) <sup>b</sup>	Friday, September 17, 2021	
Presentation materials due to local preceptors to review	Friday, September 17, 2021	PGY2 Resident
Review presentation and active learning	Between September 20, 2021 – October 1, 2021	Preceptor(s)
Update presentation materials based upon preceptor feedback	Between September 20, 2021 – October 1, 2021	PGY1 Resident
<b>Completed</b> PowerPoint presentation including: <ul style="list-style-type: none"> <li>• Disclosure slide</li> <li>• Objective slide for pharmacists</li> <li>• Objective slide for pharmacy technicians</li> <li>• References on each slide and formal bibliography at the end of the presentation</li> <li>• Active learning questions</li> <li>• Target audience for each active learning question</li> <li>• Identifying which learning objective the active learning question is addressing</li> </ul>	Friday October 1, 2021 at 2359  Email materials to <a href="mailto:RxEducationResearch@imail.org">RxEducationResearch@imail.org</a> .	PGY2 Resident
Initial review of presentation for ACPE compliance and feedback sent to resident	Rolling basis between October 4, 2021 – October 8, 2021	TSM
Additional presentation draft(s) due to TSM <sup>a</sup>	Between October 11, 2020 – October 16, 2020	PGY2 Resident
Practice presentation(s) at local site with preceptors	Between October 9, 2020 – October 18, 2021	PGY2 Resident
<b>Finalized</b> presentation materials due <sup>c</sup>	Friday October 15, 2021 at 2359	PGY2 Resident
Post finalized presentation handouts on Education and Onboarding website*	Rolling basis between October 19, 2021 – October 29, 2021	TSM
PGY2 resident CE presentations	Between late October and end of November 2021	PGY2 Resident

<sup>a</sup>The TSM 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 TSM, they cannot be changed.

<sup>b</sup>An example reason to switch presentation dates is family and medical leave-related (FMLA). Presentation date changes must be approved by RPD and TSM.



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



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### ***General Presentation Guidelines for 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. Ann Accreditation Council of Pharmacy Education (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.
  - d. A Pharmacy and Therapeutics presentation at an Intermountain System-wide Pharmacy and Therapeutics Committee or subcommittee meeting.
  - e. A poster presentation at the ASHP Midyear Clinical 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:



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- i. Develop an 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.
- 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.
- 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 ASHP Midyear Clinical Meeting, the resident will:
  - i. Learn the preparation and procedures required for presenting a poster at ASHP Midyear Clinical Meeting.
  - ii. Clearly and confidently present original research as complete at the time the poster is due for printing.



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- 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.
    - 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, 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 material for the presentations and posters (including objectives, handouts, slideshow, etc.) shall be due to the RPSC (PGY1) or RPD (PGY2) two weeks in advance of presentation or poster deadline, except for ACPE-accredited presentation materials which are due based on the schedule outlined below.
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 ACPE requirements will result in the presentation being repeated.
7. The presenting resident shall be responsible to provide 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 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.



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2. A schedule of discussion topics shall be developed and a discussion leader shall be assigned. Conferences are scheduled every other Wednesday afternoon from 3:30 PM to 5:30 PM. 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:
  - 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

#### ***ASHP Midyear Clinical Meeting***

Depending on the specific residency year, organizational finances, and other related-factors, residents will be given educational leave to attend this meeting and reasonable expenses for attending this meeting will be paid by the home facility's pharmacy department (meeting registration, transportation, hotel, meal per-diem, poster printing). The resident will be required to attend the entire conference. Travel dates will be determined by the System RAC depending on where the conference is being held. Residents shall spend time helping the RPD and RPSCs interview potential candidates for the next residency year in the ASHP Personnel Placement Service, as applicable, and actively participate in the Residency Showcase, attend the Utah reception, present at the resident poster session and attend educational sessions.

#### ***Mountain States Resident Conference***

The Mountain States Resident Conference will be in held in Salt Lake City. Most residents will be required to attend the conference. Residents will present their project to other residents, preceptors, and sponsors during this meeting. Residents are expected to attend other program's resident presentations, other assigned presentations (for evaluation), and at least 80% of all presentation sessions. Conference registration to attend this meeting will be paid by the home facility's pharmacy department.

#### ***Specialty-specific Conference Attendance***

Attendance at specialty-specific conferences will be supported at the discretion of the RPSC, RPD, and Pharmacy Leadership Team. A travel request form must be completed and submitted to the Pharmacy Leadership Team for review. A copy of the request form is available here: <https://m.intermountain.net/Pharmacy/Library/Facility/UtahValleyHospital/pharmacy/docs/Do>





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[cuments/Resources/Intermountain%20Pharmacy%20Services%20Travel%20Request%20Form.pdf](#).

### Lead Resident

Depending on the residency year, a lead resident may be determined by the residency class and RPD.

#### ***Lead Resident(s) Responsibilities - General***

1. Serve as the point person to facilitate and clarify issues and policies regarding the Pharmacy Residency Program. 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 at the system Residency Advisory Committee meeting.
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:
  - 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:



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- 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.



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### 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 Residency Program Director (RPD).
- Once enrolled, residents are provided with an Intermountain teaching certificate coach from their home-base facility and a faculty mentor from a local school of pharmacy (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.



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- 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 of pharmacy. These lectures should be delivered by 2 different educators to ensure exposure to different teaching styles.
    - 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 of pharmacy 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



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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 of pharmacy.
  - 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.
    - 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.



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- 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.
- Publication submission and journal peer review
  - By the end of their residency year, residents must submit at least 1 publication to a peer reviewed journal. Typically, this submission would be their research projects; however, other submissions may count toward this requirement (e.g., review articles with a faculty mentor).
    - The resident should coordinate on publication strategies with their local RPSC, Intermountain coach, faculty mentor, or research preceptors depending on the project being submitted.
  - OPTIONAL EXPERIENCE
    - In addition, residents may also elect to work with their faculty mentor or Intermountain teaching coach to serve an article peer reviewer for a journal.
- 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.
- 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.



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### *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.
  - 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.





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- 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*

<b>Deliverable/Activity</b>	<b>Owner</b>	<b>Assistance from...</b>	<b>Timeline/Due Date</b>
Teaching philosophy	Resident	Faculty mentor	Send of second quarter (Dec 31 <sup>st</sup> )
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 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
Publication to a peer reviewed journal	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

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#### 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 RPSC (for PGY1 programs) and RPD (for PGY2 programs) is responsible to select an individual to serve as a project advisor. Projects selected and conducted away from the resident's site must be approved by the RPSC or (RPD).
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 or 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 (2021-2022 Residency Class)

Pharmacy Residency Project Activity		Due Date/Timeline
Conceptualize	Complete CITI Training	7/9/21 (end of system orientation)
	Submit <a href="#">project concept sheet</a> to local and system leaders Project will be vetted by facility teams, project mentor(s), and the System Research Oversight Committee	8/6/21 (end of facility orientation)
	Project concept discussion and approval	8/9/21 through 8/13/21
	Meet with Data Analysts to discuss data needs	8/16/21 through 8/27/21
Design	Complete draft <a href="#">IRB protocol</a> and provide to project preceptors Note that an IRB-protocol is required for both research and quality improvement projects as part of the residency	9/3/21 (first Friday in Sept)
	Complete draft ASHP Midyear abstract and provide to preceptors	
	Complete draft background section of manuscript for preceptors	
	Preceptor review of materials; edits/optimization with resident	9/6/21 through 9/24/21
Implement	Submit final protocol to IRB (with preceptor approval)	10/1/21
	Submit final ASHP Midyear abstract (with preceptor approval)	
	Complete final version of background section to manuscript	
	Obtain IRB approval	Month of Oct 2021
	Data collection and project implementation	Ongoing Nov through end of Jan
	Complete draft ASHP Midyear poster for preceptor review	10/25/21 (last Monday in Oct)
	Preceptor review of poster and edits/optimization with resident	10/26/21 through 11/12/21
	Final ASHP Midyear poster due Poster must be sent to local and system leaders for printing	11/15/21 (third Monday in Nov)
Analyze and Present	Present poster at ASHP midyear	12/5/21 through 12/9/21
	Complete draft of methods section of manuscript for preceptor review	12/17/21 (third Friday in Dec)
	Preceptor review of manuscript and edits/optimization with resident	12/20/21 through 1/7/22
	Complete final methods section of manuscript	1/10/22 (second Mon in Jan)
	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	2/28/22 (last Mon in Feb)
	Preceptor review of abstract and edits/optimization with resident	3/1/22 through 3/11/22
	Submit final Mt. States Conference abstract (with preceptor approval)	Mid-Mar per conference requirements
	Complete draft Mt. States Conference platform presentation	3/28/22 (last Mon in Mar)
	Preceptor review of presentation and edits/optimization with resident	3/29/22 through 4/22/22
	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	5/16/22 (third Mon in May)



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Preceptor review of manuscript and edits/optimization with resident	5/17/22 through 6/3/22
Final, completed manuscript due and uploaded in PharmAcademic	6/10/22 (second Fri in June)

### 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 approval all completed resident work before it is finalized and submitted to any third party (such as IRB, Mountain States, ASHP, etc.)



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### 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.

### 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.



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### Performance Evaluation Guidelines

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Intermountain Healthcare will use ASHP's online evaluation program (PharmAcademic™). The RPSC (for PGY1 programs) or RPD (for PGY2 programs) 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.

#### 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 RPSC (for PGY1 programs) or RPD (for PGY2 programs). The RPSC or RPD will coordinate and evaluate the residents' longitudinal progress towards meeting RLS Goals and Objectives.

#### Rotation Evaluations

1. The resident shall be responsible to meet 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



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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 (for PGY1 programs) or PRD (for PGY2 programs) 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. For PGY2 programs the evaluation and plan will be reviewed and signed by the resident and RPD, then entered or uploaded into PharmAcademic™. For PGY1 programs, the evaluation and plan will be reviewed and signed by the resident and RPSC, then entered or uploaded into PharmAcademic™ for co-signing by the RPD. 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
  - 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





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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, the Director of Pharmacy, or to the Residency Advisory Committee at any time during the year.

The RPD, residency advisory committee (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 to develop a written summary report at the end of the residency program.

### System Residency Advisory Committee

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The purpose of the System Residency Advisory Committee (RAC) is to provide direction and oversight to the Intermountain Healthcare (Intermountain) Pharmacy Residency Programs. The system RAC assists the PGY1 Intermountain Residency Program Director (RPD), the Residency Program Site Coordinators (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

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#### Program Leaders

Residency Program Directors (RPDs) and Residency Program Site Coordinators (RPSCs) meet all ASHP qualifications in order to be eligible for their role. (See ASHP Accreditation Standards for [PGY1 Programs](#) and [PGY2 Programs](#)). RPDs are appointed by the Chief Pharmacy Officer, who takes guidance and recommendations from the Postgraduate Education Leadership Council. In special circumstances, an RPD may be appointed who does not meet all qualifications, but has a development plan and appropriate mentorship towards meeting full requirements.

#### 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 for [PGY1 Programs](#) and [PGY2 Programs](#)). All preceptors of an Intermountain residency program are reviewed and re-appointed annually by System RAC before the start of the incoming residency class (around mid/late June). System RAC takes recommendations from the Preceptor Development Subgroup 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) annually 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 30<sup>th</sup>** each year. New preceptors must submit an APR and/or PIT before precepting residents. Submitted APRs and/or PITs are then reviewed by local/program RACs before submission to the Preceptor Development Subgroup. The Preceptor Development Subgroup then reviews each APR and/or PIT, identifies any needed gaps/areas of improvement, and makes a re-appointment recommendation to System RAC for a final decision.



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### Hospital Facility Descriptions

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#### Intermountain Healthcare

Based in Salt Lake City, Utah, Intermountain Healthcare (Intermountain) is a nonprofit health care system serving the health care needs of Utah, Idaho, and Nevada residents. Intermountain is one of the nation's leading integrated health care systems, usually ranked number one or two in Modern Healthcare's list of "Top 10 Integrated Healthcare 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 the finest medical care in one of our 23 hospitals.

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. The Intermountain Physician's Division is a group of more than 400 physicians employed by Intermountain. These physicians also work with some 2,000 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 nearly 1 million members.

#### 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 healthcare 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.



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Intermountain Medical Center serves as a major teaching hospital for local medical, pharmacy, and nursing colleges. [Click here](#) to learn more.

### LDS Hospital – Salt Lake City, UT

LDS Hospital is a 263-bed, full-service, community hospital serving 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 serves patients throughout Utah and the Intermountain West. 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.

### McKay-Dee Hospital – Ogden, UT

McKay-Dee Hospital is a 317-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.

### 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 largest geographical service area of any children’s hospital in the U.S. The 289-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.

### 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 NICU. Utah Valley Hospital serves patients in Utah County, central Utah, and southern Utah. Comprehensive pharmacy services are offered throughout the hospital and in two affiliated ambulatory care clinics, which include the Merrill Gappmayer Family Medicine Clinic and the Infusion clinic. Unique learning opportunities include rotations in our huge NICU and expanding Pediatrics department, which was recently made part of the Primary Children’s network, multiple critical care units, ,



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behavioral medicine, and ambulatory care opportunities in our affiliated clinics. Utah Valley Hospital prides itself on fostering a healthy and supportive learning environment for our residents. [Click here](#) to learn more.

### 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. We are fully accredited by The Joint Commission and serve as a level II trauma center, caring for almost all trauma patients (with the exception of major pediatric trauma). The facility has 284 patient beds and is the major medical referral center for northwestern Arizona, southeastern Nevada, and southern Utah. [Click here](#) to learn more.

## Pharmacy Services

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### Intermountain Healthcare Shared Pharmacy Services

Intermountain Healthcare Shared Pharmacy Services Central Office is located at the Sorenson Research Park in Taylorsville, Utah. The purpose of Intermountain Shared Pharmacy Services is to coordinate and integrate pharmacy services across the continuum of care provided by Intermountain. Intermountain Central Entity Pharmacy Services encompasses the complexity of managing a hospital system, physician division pharmacy, and an approximated 650,000-covered life health plan.

### Intermountain Medical Center Pharmacy Department

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 is 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 IV center provides comprehensive IV admixture services, chemotherapy and TPN. An OR satellite pharmacy provides pharmacy services for these patients.

Clinical pharmacist teams are used to provide pharmaceutical care. Current teams include Medicine, Cardiovascular, Critical Care, Transplant, Ambulatory Care, and Float Team. Clinical pharmacists are involved in multidisciplinary team meetings, protocol development, rounds,



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patient monitoring, interventions, 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, assistant director of clinical pharmacy services, assistant director of operations, 6 clinical coordinators, approximately 70 pharmacists, 50 pharmacy technicians, and 12 pharmacy interns.

Pharmacists also provide ambulatory pharmaceutical care to medicine, anticoagulation, solid organ transplant, and heart failure clinic patients. The community pharmacy provides services to our clinic patients, patients at discharge, and hospital employees.

### LDS Hospital Pharmacy Department

The pharmacy department provides both inpatient and ambulatory pharmacy services.

Current inpatient personnel includes: a pharmacy director, two managers, a team lead, technician supervisor, 19 pharmacists, 16 pharmacy technicians, and 1 buyer.

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. A robot is used for filling ADM orders, patient specific medication envelopes and automatic dispensing machines (ADM). 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 TPN products. An operating room (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 ICU), 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.



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The community pharmacy provides services to clinic patients, patients at discharge, and hospital employees. The pharmacy is also involved with medication therapeutic management (MTM), blood pressure checks, vaccination administration, and medication bedside delivery programs.

### McKay Dee Hospital Pharmacy Department

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 robot is used for filling new orders and medication carts. Automated dispensing machines are used on nursing units for controlled substances and immediate needs. The IV center provides comprehensive IV Admixture services, chemotherapy and TPNs. 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. Pharmacy is a member of the Institutional Review Board and is involved with pharmaceutical research studies done in the hospital.

Current staff includes: a pharmacy director, two managers, thirty-nine pharmacists, thirty-three technicians and one buyer.

The community pharmacy provides services to our clinic patients, patients at discharge, and hospital employees.

### Primary Children's Hospital Pharmacy Department

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. Our goal is to *"provide the highest level of pharmacy practice to contribute to the optimal care for children in an atmosphere of concern. We will provide patient-specific pharmaceutical care that improves outcomes, minimizes risk, and decreases the cost of drug therapy."*

Each floor has its own team of pharmacists and technicians 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



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the overall support of the pharmacy teams on each floor. All medication orders, IV preparations, and TPN'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 O.R.

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, and Neurology. Each floor team has a team leader, clinical staff pharmacists, and a pharmacy technician. Clinical pharmacists are involved in interdisciplinary meetings, rounds, drug guideline/protocol development, patient monitoring, interventions, Adverse Drug Event surveillance, as well as educating patients, parents, nurses, physicians, and other health care professionals. Pharmacy is a member of the 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, five ambulatory care pharmacists, twenty-seven pharmacy technicians, and fourteen pharmacy students 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 Pharmacy Department**

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, Assistant director, 3 Managers, Buyer, and a decentralized staffing model employed in most areas of UVH, 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





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1.5 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, DRG-specific group evaluations, infection control, and investigative medication use. Each 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, weekly professional development meetings, patient and health care provider consultation, and treatment protocols to provide a completely integrated medication delivery system.

#### **Southridge Community Pharmacy – Riverton, UT**

Southridge Community Pharmacy is located in the Riverton Hospital and Southridge Medical Group Clinic. The Intermountain Southridge Community Pharmacy is focused on delivering world class pharmaceutical care in a patient-centered interprofessional environment. Southridge Community Pharmacy provides vaccinations, room delivery (Med-READI) services, medication therapy management and diabetes education.



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### Appendices and Links

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#### 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](#)



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

### Conferences

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