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**Common Residency Program Information**

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Section 1: Postgraduate Training Programs Overview

Houston Methodist Hospital has a long tradition of postgraduate training dating back to the implementation of the inaugural hospital pharmacy residency program in 1987. Since then, the postgraduate training programs have expanded to include nine pharmacy residency programs and one Clinical Pharmacy Fellowship in Outcomes Research.

Houston Methodist Hospital has the following residency and fellowship programs:
- PGY1 Pharmacy Residency (est 1987)
- PGY1 Pharmacy Residency for International Graduates (est 2013)
- PGY1/PGY2/MS Health-System Pharmacy Administration and Leadership Residency (est 2009)
- PGY1/PGY2 Pharmacy Informatics Residency (est 2020)
- PGY2 Critical Care Residency (est 2005)
- PGY2 Infectious Diseases Residency (est 2010)
- PGY2 Internal Medicine Residency (est 2008)
- PGY2 Oncology Residency (est 2011)
- PGY2 Solid Organ Transplant Residency (est 2008)
- Clinical Pharmacy Fellowship in Outcomes Research (est 2017)

Each residency program is a 12-month postgraduate curriculum with the Health-System Pharmacy Administration and Leadership Residency and Pharmacy Informatics Residency matriculating into their second 12-months following completion of the PGY1 year. The Clinical Pharmacy Fellowship in Outcomes Research program is a two-year program. The programs are designed to instill pharmacy graduates with the knowledge and skills needed to become leaders in pharmacy practice. Training opportunities are offered in acute care, ambulatory care, and practice leadership while integrating research, education and medication safety to improve patient outcomes. Houston Methodist combines both a didactic and practice learning environment to train the pharmacy profession’s future leaders.
Section 2: Administration of the Residency Programs

Organizational Structure

**Residency Program Director (RPD)**
The Residency Program Director is responsible for overseeing all aspects of the residency program in conjunction with the Residency Program Coordinator (RPC). The RPD works with preceptors and pharmacy administration to schedule learning experiences and staffing schedules and to monitor the resident’s progress and resolve any issues pertinent to the program. The program director, preceptors, and pharmacy administration [known as the Residency Advisory Council (RAC)] meet regularly to discuss resident progress on learning experiences and longitudinal activities. The council helps the RPD determine plans and adjustments for the resident to customize the residency year.

**Residency Program Coordinator (RPC)**
The Residency Program Coordinator is responsible for sharing in the organization of the residency program with the RPD. The RPC assists in the scheduling of learning experiences and development of the resident’s growth. During the recruitment cycle, the coordinator helps update the recruiting materials, schedule candidates, and participate in residency interviews.

**Resident Mentor**
Each PGY1 resident will have a preceptor that will serve as a resident spokesperson/mentor to help advise the resident and provide the RAC updates on the resident’s progress throughout the year. The mentor is chosen by the resident before the first RAC meeting (August for all programs with exception of October for PGY1 IG) and approved by the RPD. The mentor serves as a resource for the resident to help achieve professional goals, guides the resident in overcoming obstacles to meet deadlines or other requirements of the residency program and helps ensure mental balance. The spokesperson/mentor is responsible for providing any feedback from the RAC back to the resident in a timely manner. The resident is expected to keep their spokesperson/mentor updated on progress made throughout the year. At minimum, monthly meetings are recommended.

The PGY1/PGY2/MS HSPAL and PGY1/PGY2 Pharmacy Informatics Residency programs have residents select mentors within their area of specialty.

The PGY2 RPD and RPC by default serves in this capacity for their respective programs.

**Residency Advisory Council (RAC)**
The Residency Advisory Council comprises of residency preceptors, administration, RPC and RPD. Resident mentors and preceptors discuss the resident’s progress on learning experiences, longitudinal projects, and any concerns regarding the resident or the residency program. The committee discusses the overall performance of the resident and provides suggestions for areas identified as needing improvement. These suggestions are discussed with the resident by the resident mentor and if needed RPD and RPC. The RAC serves as the core group of interviewers for residency recruitment and selection for the match process.
The RAC meets regularly either as a separate residency meeting or part of the specialty’s business meeting.

**Chief Pharmacy Resident (CPR)**
The Chief Pharmacy Resident is appointed by the RPD group. This PGY2 resident serves as the peer leader among the residency class, advocating on their co-residents’ behalf, and serving as a liaison between the residency class and other members of the department of pharmacy, especially preceptors, residency program directors, and management. The chief pharmacy resident coordinates and serves as the chair of the monthly resident meetings. From these meetings, the chief resident attends the monthly RPD meets to bring attention to residency related issues. They also provide support to other residents’ assigned tasks such as recruitment efforts, Pharmacy Week, conference travel coordination etc as delegated and coordinate end of year events including resident feedback session to RAC, resident graduation response, etc.
Section 3: Program Customization

The resident’s training plan is initially customized based on their entering interests, skills and experiences. Progress towards achieving program and self-identified requirements and outcomes will be evaluated quarterly by the program’s RPD and RPC utilizing preceptor evaluations and RAC feedback. The resident’s continued and changing interests along with the program goals and objectives are taken into consideration for changes on the customized training plan. The ASHP Entering Interests Form and Entering Objective-Based Self-Evaluation are administered through PharmAcademic™ and completed by the end of the orientation period.

ASHP Entering Interests Form
The residency programs utilize the standard ASHP Entering Interests Form to help prepare for the entering resident. The form addresses career goals, practice interests, strengths, and weaknesses (professional and personal). The resident is asked to provide a narrative on activities and experiences that may have contributed to their skillset in written communication, verbal communication, public speaking, time management and supervisory skills. They are also asked to identify areas of improvement desired. The RPD and RPC will utilize these reflections to create the customized training plan to address these areas to achieve professional and personal goals.

Entering Objective-Based Self-Evaluation
The Entering Objective-Based Self-Evaluation is the resident’s self-evaluation of their baseline competency on all the program’s outcomes and goals for the upcoming year. The RPD and RPC will review the information on this form and ASHP Entering Interests Form to create a customized training plan and learning experience schedule.

Development Plan (Customized Training Plan)
The development plan monitors the resident’s progress and track adjustments made to the resident’s learning experience. The initial development plan incorporates the information from the forms above and plans for the following:

- Resident’s schedule including type of setting for required learning experiences
- Preliminary scheduling of elective learning experiences
- Additional education goals and objectives to be reviewed during learning experiences
- Updates to the development plan occur on a quarterly basis. The RPD and RPC will review evaluations, RAC feedback and resident input to evaluate the resident’s progression in achieving program goals and objectives. The RPD will be responsible for identifying goals and objectives that have been achieved, areas for improvement, and expected progress of each resident relative to time in residency (see RIME in next section 4). Changes to the development plan will occur should there be identification of new strengths or areas of improvement and/or changes in short or long-term resident goals. No changes will be documented accordingly.
Learning Experience Orientation Form
PGY1 residents utilize the Learning Experience Orientation Form on the first day of their learning experience to review their strengths, areas for improvement, preferred learning styles, anticipated absences (from the resident or preceptor) and the appropriate details pertaining to that absence with the preceptor. This allows the incoming preceptor to customize the learning experience to further areas that the resident needs improvement and provide a learning style that is optimal for the resident. This review will be documented and submitted to the RPD for each learning experience.
Learning Experience Orientation*

Resident Name:______________________ Date Reviewed With Preceptor:____________________
Preceptor Name:______________________

1. Is this being completed on or before the 1st day of the learning experience? YES/NO
2. I have reviewed the Learning Experience with my preceptor. YES/NO
3. Our preferred communication methods have been discussed (email/phone/text/faceto-face etc.) YES/NO
4. My mentor is:______________________
5. My weekends and evenings to work this month are:_______________________________________

6. Are there any anticipated absences from the resident? YES/NO (If yes, please explain below)
   ___________________________________________________________________________________
   ___________________________________________________________________________________

7. Are there any anticipated absences from the preceptor? YES/NO (If yes, please explain coverage)
   ___________________________________________________________________________________
   ___________________________________________________________________________________

8. My goal for this learning experience is:
   ___________________________________________________________________________________
   ___________________________________________________________________________________
   ___________________________________________________________________________________

9. My past experiences with this specialty has been:
   ___________________________________________________________________________________
   ___________________________________________________________________________________
   ___________________________________________________________________________________

10. I learn best when a preceptor:
    ___________________________________________________________________________________
    ___________________________________________________________________________________
    ___________________________________________________________________________________

11. I have had a difficult time learning when a preceptor:
    ___________________________________________________________________________________
    ___________________________________________________________________________________
    ___________________________________________________________________________________

12. I understand the expectations of this learning experience. YES/NO
13. Other areas of comment or concern from the preceptor or resident:
    ___________________________________________________________________________________
    ___________________________________________________________________________________
    ___________________________________________________________________________________

Resident Signature:______________________ Preceptor Signature:______________________

*For PGY1 programs and as directed. Upload this form into PharmAcademic if not already
completed electronically
Section 4: Residency Evaluation Process

For each learning experience, the resident should contact the preceptor prior to the first day to establish start time and any pre-learning experience readings or assignments. On the first day of the learning experience the resident can review their strengths, areas for improvement, preferred learning styles, anticipated absences (from the resident or preceptor) and the appropriate details pertaining to that absence with the preceptor. The resident is also responsible for scheduling a brief meeting between the sending preceptor and the “receiving” preceptor to provide continuity for evaluation. The RPD may be included in this “hand-off” meeting if requested by either preceptor. On the first or second day, each preceptor should review with the resident the schedule for the month, goals and expectations of the learning experience, and readings for assigned topic discussions.

Throughout the learning experience, the preceptor is expected to provide routine verbal feedback and formal evaluation at the mid-learning experience and final evaluation in addition to occasional formative feedback in PharmAcademic™ via “provide feedback to the resident” electronic documentation as applicable. If feedback is not given routinely, the resident is encouraged to ask for feedback. A self-assessment performed by the resident using the same evaluation as the preceptor should be completed no later than the end of the learning experience. This should be discussed concurrently with the preceptor’s evaluation of the resident. Additionally, each resident should evaluate his or her preceptor with inclusion of constructive feedback/ways to improve the learning experience and submit these evaluations to the Residency Program Director (RPD) after they are reviewed on or before the last day of learning experience. These evaluations are available through PharmAcademic™.

Summative Resident Performance Evaluations by Preceptor
At a minimum, residents will be evaluated by the learning experience preceptor in PharmAcademic™ on the Goals and Objectives listed in the learning experience description. Goals and Objectives may be added or removed as determined by the RPD and learning experience preceptor responding to a resident’s progress over the course of the residency year. All learning experience evaluations and preceptor co-signatures are due by no later than the last day of the learning experience, midpoint, and/or quarter where applicable. There may be a 7-day grace period for compelling reasons.

A standardized approach for determination of the resident’s performance and professional growth within each goal will be applied as outlined in the learning experience description.
Guidance on evaluation scoring in PharmAcademic™ is outlined in the table below.

<table>
<thead>
<tr>
<th>Score</th>
<th>Definition</th>
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<tr>
<td>NI = Needs Improvement</td>
<td>Significant guidance required by preceptor to complete tasks. Additionally, may not demonstrate progress at point of evaluation or may exhibit unprofessional behavior. <strong>must document feedback regarding how to improve</strong></td>
</tr>
<tr>
<td>SP = Satisfactory Progress</td>
<td>Performs majority of tasks adequately but still requires preceptor guidance. <strong>must document feedback regarding how to improve</strong></td>
</tr>
<tr>
<td>ACH = Achieved</td>
<td>The resident consistently meets tasks or exceeds expectations as guided by the RIME framework and/or program specific competencies.</td>
</tr>
<tr>
<td>ACHR = Achieved for Residency</td>
<td>A score of “achieved” twice on one objective in R1 or once in any other objectives meets qualifications for ACHR and will be discussed during the quarterly customized training plan. Ultimately, ACHR to be determined by RPD/RPC following review of evaluations and discussion with preceptors.</td>
</tr>
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Note: The RIME model can be used to guide progress and to determine if the resident is meeting the percent expected performance by level based on where the learning experience falls throughout the year. For PGY2 residents, consideration will be given as to whether the learning experience falls within their specialty focus area.

Best practice: It is considered a best practice to discuss how the resident can continue to achieve an objective for residency even if they have achieved the goal for the learning experience. Further, if a resident has achieved an objective for residency, feedback can be provided how to progress to clinician level of practice.

**Summative Performance Self-Evaluation by Resident**
Residents will be required to perform a self-evaluation in PharmAcademic™ on the required goals and objectives for the learning experience. Determination of the performance level (Satisfactory Progress or Needs Improvement) by the resident within the self-evaluation should follow the program’s standardized approach to professional growth and performance expectations evaluation as outlined in the table and figures below. Special attention should be given to consideration of what areas need to be developed as the resident moves forward through the program. Residents should complete the self-evaluation prior to the preceptor evaluation to demonstrate self-evaluation skills. All learning experience evaluations and preceptor co-signatures are due by no later than the last day of the learning experience, midpoint, and/or quarter where applicable. There may be a 7 day grace period for compelling reasons.

**Preceptor Evaluations by Resident**
Residents will be required to perform an evaluation of the learning experience preceptor in PharmAcademic™ for all learning experiences. Among several questions needing a response, residents should provide constructive feedback to preceptors regarding their strengths related to teaching effectiveness, ability to provide effective instruction and
feedback, timeliness, modeling of professional behaviors, availability and enthusiasm for teaching. Residents are encouraged to discuss serious concerns with the RPD/RPC or director of pharmacy immediately. **All learning experience evaluations and preceptor co-signatures are due by no later than the last day of the learning experience, midpoint, and/or quarter where applicable.**

**Learning Experience Evaluation by Resident**
Residents will be required to perform an evaluation of the learning experience in PharmAcademic™ for all learning experiences. Elements of evaluation will include ability of the learning experience to meet the stated objectives and identification of key strengths and weaknesses of the learning experience. Residents are encouraged to provide areas for improvement to the learning experience supporting the preceptor and program’s efforts at continual improvement. **All learning experience evaluations and preceptor co-signatures are due by no later than the last day of the learning experience, midpoint, and/or quarter where applicable.**

**Resident’s Evaluation of the Residency Program**
Residents will provide an evaluation of the residency program based on their experiences on all aspects at the conclusion of the program year (June for all programs except PGY1 IG which occurs in Sept/Oct). The feedback will be used to make improvements in the program for subsequent years.

**Residency Completion Requirements for Goals and Objectives**
A resident must have Achieved for Residency (ACHR) in 70% of all required objectives by the end of the program year. In addition, by the end of the residency, there can be **NO MORE than 1 objective** that is rated as Needs Improvement not followed by a Satisfactory Progress (SP) during the residency.

- When NI marked: Successful completion of learning experience is defined as achieving SP or ACH for all objectives. A resident may be allowed to complete a learning experience despite a NI score, provided actionable steps are identified for improvement going forward. The RPD and preceptors will work with the resident on identifying the problem, providing formative feedback, and describing actionable solutions. The progress on this objective can be followed up with future rotations, on quarterly customized training plans, in RPD-resident monthly meetings, and/or at RAC. If the resident has a second NI on the same objective, then an action plan will be developed by the resident and include specific goals and a timeline in which they should be achieved. The action plan will be submitted to the RPD, RPC, learning experience preceptor, and Residency Advisory Council for review. The individual resident’s development plan will be modified to support obtainment of SP or ACH status. Failure to do so could result in dismissal from the program.

- Grounds for dismissal may be needed if there is failure to progress to SP after NI on the same learning objective on the proceeding learning experience as defined by the RAC, RPD, and in concert with the organization’s **HR01 Managing for Performance Policy.**

**The RIME Framework: A Tool For Describing and Monitoring Learner Progress**
The RIME framework provides terminology for describing the professional growth of learners. It is used in many clerkships across the country. Learners can use it to monitor their own progress and residents and faculty can use it to monitor learner progress and to provide appropriate feedback. RIME evaluations will be completed on selected learning experiences.

The progression of learner development during the clinical years is probably best conceptualized by the RIME framework. The RIME framework for describing learner progress was developed by Dr. Louis Pangaro, an internist and medical education expert at the Uniformed Services University of the Health Sciences. As learners grow in knowledge, skills and attitudes, they generally progress through four stages: Reporter, Interpreter, Manager and Educator. Each stage requires an integration of knowledge, skills and attitudes. The more advanced stages require a higher degree of sophistication and confidence. Attributes of each level include:

**Reporter**
Reporters can accurately and reliably gather clinical information on each of their patients. Reporters can communicate clearly (both verbally and in writing) the clinical information they have obtained. Reporters are able to distinguish important information from unimportant information and are able to focus data collection and presentation on central issues. It is expected that all learners will function as master Reporters (and be transitioning into beginning Interpreters) by the end of the clerkship.

**Interpreter**
Interpreters are able to identify problems independently and to prioritize problems, including new problems, as they arise. Interpreters are able to develop a differential diagnosis independently and to make a case for and against each of the important diagnoses under consideration for a patient's central problem(s). Helping learners make the transition from Reporter to Interpreter is one of the focal efforts of the clerkship. All learners are expected to show significant progress in this area; learners should continue making progress in this stage during the rest of their 3rd year clerkships.

**Manager**
Managers are able to develop and defend a diagnostic and a therapeutic plan for each of their patients' central problem(s). Managers are able to utilize their growing clinical judgment to decide when action needs to be taken. Managers can analyze the risk/benefit balance of specific diagnostic and therapeutic measures based on an individual patient's circumstances. While some learners will acquire sufficient knowledge, skills, and confidence to function as Managers for some of their patients in the latter part of the clerkship, not all will make this transition. The transition from Interpreter to Manager is one of the goals of the fourth year Acting Internship.

**Educator**
Educators have mastered the fundamental skills described above. Educators have the insight to define important questions to research in more depth, the drive to seek out the evidence behind clinical practice, and the skills to scrutinize the quality of this evidence. Educators take a share in educating the rest of the team. The transition from Manager to Educator is usually completed during Internship and Residency.
Summary
The RIME model provides a framework and terminology for describing the professional growth of medical learners. Learners should use it to monitor their own progress and residents and faculty should use it to monitor learner progress and to provide appropriate feedback.
### Table: HM Pharmacy Resident “R.I.M.E.” Clinical Skills Assessment Tool

| REPORTER | Resident extracts data (from Medical Record, Nurse, monitors, etc) and reports information to preceptor and physician accurately in an increasingly organized manner. Resident interviews patients to elicit information with completeness and accuracy.  

- an accurate medication and medical history report. *"The patient was admitted on "x" with a hx of "y" & has medications PTA of 1,2,3,4, etc"*
- an accurate report of current medications including dose, route, frequency and cumulative doses as appropriate.
- comments that reflect the resident's ability to probe appropriately for information attained in a medication history.
- an accurate report of current laboratory and diagnostic tests completed/in process. (Chem, CBC, drug levels, CXR, CT, etc)
- an accurate and complete report of physiologic clinical measures (HR, BP, UOP, Diet, etc)
- an accurate report of "interval events" since the last discussion with the preceptor. Answers the "What" questions consistently.

| OBSERVES for: | Preceptor Observes for:

- an initial attempt by the resident at prioritization. (i.e. this pharmacy issue is less important than that issue at this time)
- an explanation of pertinent positive findings (mostly reported from the chart) in the resident's presentation but an acknowledgment of pertinent negatives to reflect a growing independence in thought/assessment.

| INTERPRETER | Resident interprets data (lab values, diagnostic tests, medications' indications, measures of efficacy, safety [side effects], monitoring, etc) into patient care plan. Resident moves through pharmacotherapy assessment (SOAP, problem-based lists, or head-to-toe) without significant omissions. Resident demonstrates the capacity to provide fundamentally sound, reasonable / therapeutically viable recommendations while understanding the limitations of his/her knowledge.

- an explanation of the meaning of information reported (i.e. rationale for laboratory or physiologic parameter trends, relation of actual values to normal values and each lab or physiologic parameter value in relation to the management of pharmacotherapy)
- a thoughtful analysis of data. (i.e. "Scr is trending up, likely because of "x", so renal function is declining & medication "Y" is cleared by the kidney".
- Interpreter skills advancing so resident can provide at least 1 reasonable pharmacotherapy recommendation based on information likely from 3* references. (i.e. the dosing should be QD vs. BID based on the package labeling, guidelines, etc)
- an explanation of pertinent positive findings (mostly reported from the chart) in the resident's presentation but an acknowledgment of pertinent negatives to reflect a growing independence in thought/assessment.

| OBSERVES for: | Preceptor Observes for:

- an initial attempt by the resident at prioritization. (i.e. this pharmacy issue is less important than that issue at this time)
- Residency can answer the "why" question with a reasonable, logical response (does not have to be 100% accurate if significant expertise is required)

| MANAGER | Resident incorporates general medicine & specialty focused evidence-based guidelines (NCEP, JNC7, IDSA, ACC, CHEST, ADA, SCCM, etc) into the patient care plans, recommendations & counseling sessions consistently where appropriate. When counseling, resident anticipates questions & when needed, responds spontaneously with accurate instruction / information in an effective manner.

- a description by the resident of a "sound" treatment & monitoring plan among possibly several reasonable options.
- an explanation of how the treatment plan considers associated factors including primary indication, risk-factors, PK/PD, PKecon, practicality and patient / MD / RN acceptance of the plan among other factors.
- a demonstration of how the resident assumed the needed level of responsibility for implementing the plan (i.e. med ordering, procurement, dispensing, education, administration and monitoring)
- an ability of the resident to communicate with the patient / medical team on the appropriate level for effective patient counseling and recommendations..

| OBSERVES for: | Preceptor Observes for:

- an ability of the resident to communicate with the patient / medical team on the appropriate level for effective patient counseling and recommendations.
- Resident can answer the "how" question.

| EXPERT / EDUCATOR | Resident incorporates primary literature (i.e. beyond the guidelines) into patient care plans and recommendations consistently. Demonstrates an expert level understanding of unique population / patient situations where application of guideline-based approaches may be inadequate or inappropriate.

- an explanation of how the resident arrived at the "best" treatment & monitoring plan among several good options.
- an articulation of how the plan considers factors like: indication, risk-factors, PK/PD, PKecon, practicality & patient/MD/RN acceptance of the plan.
- a demonstration of professional self-reflection and self-assessment. What could I have done differently (devising an alternative care plan or interacting with another professional in a different way) to be effective?

| OBSERVES for: | Preceptor Observes for:

- an ability of the resident to learn from previous experiences. i.e. "I saw a patient with this condition in school/past rotation, etc AND this is how we treated him. This patient is SIMILAR in these ways and DIFFERENT in these respects. The outcome I observed before was "X". I think this is / is not consistent with other evidence/recommendations so I plan to do ..."
- a demonstration of professional self-reflection and self-assessment. What could I have done differently (devising an alternative care plan or interacting with another professional in a different way) to be effective?

- an articulation of how the plan considers factors like: indication, risk-factors, PK/PD, PKecon, practicality & patient/MD/RN acceptance of the plan.
- a demonstration of professional self-reflection and self-assessment. What could I have done differently (devising an alternative care plan or interacting with another professional in a different way) to be effective?"
Figure 1: Expected Professional Development & Performance Expectation Growth Across PGY1 Residency Training Program Year

PGY1 Resident’s Expected Progress Toward Mastery in Each of the Respective Domains
(100% in each domain would signify complete mastery)
Figure 3: Professional Development & Performance Expectation Growth Across Residency Training Period

Expected Progress Toward Mastery in Each of the Respective Domains Across Training Years
(100% in each domain would signify complete mastery)
SECTION 5: Program Policies and Procedures

Hospital Policies
All hospital policies apply to pharmacy personnel including the residents and fellows. This includes policies on leaves of absence, sexual harassment, discrimination, HIPAA, dress code, etc. In the event a pharmacy department policy is stricter than the hospital policy, the resident shall abide by the pharmacy department policy. Hospital and pharmacy policies can be found on PolicyTech.

Pharmacy Licensure and Certifications
Each resident is required to become duly licensed in the state of Texas as soon as possible. Failure of a resident to obtain licensure within 90 days of their start date will result in termination.

Preceptor Licensure
The PGY1 resident will qualify and work towards obtaining their Texas Preceptor's License following 6 months of start of the residency.

As part of the PGY2 program, the resident will serve as the primary preceptor for a PharmD candidate. The PGY2 resident must complete 3 credit hours of preceptor-specific CE to earn his/her Texas Preceptors License. If not completed prior to the program, CE credit can be obtained through live programs or through home study programs. This MUST be completed with Texas Preceptors License in-hand by Jan 1st of the residency year.

Learning Experience Requirements
Each resident is expected to fulfill the requirements of a year-long training program and successfully complete the minimum number of learning experiences specified by the program to graduate.

Dismissal of Resident
Residents are required to comply with all policies and procedures of the department of pharmacy. If a resident is terminated as an employee of Houston Methodist, the resident will also be released from the residency program. If the resident leaves or is released from the residency program, the resident is also terminated as an employee of Houston Methodist.

Duty Hours
Residents are expected to follow the established duty hours policy. To track hours, each resident should badge in and out when arriving at the hospital and leaving for the day. Residents are responsible for keeping track of their hours in PharmAcademic™ to ensure that they are not exceeded.
Attendance and Paid Time Off

Attendance
Houston Methodist Hospital is committed to providing pharmacy residents with the optimum experience for success in the field. Due to the scope and nature of the program, a resident’s attendance has the potential to significantly impact successful completion of the program. For this reason, the following standards have been established for those who enter this residency program.

Paid Time Off (PTO)

Accrual – PTO is accrued based upon your employment category. This information can be found in the MARS profile under Benefits Summary. PTO that is unused at the end of the residency may either be paid out or saved for future use. To be eligible for payout at employment termination, you must have completed one year of service and be subject to the maximum based on years of service and PTO category in pay period prior to termination.

Scheduled PTO – Those who wish to use their earned PTO should submit a PTO request in LaborWorkx® to the manager. The PTO request must be approved by preceptor and RPD.

<table>
<thead>
<tr>
<th>1 day</th>
<th>48 hours before the scheduled shift</th>
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<tbody>
<tr>
<td>2-3 consecutive days</td>
<td>30 days before the scheduled shift</td>
</tr>
</tbody>
</table>

Approval for Scheduled PTO – Residents should discuss their PTO plans with their preceptors and get preceptor approval before submitting a request for PTO to the RPD. The Residency Program Director may review the PTO request with the appropriate preceptor to determine whether or not the request can reasonably be accommodated. Based on previous experience, 4 or more consecutive days off (including the weekend) can significantly hinder a resident’s ability to meet the expectations of a learning experience. For this reason, these requests may only be granted after providing an explanation of the extenuating circumstances and receiving approval from the RPD. (Note: Residents are encouraged to limit the number of scheduled PTO days to 5 during each half of the program year for a total of 10 days for the entire residency year)

Unscheduled PTO – In the event that an unexpected situation causes a resident to be unavailable for work without proper notice, this time would be covered by unscheduled PTO. Incidents might include illness, inclement weather, traffic accidents, etc. However, residents are expected to accrue no more than 3 incidents of unscheduled PTO during their residency year. Unscheduled PTO incidents of 5 or more may result in release from employment and the program.

https://hrportal.ehr.com/houstonmethodist/Home/Time-Off-Career/Time-Off/Paid-Time-Off

System_HR 25 Paid Time Off:
https://hrportal.ehr.com/LinkClick.aspx?fileticket=VhVezTFyqE4%3d&portalid=78
Leaves of Absence
If the resident is requiring a leave of absence from the residency, plans should be discussed with the RPD and manager.
https://hrportal.ehr.com/houstonmethodist/Home/Time-Off-Career/Time-Off/Leaves-of-Absence#overview
System HR 29 Leaves of Absence:
https://hrportal.ehr.com/LinkClick.aspx?fileticket=aotrtmYhpIU%3d&portalid=78

Tobacco Free Policy
Houston Methodist Hospital has taken steps to promote a tobacco-free workplace through the implementation of tobacco-free campuses and to promote tobacco cessation education and resources to current employees as part of our commitment to health and wellness.
System HR 96 Tobacco Free Hiring Policy

COVID-19 Vaccination Policy
To create a safe environment, free of infection/transmission of disease and to protect our patients, employees, and the community from Sars-Cov-2 (COVID-19) infection, Houston Methodist is requiring mandatory immunization of all covered Houston Methodist (HM) employees.
System HR 95 Mandatory COVID-19 Vaccine Procedure
Section 6: Education and Teaching Opportunities

Houston Methodist is an educational destination for learners seeking interdisciplinary, team-based and patient-focused approaches to clinical and translational research education. Our educational network extends around the world with international affiliates that allows us to offer innovative health and research training programs. [https://www.houstonmethodist.org/education/](https://www.houstonmethodist.org/education/)

Education and teaching are essential parts of the department of pharmacy at Houston Methodist. The department hosts students from multiple colleges of pharmacy. Although teaching opportunities will vary from resident to resident based on learning experience schedules and individual training plans, residents are expected to satisfy program minimum requirements for education and teaching in order to successfully complete the residency program.

Learning Experiences
Houston Methodist offers learning experiences in many specialty areas within our organization. In the event that the resident is seeking a different experience from what is offered within Houston Methodist, they may elect to participate in an off-site learning experience with an affiliated entity.

There is a maximum of two full-time off-site learning experiences allowed per resident during the residency year. During this learning experience, the resident is expected to adhere to the same expectations as HM unless dictated otherwise by the preceptor. The resident is still expected to attend all required meetings at HM while at the off-site learning experience and should communicate this time away before or on the first day of the learning experience or as soon as the meeting is set up with the resident. Additionally, arrangements should be made for any responsibilities that cannot be performed while off-site. For example, if the resident is assigned to be Clinical Specialist On Call (CSOC) while on an off-site learning experience, the resident should make arrangements with one of their colleagues with the back-up CSOC to cover the pager during the hours that they are off-site.

Due to complexities involved with scheduling off-site learning experiences, once a resident requests an off-site learning experience and the process has been started with that institution, the resident may not back out of the learning experience and must complete it as scheduled. Also, conduct for off-site learning experiences must be kept at the highest standards by upholding all ICARE values.

Off-site learning experiences are considered a privilege to the resident but can also be a challenge in maintaining progress on projects while away. The resident will not be allowed to start an off-site learning experience if it is determined that they are behind in any projects or responsibilities.

Preceptorship
With many students rotating through Houston Methodist, residents will have ample opportunities to interact with pharmacy students throughout their training program. In the State of Texas, residents cannot officially precept students until they have received their
preceptor certification through the Texas State Board of Pharmacy. Residents are expected to apply for preceptor certification as soon as they qualify (preceptor qualifications). In the interim, residents will help co-precept/guide the student through the layered learning model. PGY1 residents will apply for preceptor certification following completion of 6 months of residency training. PGY2s not already certified prior to starting at Houston Methodist should apply for certification as soon as possible. PGY2 residents will be assigned a student of their own to officially precept in the second half of their PGY2 year.

Presentations
When required by the learning experience preceptor, the resident will present a formal presentation (case presentation, guideline review, journal club article, disease state overview) to pharmacy staff. This is typically something related to the learning experience, and will usually be presented at pharmacy residency roundtable, clinical meeting, or end of learning experience preceptor team meeting, and is usually required not more than one time in a learning experience. In the second half of the year, residents will perform presentations at their residency conferences. Each resident will also provide an ACPE accredited CE presentation at least one time during the year.

For all presentations, the resident(s) presenting should ensure there is a mechanism for presentation evaluations and access to AV equipment needed for the presentation.

Formal presentations (including posters) made at HM as well as at local and national conferences should be presented using the standard HM PowerPoint templates.

Posters for the Vizient conference can be produced by https://www.makesigns.com/. Phuong Nguyen Liebl is a good resource to assist in the ordering process for posters.

Teaching Certificate Program
An optional Teaching and Scholarship in Academia Program is offered through the University of Houston College of Pharmacy for all residents. The program’s goal is to provide a formal training program for pharmacy residents and practitioners to gain knowledge and demonstrate effectiveness in the areas of teaching, leadership, and scholarship. Residents in the program are required to attend and participate in the formal seminar topics which are held weekly in the late afternoons on Mondays starting at the end of August through mid-October. The resident will participate in interprofessional education or P1 CV review, assessment experience, pharmacy applicant mini interviews, and formal lectures to health-care professional students or CE program for health-care professionals. A teaching portfolio is a required element for completion. Participants who successfully complete the program will receive a certificate of completion from the University of Houston.
Section 7: Staffing Requirements

Resident staffing will be limited to every 3rd weekend on average and one evening every 2 weeks, averaged over a four-week period. HSPAL residents staff one evening every 2 weeks starting June at the end of Y1 of the program. See details in the HSPAL section.

If the usual weekend to staff conflicts with a residency-related meeting (ASHP Midyear, Midwest States Pharmacy Residency Conference, ASHP Annual, etc.), the resident’s staffing weekend may be reassigned. Staffing commences a few weeks following the beginning of the residency year and continues throughout the year. The residents will rotate through different pharmacy areas to gain a variety of experiences.

If schedule conflicts occur, each resident is expected to manage these independently. Switching shifts with other residents or clinical staff is permitted but must be communicated to the RPD and clinical manager. All coverage changes need to ensure appropriate level of experience for the individuals involved in the change and compliance with the Duty Hours policy. The resident is responsible for checking the clinical schedule for assignment changes on a regular basis. Each resident is expected to work one major and one minor holiday each year.
Section 8: Research

Projects
Each resident is required to complete a continuous quality improvement project and a major project. For each project, the resident is considered the project manager with guidance available from project preceptors and other resources. As a project manager, the resident is responsible for all appropriate communication surrounding the project, deadlines and goals of the project to be met on a timely basis, presentation of the projects in various stages at hospital, local and national meetings, and in general for the overall progress of projects.

The continuous quality improvement project is an assessment aimed at improving processes and systems to achieve a desired outcome. Oftentimes, these projects are identified from various sources including high-risk therapies, internal medication management protocols, internal medication event reports, staff observations, external organizations and regulatory reports. Results from the continuous quality improvement project are presented to hospital committees locally and at the system level. Residents are matched to the project based on institutional priority, background/skills and CE topics to maximize learning opportunities.

The major project entails a variety of projects from research projects to implementation of a new pharmacy service. All major projects will be assessed for need for IRB approval – expedited or full IRB approval is required. The resident will proceed to obtain the necessary approvals. If the major project is quality improvement and not research, then it is the responsibility of the resident to obtain a letter indicating the project does not require IRB approval from the IRB or the pharmacy IRB designee (i.e. Michael Sirimatusos, PharmD).

For IRB regulated research, an electronic research binder must be maintained in accordance with HMRI Internal Audit specifications with REGULAR (Quarterly if not more frequent) notes to file with documentation of communications among the study team. Please note that a Pharmacy Research Committee (PRC) was developed to support our residents with their major projects. Some of the information below related to the major projects may change over the course of the year as the PRC process evolves. Residents will be updated on any changes that occur.

A list of fully vetted and approved major projects will be presented by the PRC to the residents in July. After initial introduction to potential projects, residents are to meet with potential project preceptors to further discuss the projects they are interested in. Residents then submit their project preferences to the PRC. The PRC is responsible for conducting the alignment process to “match” residents to projects based on interest and skillset of the resident.

In July and August, during the initial project meetings, the preceptors and resident should meet and complete a project timeline. Any barriers that impede the progress of the project should be communicated to the project preceptors as soon as possible. Any changes in the timeline needs to be approved by the project preceptors. The resident will complete a formal write-up for each project. By the end of the year, it is expected that each resident completes
a final draft manuscript for one of their projects that is suitable to submit for publication to a peer-reviewed pharmacy/medical journal. The resident will also submit at least one project proposal to the PRC for future residents to consider.

In addition to completion of a major research project during their residency year, residents are required to create and submit a new major research project proposal through the PRC. These projects will be presented to the next year’s residency class (or may be self-selected if the resident stays on to complete a PGY2 at Houston Methodist and the project is in their area of specialty). Residents must select project mentors by December, develop a project idea by January, attend PRC project workshops in January/February, and submit their project proposals in March/April (deadlines may vary but are specified by the PRC each year). The resident is responsible for guiding at least one project proposal through the PRC approval process and that project must be approved in order to consider this assignment completed. For the HSPAL program, this PRC approval process occurs in the 2nd year but not the first year.

Project writeups
Residents must submit final, written reports for major and quality improvement projects to RPD. One of the project submissions must contain a Study Methodology and be in manuscript form and of publishable quality. The expectation is that the manuscript will be submitted to a peer reviewed journal within 45 days of completion of the residency. If not submitted at that time, the first authorship rights may be assumed by the lead preceptor on the work.

For completion of the residency, a resident must provide formal write-ups of the major project. A project containing a study methodology must be submitted in a publishable format and quality, as assessed by the pharmacy project preceptors and RPD, to the RPD by no later than 14 days prior to the last day of the residency in order to receive the residency certificate on the last day of the residency. Submission after this date means the resident may not receive their certificate until after the last day of the residency. It is expected that the resident continues to work on submission of the manuscript to a peer reviewed journal after the residency year. If the resident does not submit the manuscript, the primary preceptor may assume first authorship rights and submit on the team’s behalf 45 days after residency completion.

The project preceptor must provide timely feedback and direction so as to meet this objective for the residency year. The preceptor should communicate regularly with the RPD if it is apparent that the timeline/quality of the projects are in question. However, preceptors must be provided ample time to review progress on projects and manuscripts.

IMPORTANT: For IRB regulated research, if the resident is listed as the Primary Investigator (PI) on the IRB submitted project, the resident must submit a modification to the IRB at least one month prior to the end of the residency year to either change the PI to the primary preceptor or to close out the project if there is no additional planned data analysis.
Section 9: Departmental and Professional Meetings

Residents are required to participate in various meetings over the course of their residency year. Hospital meetings may include Medication Safety Committee, Medication Usage and Formulary Evaluation, Pharmacy and Therapeutics, Care Management Performance Improvement, departmental meetings and residency meetings. Preceptors may ask the resident to attend a meeting as part of the learning experience. The below are more routine meetings in which the resident would attend.

Residency Meetings

Quarterly Residency Performance Review Meetings
The resident should attend Quarterly Residency Performance Review Meetings. The resident will provide an update on progress throughout the year on projects, clinical coverage experience, clinical learning experiences / patient care management experience and other responsibilities. At this time the RPD will also review the quarterly-updated customized training plan with the resident for discussion/evaluation.

Meetings with the RPD
Residents meetings with the RPD/RPC will occur regularly throughout the residency year. This will be an opportunity for the residents to ask questions, raise any issues, and provide an assessment of learning experiences, projects, staffing, etc. Feedback should be given to the RPD at this time, if not before. This will also be a time for the RPD to inform the residents of upcoming events and any current issues. The RPD will also schedule a one-on-one with each resident regularly to further discuss and address any feedback or concerns, and burnout prevention with each resident on an individual basis.

Meetings with the Chief Pharmacy Resident
The Chief Pharmacy Resident holds at minimum monthly and ad hoc meetings with the residency class to discuss residency related concerns. The chief resident discusses these topics at the monthly RPD meetings to bring attention to the issue for a solution.

Pharmacy Residency Roundtable
Residents are expected to participate in Pharmacy Roundtable activities. These bi-monthly (sometimes ad-hoc) discussions are usually business meetings, a presentation by one of the preceptors, and/or informal presentations by residents. Each resident may be assigned certain Residency Roundtable dates to coordinate. The administrative resident(s) are expected to develop a general schedule, room assignments, and dates/times for the Pharmacy Roundtable schedule at the beginning of each residency year. The administrative resident(s) will be assigned to coordinate forum.

Residency Program Directors Meeting
The residency program leadership have monthly Residency Program Directors meetings without the presence of the residents aside from the chief resident for a portion of the meeting. The meetings are used to discuss common activities amongst the residency programs, plan for upcoming events and discuss the needs of each program and resident.
The chief resident utilizes this meeting to bring topics that are of concern or feedback from the residency class to discuss with the residency program directors.

**Departmental Meetings**

**Departmental staff meetings**

These staff meetings are frequently conducted in person but also provided online on LMS to keep the staff updated on current issues and events. Although the resident is not expected to attend these meetings, each resident is expected to view and complete the assessment for each meeting.

**Clinical Meetings**

Residents are expected to attend the Wednesday clinical meetings, unless patient care activities or rotational activities conflict. Each resident is responsible for knowing the information presented at the clinical business meetings. If a resident misses a meeting, the information is available on the shared drive (S:\Common\Clinical-QA\Clinical Meeting Slides) and from others that attended the meeting.

**Professional Meetings**

All meetings including required must be approved prior to plans being made. Request for approval are made through this form: [https://app.smartsheet.com/b/form/bda274dd0aa14158a735fa62f26eab2a](https://app.smartsheet.com/b/form/bda274dd0aa14158a735fa62f26eab2a) along with MARS submission under Expenses and Travel Authorizations.

Non-required meetings will be discussed with the RPD, manager and director of pharmacy. Paid time off and funding may be contingent upon value of meeting and funds available.

The resident is responsible for making all necessary arrangements for each of the conferences. Dates and times for travel should be discussed with the RPD before finalizing travel arrangements. Additionally, contact information during the conference should be given to the RPD, RPC, or preceptor(s) escorting the residents.

Meeting expenses including airfare, meals (not included in the conference registration), hotel, conference registration, and transportation to and from airport will be reimbursed according to hospital policy. Expenses incurred for personal services (laundry, entertainment, etc.) will not be reimbursed. Furthermore, expenses for dining must be maintained within the HM guidelines for each meal—combining allocations for all meals to one meal is not allowed. Expenses need to be submitted after the conference is completed online through MARS.

Residents are required to attend Vizient to provide a poster presentation and ASHP Midyear Clinical Meeting (except PGY1 IG) to support Houston Methodist recruitment activities at PPS and Residency Showcase, promote professional development and network with other health-systems. The resident is encouraged to participate in as many conference activities as possible. At the ASHP Midyear conference, each resident will need to block off time for participation in the residency showcase and PPS interviews. Business attire should be worn at all interviews and at the showcase. It is also an opportunity for residents to pursue PGY2 residencies or post-residency career opportunities.
Residents (except PGY2 Critical Care) are also required to attend Midwest Pharmacy Residents Conference to present their major project (platform presentation) and seek educational opportunities in viewing other program projects.

Any information received regarding abstract/presentation deadlines will be forwarded from the RPD/RPC to the residents. Drafts of these abstracts/presentations need to be submitted to and approved by the project preceptors ahead of the conference deadlines.

_Program specific meetings will be discussed under the respective sections of each program._
Section 10: Expectations of the Resident

- Residents should arrive to all meetings/presentations promptly. If they are running late or will need to leave early, they should inform the meeting attendees. Additionally, always ensure residents should be aware of where each meeting is and how to get there beforehand.

- Residents should come to all project/learning experience-related meetings, topic discussions, etc. prepared. This includes research on topics ahead of time or some thought on what steps to take next or direction to head. Preceptors are there to guide but a generation of ideas, questions, and opinions should be performed by the resident to discuss with the preceptor.

- All deadlines need to be upheld. If the resident is having trouble meeting the timeline, communication in advance should be made to the preceptor/mentor. At that point, the preceptor/mentor has the authority to determine if the deadline can be revised.

- Residents will abide by the HM ICARE values

- Residents should always communicate effectively and respectfully at all times with all preceptors, mentors, staff, RPC, and RPD.

- Absences, sick time, tardiness should be communicated to the RPD/manager, and all involved parties, i.e. preceptors, as soon as possible.

- With any issues, residents should communicate these to the respective person(s) with possible solutions. The general expectation is for the resident to address any issues with the person involved before going to a third party.

- Appointments and personal issues can be taken care of throughout the year and time away for these require approval by the RPD/manager and preceptor. Residents are advised to not use the month of December for all appointments as this will interfere with advancement of projects.

- The resident should be proactive about getting assignments accomplished or understanding the status of program activities. The resident should ask questions when unsure and especially ask for feedback on learning experiences, projects, etc. if they are unclear of their progress or feedback has not been given for a while. Preceptor Expectations can be found in the HM Preceptor Handbook and it is encouraged that residents become familiar with what they can expect from each preceptor on-site.

- The resident is expected to be fair and honest when filling out all evaluation forms especially the preceptor evaluation form. If for some reason, the resident is uncomfortable disclosing information on the evaluation form, the resident should communicate this to the RPD/manager, RPC, or mentor.

- All learning experience evaluations and preceptor co-signatures are due by no later than the last day of the learning experience, midpoint, and quarter where applicable. There may be a 7 day grace period for compelling reasons.

- The resident should check their email on a regular basis. At the very least, email should be checked once in the morning when they arrive and before leaving for the day.

- Generally, preceptors can be considered to be mentors and exemplify behavior for the residents to model. Any behavior that does not represent ICARE values or can be considered less than professional should not be repeated by the resident, i.e. tardiness to meetings, unconstructive criticism, etc.
Section 11: Miscellaneous

Orientation
July (September for IG program) is designated for orientation. During this time, the residents will be given a schedule of orientation activities for the month. Residents should plan on becoming familiar with the various areas of central pharmacy and gain as much experience in order entry as possible. This is also the time allotted for selecting major and minor projects. Residents should take advantage of any free time to research project options. An initial skills assessment will be performed and reviewed with the resident to identify strengths and areas for focus during the residency.

Pharmacy Week
First year HSPAL residents are responsible for organizing and running the events that occur during Pharmacy Week (typically in October) with a co-chair from the PGY1 Pharmacy Residency class. This hospital-wide event consists of daily educational/entertaining activities such as a pharmacy booth in Crain Garden throughout the week as well as meals for the pharmacy staff. Houston Methodist paraphernalia, pharmacy and health-related information may be offered at the booth, and volunteers sought from the pharmacy department. More information can be obtained through the pharmacy managers and second year pharmacy administration resident(s).

Clinical Intervention Documentation
Residents are expected to document all clinical interventions in Epic during their patient-care learning experiences (i.e. Epic, Vigilanz). A minimum of 20 interventions per month on patient care learning experience is the expectation with this number to increase throughout the residency year. The resident is expected to enter TAPS (Transparency and Accountability in Patient Safety) reports as appropriate and work with the medication safety clinical specialist for process improvements for medication.

Competency Areas/Topic Discussions
A list of required competency areas required for the residency year is located in the Appendix section in PharmAcademic™ and in the “Required Competency Areas, Goals, And Objectives” for the PGY1 and PGY2 programs located on the ASHP website. In addition, competencies for the respective learning experience are documented in the learning experience descriptions. It is the responsibility of the resident to document these competencies in PharmAcademic™ as they are completed. Different preceptors will be providing the discussions and may require some background reading prior to the discussion. These meetings are meant to be interactive by nature and should have good participation from each resident. Additional topic discussions may be provided to expand the residents’ experiences beyond those that are covered in the scheduled learning experiences.

Project Month
The residency program may designate a project month (e.g. December for PGY1). The resident is expected to adhere to regular work hours (at least 8am- 5pm) during this month unless otherwise approved by the RPD. Significant progress on projects is expected to be made by the end of the month.
Formulary Management
Each resident will be involved in formulary management activity which can include: drug shortages, restricted therapies, non-formulary approvals, drug class review, monograph, or therapeutic interchange to revise or develop during the year. Appropriate personnel will be assigned to guide or mentor the resident.

Cisco Phones
Each resident will be assigned a Cisco Phone with a hospital extension to be carried at all times while on-site. These phones only work on the campus. The phones should not be taken off campus by the residents and must be secured at the end of each day.

Remote Access
Remote access will be given to all the residents to access work-related documents at home. This is helpful for accessing the Non-formulary database and Intranet when on-call but this also allows access to Epic, Microsoft Outlook, the shared drive, and most of their files from their computer at work. The remote access link can be accessed from https://apps.houstonmethodist.org.

Shared Drive
The Shared Drive is available to be used by all pharmacy department personnel. Certain aspects of the shared drive may be restricted to specific groups in the department but is generally a way of supplying information department-wide. Information specific to the pharmacy practice residency is available by going to the Q drive under the residency programming folder.

Electronic Residency Binder
Each resident is to maintain an electronic record of his/her residency documents. PharmAcademic™ is the required repository for learning experience and preceptor evaluations. The shared drive folder for each resident should be used to maintain copies of presentations and project work.

Each resident shall also maintain an electronic residency binder on the shared drive. The electronic binder should contain important information including all paper evaluations, all presentations and assignments, drafts with hand-written and electronic feedback, PowerPoint presentations, project-related information (i.e., timelines, goals, copies of abstracts submitted, manuscript of publishable quality, PRC proposal, CQI PowerPoint and/or report), formulary management project PowerPoint and/or report, CE slides, meeting minutes, or agendas. These files need to be maintained and organized throughout the year for ease of use by the RPD and for possible use for accreditation surveys or other purposes.

Code Blue Response
During the learning experience and throughout the residency program year the resident will move from simple observation to full participation in a wide variety of emergency medical situations. The expectations of a resident’s level of observation/participation will follow the general professional growth expectations of residents in consideration of the training year (PGY1 or PGY2), the period within the year (1st, 2nd, 3rd or 4th quarter) and specialty focus area (Critical Care, ID, SOT, Management or IM). The resident with the code blue pager is
expected to respond to all codes and test pages when they are on site. Residents are also expected to respond to code blue calls during their evening shift, weekend and floor coverage.

**Dress / Attitude**
The resident is expected to appear for rounds, conferences, and on patient care units in professional attire. Residents not conforming to the dress code as interpreted by the preceptor will be asked to leave the service for the day. Conduct yourself in a professional manner at all times. Negative attitudes and a lack of commitment to the service will not be tolerated.

**Confidentiality**
All healthcare professionals must protect the confidentiality of all patient information. Information shared on our service, both during attending rounds and within our preceptor-resident meeting, as well as any information in the patient chart, should never be discussed with anyone outside of our service, including other pharmacy preceptors, residents or students. Sharing information in elevators, the cafeteria or the library violates our patients’ rights to keep their medical problems/treatments confidential.

**Department of Pharmacy Informational Letters, E-mails, and Presentations**
As an employee of HMH and the department of pharmacy, the resident is responsible for staying updated as to the general goals and initiatives of the department. E-mails, newsletters, and departmental meetings may be forms of communication of important department information. The resident will be accountable for information presented/provided in these formats. A great resource to familiarize yourself with Houston Methodist branding is found here: [https://marketing.houstonmethodist.org/brand/](https://marketing.houstonmethodist.org/brand/)
Purpose of the Residency Program
The purpose of the PGY1 pharmacy residency program is to educate pharmacy graduates to obtain the knowledge and skills needed to become competent in pharmacy practice. The residency program is designed to provide the resident with opportunities to conceptualize, integrate, and transform accumulated experiences and knowledge into improved drug therapy.

At the end of the year, each resident should be capable of the following:
- Independent provision of pharmaceutical care
- Self-monitor and self-direct one’s learning and performance
- Show commitment to the pharmacy profession
- Possess advanced knowledge of health system organization’s structures in relation to the provision of pharmaceutical care
- Function effectively as a member of the healthcare team

The various components of the program are continuously evaluated to ensure the quality of each experience. As dynamics of the hospital and organization change, revisions and modifications of the program may be necessary to fulfill the original program goals established.

RESIDENT RESPONSIBILITIES

Core Learning Experiences
There are 6 required learning experiences:
- Drug Information
- Internal Medicine
- Infectious Diseases
- Critical Care
- Cardiology
- Management/Medication Safety
  - Additionally, Medication Safety and Management have longitudinal responsibilities that may last throughout the year.

For each learning experience, the resident should contact the preceptor prior to the first day to establish start time, any pre-learning experience readings or assignments, etc. On the first day of the learning experience, the resident will go through the Learning Experience Orientation form to review their strengths, areas for improvement, preferred learning styles, anticipated absences (from the resident or preceptor) and the appropriate details pertaining to that absence with the preceptor. This review will be documented and submitted to the RPD for each learning experience. On the first or second day, each preceptor should review with the resident the schedule for the month, goals and expectations of the learning experience, and a binder or electronic file(s) of readings for assigned topic discussions. Throughout the learning experience, the preceptor is expected to provide routine feedback and formal evaluation at the mid-learning experience and final evaluation and PharmAcademic “provide feedback to the resident” electronic documentation as applicable. If feedback is not given routinely, the resident is encouraged to ask for feedback. A self-
assessment performed by the resident using the same evaluation as the preceptor should be completed when the preceptor completes a formal evaluation. This should be discussed concurrently with the preceptor’s evaluation of the resident. Additionally, each resident should evaluate their preceptor and the learning experience at the end of the learning experience and submit these evaluations to the Residency Program Director (RPD) after they are reviewed. These evaluations are available through PharmAcademic™.

Medication Safety involves working with the Medication Safety pharmacists in reviewing medication occurrences, adverse drug reactions, pharmacy interventions, and performance improvement initiatives. This learning experience occurs during a month-long period and longitudinally. The longitudinal medication safety responsibility involves participation in a quality assurance multi-disciplinary group that will be assigned during the year. The resident is expected to serve as a leader of this group focusing on a specific high-risk process or group of medications.

Management is also a focused learning experience with longitudinal activities that occur throughout the year. The responsibilities and timelines for the month-long learning experience are to be managed concurrently with the drug information responsibilities by the resident as a part of the learning that occurs during the learning experience. The longitudinal responsibilities of this learning experience include: assisting in Pharmacy Week planning and activities, assisting in recruitment and interviews for the following year’s residency class, developing or revising a policy or procedure, attending Management meetings, and any other assigned activities.

**Elective Learning Experiences**
Four elective learning experiences may be selected from, but are not limited to, the following: various Critical Care learning experiences, Emergency Department, Informatics, Geriatrics, Bone Marrow Transplantation, Hematology/Oncology in the Ambulatory Care setting, Inpatient Oncology, Investigational Drugs, Neurology, Psychiatry, and Solid Organ Transplant. A core learning experience may be repeated as an elective. Other opportunities may be arranged based on the resident’s interests and the availability of appropriate preceptors and resources.

**On-Call (e.g. CSOC)**
In addition to staffing, starting midway through the residency year, PGY1 residents take on-call responsibilities such as the CSOC pager. The CSOC pager responsibility starts on Monday and ending the following Monday coinciding with their weekend staffing shift. At any time during the week, the resident can page the Clinical Specialist also assigned to be on-call for questions and guidance. If scheduling conflicts results in switching weekend shifts and the CSOC pager is a responsibility for the shift being switched, management of the non-formulary database needs to be facilitated (i.e. inform the individual setting roles for the database of the switch). On-call responsibilities may be modified by program, but will expose the resident to similar experiences related to responding to specialized clinical situations and application of policy/procedures.

**Presentations**
When required by the learning experience or preceptor, the resident will present a formal presentation (case presentation, guideline review, journal club article, disease state overview) to the pharmacy staff. This is typically something related to the learning experience, will usually be presented at the pharmacy roundtable or clinical meeting, and is
usually required not more than one time in a learning experience. The second half of the year, the residents will perform presentations at their residency conferences. Each resident will also provide an ACPE accredited CE presentation at least one time during the year.

For presentations, the resident(s) presenting should ensure there is documentation of audience attendance and there is a mechanism for presentation evaluations. The resident(s) presenting are responsible for coordinating access to AV equipment with hospital conferences services if needed.

The residents are also expected to be mentors to the pharmacy students and attend at least half of the student presentations each month.

Formal presentations (including posters) made at HMH as well as at local and national conferences should be presented using the standard HMH PowerPoint templates.

Topic Discussions
Topic Discussions may be provided to expand the residents’ experiences beyond those that are covered in the scheduled learning experiences. Different preceptors will be providing the discussions and may require some background reading prior to the discussion. These meetings are meant to be interactive by nature and should have good participation from each resident.

Meetings
Hospital Committees
Of the many various hospital committees that pharmacy participates in, the major committees are: Pharmacy and Therapeutics (P&T) committee, Medication Use and Formulary Evaluation (MUFE) subcommittee, Medication Safety Committee (MSC), Antibiotic Subcommittee, Clinical Nutrition Subcommittee, and other committees for specific service lines.

Each resident should attend the committee’s meeting that their preceptor attends for each learning experience. The resident will be responsible for conducting the minutes for at least one meeting. The resident can work with one of the subcommittee secretaries who is responsible for the meeting minutes. In general, MSC is the 1st Tuesday of every month, MUFE is the 2nd Tuesday of every month, and P&T is the 4th Tuesday of every month at 12:00pm. MSC also has a pre-meeting on the Friday prior to the meeting.

Residents will be presenting at a variety of committee meetings through the course of the year. When possible, residents should attend committee meetings before they are scheduled to present so that they are familiar with the particular committee’s style of presentation and discussion.

Semi-monthly meetings with the RPD
Meetings with the RPD will occur the second and fourth week of each month or as scheduled. This will be an opportunity for the residents ask questions, raise any issues, and provide an assessment of learning experiences, projects, staffing, etc. Feedback should be given to the RPD at this time, if not before. This will also be a time for the RPD to inform the residents of upcoming events and any current issues.
Residency Advisory Council Meetings
The Residency Advisory Council meets the 3rd Tuesday of the month. Residents should only attend the residency council meetings that require their presence. The council will meet on a frequent basis where the mentors will elaborate on the resident’s progress.

Residency Conferences
Each resident will attend and present at the following conferences:
- Vizient conference (occurs at the beginning of ASHP Midyear): Poster presentation [December]
- ASHP Midyear conference: PPS and Residency Showcase [December]

Resident Leadership Responsibilities
Each resident will be a coordinator for at least one leadership responsibility. These responsibilities include:
- Coordinate the presentation to the students on residencies for the first half of the year (and at the end of residency year for the students on their first learning experience)
- Help organize the time spent with the HMH residency class on on-site interviews for residency applicants including planning lunches and dinners for the resident candidates
- Pharmacy Week Liaison—represent the PGY1 residents in planning pharmacy week and serve as co-lead of planning with the 1st year Health-System Pharmacy Administration and Leadership (HSPAL) resident
- Assist with planning the orientation and on-boarding activities for the next class of PGY1 residents
- Ensure conference registration, travel arrangements, and poster submission for ASHP Midyear Annual Meeting
- Ensure conference registration, travel arrangements, and abstracts submission for MPRC in coordination with the first year HSPAL resident and schedule the “mock” presentations in preparation for MPRC.
- Organize the presentation to the residency advisory council on suggested improvements for the residency program

Spokesperson/Mentor
Each resident should select a spokesperson/mentor before the August meeting. This spokesperson/mentor will provide the residency advisory council updates on the resident’s progress throughout the year. The spokesperson/mentor may also serve as a guide to assist the resident in overcoming obstacles to meeting deadlines or other requirements of the residency program. The resident is expected to keep their spokesperson/mentor updated on progress made throughout the year.

Pharmacy Week
Residents are responsible for assisting with organizing and running the events that occur during Pharmacy Week (typically in October). This is a hospital-wide event with daily activities such as a table set up in Crain Garden throughout the week with volunteers that man the table. Methodist paraphernalia, pharmacy and health-related information may be offered at the table. Volunteers may be sought from the pharmacy department. More
information can be obtained through the pharmacy managers and in the Pharmacy Week notebook updated by the previous year’s residents.

**Early Commitment Process**
Residents interested in early committing to a HMH PGY2 Pharmacy Residency are encouraged to complete the early commitment application process as soon as possible (see policy).
# PGY1 Residency Program Timeline

Refer to Clinical Learning Experience Schedule and General Schedule for Residents on the HMH Shared Drive for Specific Dates

<table>
<thead>
<tr>
<th>Month</th>
<th>Program Requirement/Event</th>
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<tbody>
<tr>
<td>Mid-June to July</td>
<td>Orientation (Hospital, new pharmacist orientation, new clinical specialist orientation)</td>
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<td></td>
<td>BLS certification</td>
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<td>ACLS certification</td>
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<td>PALS certification</td>
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<td></td>
<td>Pharmacy Research Committee Educational series</td>
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<td></td>
<td>Selection of major project \</td>
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<td></td>
<td>Selection of quality improvement project</td>
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<td></td>
<td>Selection of CE topic \</td>
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<tr>
<td></td>
<td>Residency Retreat \</td>
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<tr>
<td>August</td>
<td>Selection of Residency mentor before August RAC meeting</td>
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<td></td>
<td>Learning experience</td>
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<tr>
<td></td>
<td>Mid-learning experience evaluations due</td>
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<td></td>
<td>Final evaluations due</td>
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<td></td>
<td>Residency Advisory Council (RAC)</td>
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<tr>
<td>September</td>
<td>Learning experience</td>
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<td></td>
<td>Mid-learning evaluations</td>
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<td></td>
<td>Final evaluations due</td>
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<tr>
<td></td>
<td><strong>Pharmacist licensure</strong> \</td>
</tr>
<tr>
<td>October</td>
<td>Residents organize National Pharmacy Week</td>
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<tr>
<td></td>
<td>Learning experience</td>
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<tr>
<td></td>
<td>Mid-learning experience evaluations due</td>
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<td></td>
<td>Final evaluations due</td>
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<tr>
<td></td>
<td><strong>ASHP Midyear Registration deadline</strong></td>
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<tr>
<td></td>
<td><strong>Vizient Poster Abstract due</strong></td>
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<tr>
<td>November</td>
<td><strong>University of Houston Residency Showcase</strong></td>
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<tr>
<td></td>
<td>Learning experience</td>
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<tr>
<td></td>
<td>Mid-learning experience evaluations due</td>
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<tr>
<td></td>
<td>HMH Webinar showcases</td>
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<td></td>
<td>Final evaluations due</td>
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<tr>
<td></td>
<td>Vizient Poster due to printers</td>
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<tr>
<td>December</td>
<td><strong>Vizient Conference – present poster</strong></td>
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<tr>
<td></td>
<td><strong>ASHP Midyear – PPS and Residency Showcase responsibilities</strong></td>
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<td></td>
<td><strong>Pharmacist Preceptor licensure</strong></td>
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<td></td>
<td>Focus on Major project, Quality Improvement project and CE presentation</td>
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<td></td>
<td>Answer phones in Drug Information Center</td>
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<td></td>
<td>Begin carrying on call pager</td>
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<tr>
<td>January</td>
<td>Learning experience</td>
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<td></td>
<td>Residency Screening and/or telephone interviews</td>
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<tr>
<td></td>
<td>Mid-learning experience evaluations due</td>
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<td></td>
<td>Final evaluations due</td>
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<tr>
<td></td>
<td>PGY1 Screening interviews</td>
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<tr>
<td></td>
<td><strong>PGY1 Residency Interviews on Fridays (January and February)</strong></td>
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<tr>
<td>Month</td>
<td>Events</td>
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<tr>
<td>---------</td>
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</tr>
</tbody>
</table>
| February| Learning experience  
Mid-learning experience evaluations due  
Final evaluations due  
*PGY1 Residency Interviews on Fridays (January and February)* |
| March   | *MPRC registration deadline*  
Learning experience  
Mid-learning experience evaluations due  
Final evaluations due  
*UH/TSU Residents' Mentoring Dinner* |
| April   | *MPRC abstract due*  
Learning experience  
Mid-learning experience evaluations due  
Final evaluations due |
| May     | Learning experience  
*Early May – Midwest Pharmacy Residents Conference*  
Mid-learning experience evaluations due  
Final evaluations due |
| June    | Learning experience  
Mid-learning experience evaluations due  
Final evaluations due  
Turn in manuscripts for all projects during 1<sup>st</sup> week  
*Finish all necessary requirements to complete residency*  
*Present suggestions for improvement for Residency Program to Residency Advisory Council* |
<table>
<thead>
<tr>
<th>Requirement</th>
<th>Date of completion</th>
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</thead>
<tbody>
<tr>
<td>Complete 12 months of residency program</td>
<td></td>
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<tr>
<td>Achievement of ASHP/HMH required educations goals and objectives</td>
<td></td>
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<tr>
<td>• ComPLEtes all learning experiences</td>
<td></td>
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<tr>
<td>• Completes all required evaluations in PharmAcademic</td>
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<tr>
<td>• Achieved for Residency (ACHR) in 70% of all required objectives by end of program year</td>
<td></td>
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<tr>
<td>• No more than 1 objective rated as NI and not followed by SP</td>
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<tr>
<td>Complete all requirements of major and quality improvement projects as determined by the project preceptor and RPD</td>
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<tr>
<td>Complete final draft of manuscript write-up suitable for submission to a peer-reviewed journal for major project</td>
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<tr>
<td>Submit final, written reports for Major and quality improvement project to RPD</td>
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<tr>
<td>Submission of PRC-approved residency project proposal</td>
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<tr>
<td>If leaving the organization after the residency, close out any active IRB protocols for which the resident is listed as the PI AND return his/her completed, HMRI Internal Audit Compliant Study Binder.</td>
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<tr>
<td>Complete writing assignment publication submission (DIC rotation if assigned)</td>
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<tr>
<td>Turn in and upload all relevant residency documents into an organized residency binder in the shared folder and PharmAcademic</td>
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<tr>
<td>Complete the revision or introduction of a new policy</td>
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<td>Complete CE presentation</td>
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<tr>
<td>Complete all clinical and operations staffing requirements</td>
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<tr>
<td>Completion of/Attendance at Core Topic Discussions</td>
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<tr>
<td>Comprise list of suggestions for improvement for the residency and present this to the RAC at end of year</td>
<td></td>
</tr>
<tr>
<td>Complete all other assignments and responsibilities given throughout the year</td>
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</table>
PGY1 Pharmacy Residency for International Graduates

Purpose of the Residency Program
The HMH PGY1 Pharmacy Residency for International Graduates (PGY1-IG) exists to provide highly-qualified international pharmacist graduates the opportunity to attain the advanced knowledge, skills, and experiences from an ASHP-accredited residency program in preparation for a future professional practice of distinction outside the United States.

Graduates of the program will be prepared to meet expectations of a clinical pharmacist level position or a PGY2 residency training position. In either of these roles, the residency graduate will be capable of independently providing fundamental pharmaceutical care and becoming an integral member of a multidisciplinary patient care team. Graduates are capable of self-monitoring and self-directed learning for the purpose of continuous performance improvement and will demonstrate a commitment to the pharmacy profession and its growth throughout the world.

Graduates will possess leadership, safety and quality improvement skills required for introductory, formal or informal leadership positions within a US-based or international hospital setting and contribute to the advancement of the medical and pharmacy literature.

To achieve the unique purpose of PGY1-IG program, residents begin the 12-month program in mid-September each year allowing time for immigration support paperwork to be approved. Furthermore, residents in the PGY1-IG program are scheduled to train among the HM hospitals ranging in size from a 1,000 bed facility to those with 150 beds. This structured feature of the program positions graduates for success in large or smaller facilities. Graduates can then translate experiences to international healthcare facilities regardless of the hospital or pharmacy department size.

RESIDENT RESPONSIBILITIES
Core Learning Experiences
There are Seven (7) core one-month learning experiences:
- Drug Information & Formulary Management
- Acute Care Internal Medicine
- ICU / Critical Care
- Cardiology
- Continuity of care / transitions of Care (in the Physician’s Alliance for Quality)
- Medication Safety
- Research

Core management and leadership experiences are satisfied by longitudinal assignments throughout the residency year and through structured emphasis periods within the Drug Information, Research and Medication Safety Experiences. Furthermore, typically three of the above stated core or elective learning experiences will be conducted at an HM system hospital facility providing an added experience of understanding the implementation of clinical pharmacy practices in smaller hospital settings.

The longitudinal aspects of the management / leadership experience may include: assisting in Pharmacy Week planning and activities, assisting in recruitment and interviews for the
subsequent year’s residents, developing or revising a policy or procedure, attending Management and/or HM system clinical pharmacy lead meetings.

**Core Medication Safety training** will first involve an intensified orientation to the HM medication safety framework as designed and delivered by HM Medication Safety Pharmacists and participating HM Performance Improvement staff as well as the HM Chief Quality Officer as available. Additionally, the resident will work with the Medication Safety Pharmacists in reviewing medication occurrences, adverse drug reactions, pharmacy interventions, and performance improvement initiatives while on the Medication Safety experience as well as longitudinally.

**Elective Learning Experiences**
Four elective learning experiences may be selected from, but are not limited to, the following:
- Infectious Diseases
- Various Critical Care learning experiences
- Emergency Department
- Hematology/Bone Marrow Transplant
- Hematology/Oncology in the Ambulatory Care
- Inpatient Oncology
- Neurology, Psychiatry
- Solid Organ Transplant
- Informatics
- Management

Core learning experiences may be repeated as an elective experience. Alternative opportunities may be arranged based on the resident’s interests and the availability of qualified preceptors and resources.

**Off-Site Learning Experiences**
The resident within the PGY1 for International Graduates program will conduct learning experiences within the HM system including facilities outside of the Texas Medical Center (TMC) campus to satisfy a variety of objectives. The primary reason to facilitate experiences outside the TMC campus is to better expose the resident to hospital settings more closely aligned with a broader international landscape. To that end, a minimum of one (1) and a maximum of three (3) within-HM system, outside TMC site learning experiences will be scheduled after considering alignment of learning experience offerings, resident interests, and the availability of the learning experience preceptors.

Non-TMC learning experiences are essential to satisfy the unique objectives of the PGY1 IG program but can also present challenges for the resident to maintain progress on projects while off-site. The learning experiences’ timing may be modified if it is determined the resident is behind in any projects or responsibilities.

**Meetings**

**Hospital Committee Meetings**
Of the many various hospital committees that pharmacy participates in, the major committees are: Pharmacy and Therapeutics (P&T) committee, Medication Use and Formulary Evaluation (MUFE) subcommittee, Medication Safety Committees (SMSC and
entity MSC), Antibiotic Stewardship committees (SASC), Clinical Nutrition Subcommittee, and various Care Management Performance Improvement (CMPI) committees for specific service lines.

Each resident should attend the committee’s meeting that his/her preceptor attends for each learning experience. The resident will be responsible for conducting the minutes for at least one meeting. The resident can work with a subcommittee secretary who is responsible for the meeting minutes. In general, SMSC is the 2nd Thursday of every month, MUFE is the 2nd Tuesday of every month, SASC meets every 3rd Tuesday of the month at 12:00, and System P&T is the 1st Thursday of every month at 12:00pm.

Residents will be presenting at a variety of committee meetings through the course of the year. When possible, residents should attend committee meetings before they are scheduled to present so that they are familiar with the particular committee’s style of presentation and discussion.

Monthly meetings with the RPD and RPC
Meetings with the PGY1 RPD and RPC will occur the 2nd Friday of the month from 12:00 – 1pm. This will be an opportunity for the residents ask questions, voice concerns, and provide an assessment of learning experiences, projects, staffing, etc. Feedback should be given to the RPD & RPC at this time if not before. This will also be a time for the RPD and RPC to inform the residents of upcoming events and any current issues.

Residency Conferences
Each resident will attend and present at the following conferences:
- Midwest Pharmacy Residents Conference: PowerPoint formal presentation [May]
- ASHP Annual Pharmacy Meeting: Platform or Poster Presentation (Major Project or Minor Project work) [June]

Resident Leadership Responsibilities
Each resident will be coordinator for at least one leadership responsibility. These responsibilities include:
- Coordinating presentations to DOP students on residencies for the first half of the year (and at the end of residency year for the students on their first learning experience)
- Organizing the time spent with the HM residency class during on-site interviews for residency applicants including planning lunches and dinners for the resident candidates
- Pharmacy Week Liaison—represent the PGY1 residents in planning pharmacy week and serve as co-lead of planning with the 1st year Health-System Pharmacy Administration and Leadership (HSPAL) resident
- Assist with planning the orientation and on-boarding activities for the next class of PGY1 residents
- Ensure conference registration, travel arrangements, and abstracts submission for MPRC conferences in coordination with the first year HSPAL resident AND schedule the “mock” presentations in preparation for MPRC.
- Coordinate activities related to ASHP Annual Meeting Attendance by HM representatives (Abstract submission, registration, travel, lodging, etc)
- Organize the presentation to residency council on suggested improvements for the residency program
Mentor/Spokesperson
Each resident should select a mentor by the end of the 2nd month of residency. The mentor provides the RPD and RPC updates on the resident’s progress throughout the year. The mentor may also serve as a guide to assist the resident in overcoming obstacles to meeting deadlines or other requirements of the residency program. The resident is expected to keep their mentor updated on progress made throughout the year. The residency mentor will serve as the evaluating preceptor for longitudinal operations and clinical weekend coverage evaluations.

Early Commitment Process
Options for PGY2 training with Houston Methodist or other employment opportunities with the Houston Methodist will be managed on a one-on-one basis considering availability of such opportunities. The policy on promotion of a pharmacy resident is provided here: System_RXHR 121 Pharmacy Resident Selection Process

However, this process will be discussed and managed outside of approved procedure and timeline given the residency start/stop timeline and immigration-centric implications of a possible transition.
## PGY1 for IG Residency Program Timeline

Refer to Clinical Learning Experience Schedule and General Schedule for Residents on the HMH Shared Drive for Specific Dates

<table>
<thead>
<tr>
<th>Month</th>
<th>Program Requirement/Event</th>
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</thead>
</table>
| September | Orientation (Hospital, new pharmacist orientation, new clinical specialist orientation)  
BLS certification  
ACLS certification  
PALS certification  
Review major and quality improvement project alignment  
Review of ACPE CE program topic and solidify timeline for submission and presentation  
Clinical Competency Checkoff  
Selection of Residency mentor |
| October  | Participation in Pharmacy Week  
Intensified, new pharmacist medication safety training  
Learning Experience  
Mid-rotation evaluations due  
Residency Advisory Council (RAC)  
Final evaluations due  
Obtain initials from pharmacists as you demonstrate competency with core pharmacy clinical services/consults – **COMPETENCY CHECKLIST IS DUE** |
| November | HMH Webinar showcases  
Learning Experience  
Mid-rotation evaluations  
3rd week of the month (Monday evening staffing shift)  
*Pharmacist licensure*  
Final evaluations due |
| December | Learning Experience  
Mid-rotation evaluations due  
3rd week of the month (Monday evening staffing shift)  
Final evaluations due |
| January  | Learning Experience  
Mid-rotations evaluations due  
Final evaluations due  
*Residency Screening and/or telephone interviews*  
*PGY1 IG Residency Interviews on Tuesdays (January/February)*  
*UH/TSU Residents’ Mentoring Dinner* |
| February | Learning Experience/Focus on major and minor projects  
*PGY1 IG Residency telephone and in-person interviews (January/February)*  
Answer phones in Drug Information Center (as appropriate)  
3rd week of the month (Monday evening staffing shift)  
*ASHP Summer Meeting abstract due as meeting abstract submission deadline occurs Feb – March*  
Support orientation training for LAU DOP Students (spring group) |
<p>| March    | <em>MPRC registration deadline</em> |</p>
<table>
<thead>
<tr>
<th>Month</th>
<th>Learning Experience</th>
<th>Mid-rotation evaluations due</th>
<th>3rd week of the month (Monday evening staffing shift)</th>
<th>Final evaluations due</th>
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<tbody>
<tr>
<td>April</td>
<td><strong>Midwest States abstract due</strong></td>
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<tr>
<td>May</td>
<td><strong>Early May – Midwest Pharmacy Residents Conference</strong></td>
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<td>June</td>
<td><strong>ASHP Summer Meeting (June)</strong></td>
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<td>July</td>
<td>Learning Experience</td>
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<tr>
<td>August</td>
<td>Learning Experience</td>
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<tr>
<td>September</td>
<td>Mini-Rotations: Pending start date of program, there may be time for a week or two of rotational experience in an area of future practice interest. (Schedule permitting)</td>
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<td>1st Residency Close-out issues/Learning Experiences</td>
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<td>Complete project, policy work / any outstanding items prior to residency completion</td>
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<td>Turn in manuscripts for all projects during 1st week</td>
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<td></td>
<td>Finish all necessary requirements to complete residency</td>
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<td></td>
<td>Present suggestions for improvement for Residency Program to RPD/RPC</td>
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<td></td>
<td>Welcome new class of PGY1 International Residents as applicable.</td>
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</table>

Last day of Employment / residency may vary based on start date. The official residency period will last 366 days*** Employment is planned for 375 days. The balance of 10 days allows the resident to complete steps for relocation back home if needed after the 366 days if residency work*** Residents will use accumulated PTO for this period.
## Requirements to Complete PGY1 Pharmacy Residency for International Graduates

<table>
<thead>
<tr>
<th>Requirement</th>
<th>Date of completion</th>
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<tbody>
<tr>
<td>Complete 12 months of residency program</td>
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<td>Achievement of ASHP/HMH required educations goals and objectives</td>
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<td>• Completes all learning experiences</td>
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<td>• No more than 1 objective rated as NI and not followed by SP</td>
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<td>Complete all requirements of major and quality improvement projects as determined by the project preceptor and RPD</td>
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<td>Complete final draft of manuscript write-up suitable for submission to a peer-reviewed journal for major project</td>
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<td>Submit final, written reports for Major and quality improvement project to RPD</td>
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<tr>
<td>Submission of PRC-approved residency project proposal</td>
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<tr>
<td>Complete writing assignment publication submission (case report, drug monograph review to a journal, letter to editor etc)</td>
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<tr>
<td>Turn in and upload all relevant residency documents into an organized residency binder in the shared folder and PharmAcademic</td>
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<tr>
<td>Complete the revision or introduction of a new policy (ie therapeutic interchange policy, or any RXCLIN, RXP&amp;T, RXOP etc)</td>
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<tr>
<td>Complete CE presentation</td>
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<td>Complete all clinical and operations staffing requirements</td>
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<td>Completion of/Attendance at Core Topic Discussions</td>
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<td>Comprise list of suggestions for improvement for the residency and present this to the RAC at end of year</td>
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<tr>
<td>Complete all other assignments and responsibilities given throughout the year</td>
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</table>
Purpose of the Residency Program
The purpose of the Master of Science and Postgraduate Years 1 and 2 (PGY1/PGY2) Residency in Health-System Pharmacy Administration and Leadership is to develop pharmacy leaders by providing the administrative and clinical skills necessary to lead a large health-system pharmacy or other healthcare organization in advancing patient care. This program combines both a didactic and practical learning environment to train the pharmacy profession’s future leaders.

At the end of the 24-month program, the pharmacy administration resident should be capable of the following:

- Independent provision of pharmaceutical care
- Self-monitoring and self-directing one’s learning and performance
- Show commitment to the pharmacy profession
- Possess advanced knowledge of health system organization’s structures in relation to the provision of pharmaceutical care
- Function effectively as a member of the health care team
- Design and manage safe and effective medication use systems
- Apply quality methodology in managing pharmacy services
- Lead and manage health-system pharmacy’s human resources
- Manage a pharmacy department’s financial performance within a broader health system
- Leverage technology to optimize the medication use system
- Demonstrate personal leadership qualities essential to operate effectively within health systems while advancing pharmacy practice

The various components of the program are continuously evaluated to ensure the quality of each experience. As dynamics of the hospital and organization change, revisions and modifications of the program may be necessary to fulfill the original program goals established.

RESIDENT RESPONSIBILITIES

Core Learning Experiences
There are 11 required administrative learning experiences:

- Introduction to Ops
- Medication Safety (two learning experiences – a general learning experience in Year 1 and a more system focused learning experience in Year 2)
- Financial/Inventory Management
- Informatics (two learning experiences – a general learning experience in Year 1 and a more system focused learning experience in Year 2)
- Regulatory Compliance
- Human Resources
• Leadership/Strategic Management
• Operations Management and Community Hospital

There are 5 required clinical learning experiences
• Internal Medicine
• Drug Information
• Cardiology
• Infectious Diseases
• Critical Care

Longitudinal required learning experiences
• HR (MILE) Management
• Financial Management
• Ops Management
• Staffing/Patient Care

Elective Learning Experiences
There are a total of 4 elective learning experiences:
• two administrative
• one clinical
• one customizable learning experience- The customizable learning experience will be designated as a clinical if the resident still requires additional clinical experiences to achieve the goals and objectives in the PGY1 residency requirements.

Elective learning experiences may be selected from, but are not limited to, the following: Clinical Pharmacy Management
• Hospital Administration
• Hematology/Oncology
• Surgical Intensive Care
• Cardiovascular Intensive Care
• Solid Organ Transplant
• Bone Marrow Transplant
• Psychiatry
• Geriatrics
• Academia

In addition, elective learning experiences can be advanced versions of the currently required learning experiences including, but not limited to: Financial Management, Operations Management, and Human Resources.

Project Month
HSPAL PGY1 project month is designated for March. Residents are expected to partake in patient care activities the first week and the remainder is project month. The resident is expected to adhere to regular work hours (at least 8am- 5pm) during this month unless otherwise approved by the RPD. Significant progress on projects is expected to be made by the end of the month.
Concurrent MS in Pharmacy Leadership & Administration – UH College of Pharmacy

Unique to this residency program is the concurrent requirement of completing a Master of Science in Pharmacy Leadership and Administration degree program at the University of Houston College of Pharmacy. The administrative resident must balance all hospital and residency program duties with the requirements of the degree program at all times throughout the two years. While duties related directly to patient care outcomes must take priority, the administrative resident must also be mindful of attending class and make every effort to do so. It is up to the resident to coordinate learning experience calendars with the learning experience preceptor (including information on scheduled classes and other school obligations) prior to beginning a new learning experience to avoid schedule conflicts and any situation that may compromise patient care and/or administrative outcomes. As impromptu assignments and opportunities become available in the middle of a learning experience, the administrative resident must make the effort to avoid schedule conflicts to the best of their ability (e.g. last minute hospital meeting invitations, class project assignments, etc.) and prioritize when conflicts cannot be avoided. Residents must satisfactory complete and receive their Masters of Science from the Health-System Pharmacy Leadership and Administration Program in order to receive their PGY2 certificate.

When attending pharmacy conferences and other meetings (including off-site learning experiences) which may conflict with class schedules and other school requirements, the administrative resident is required to discuss these schedule conflicts with all appropriate faculty and advisors at the UH College of Pharmacy in a timely manner. Arrangements must be made by the administrative resident to ensure her or his ability to pass any and all courses is never compromised.

A separate graduation program manual will be provided to the administrative resident to cover all requirements for the degree program by the University of Houston. Please refer to this manual for all inquiries related to the degree program. Any perceived conflicts considered to be unavoidable by the resident must be clarified with both the Residency Program Director (RPD) and a representative from the degree program at the UH College of Pharmacy to determine which activity takes precedent.

Tuition reimbursement documentation must be completed in a timely fashion in order to receive tuition assistance. Reimbursement is generally provided only upon providing proof of successfully passing courses. The resident must submit registration documentation and proof of passing the courses immediately upon receipt of grades to ensure reimbursement. Grade submission is especially important when approaching the end of the two-year program – where all reimbursement requests must be received by the end of May to ensure reimbursement is received. The resident will be ineligible for tuition reimbursement once employment is terminated upon completion of the residency.

Staffing

Each pharmacy administration resident will staff two weekend shifts on average every three weeks throughout the two years. Staffing generally begins about a month after the program starts and continues throughout the two years. The residents will have the opportunity to rotate through different types of work shifts and areas to gain a variety of experiences. The administrative resident will staff one four-hour order-triage pharmacist shift on average
every 2 weeks or as needed by the department during their second year (3:30 p.m.-9:00 p.m.), class schedule permitting during the 2nd year of the residency at the discretion of the RPD.

During the second half of the first year of the program, the residents will begin serving as the pharmacy manager on call (PMOC) every six weeks. Each call week starts on a Monday and ends the following Monday. At any time during the call week, the resident can contact the pharmacy manager also assigned for that particular week to ask questions and receive guidance. By the beginning of the second year, the administrative resident will be expected to take independent call with the management team effectively serving as “back-up” when necessary. The administrative resident is encouraged to contact the pharmacy manager responsible for the area if an issue arises beyond the purview of the resident.

If schedule conflicts occur, each resident is expected to manage these independently. Switching shifts with other residents or staff members is permitted but must be communicated to the RPD, in addition to Aranzazu Calzado, if related to operational staffing, or David Putney and Engie Attia, if related to clinical staffing. If the usual weekend to staff conflicts with a residency-related meeting (ASHP Midyear Clinical Meeting, Alcalde Leadership Conference, Midwest States Residency Conference, etc.), the resident’s staffing weekend may be reassigned.

Resident Leadership Responsibilities
The first year HSPAL residents have coordination responsibilities. These responsibilities include:

- Coordinate the department’s National Health-System Pharmacy Week activities including department gifts, meals, and hospital programming
- Help organize portions of the HMH residency on-site interviews for residency applicants including the case presentation portion
- Assist with planning the dinners for the resident candidates that interview
- Ensure conference registration, travel arrangements, and abstract submission for conferences are done in a timely fashion for the residency class
- Coordinate the speaker schedule for the Residency Clinical/Business Forum
- Assist with planning the orientation and on-boarding activities for the next administrative resident(s), including materials deemed helpful to starting the program
- Organize the presentation to residency council on suggested improvements for the residency program (2nd year)
- Coordinate the pharmacy intern program including but not limited to performing intern performance appraisals, scheduling meetings with the interns, identifying and creating learning opportunities, intern retreat/graduation (2nd year) and providing an agenda for each meeting
- Coordinate Administrative Professionals Day (last week of April)

Meetings
Semi-monthly HSPA Huddle meetings with the RPD/PRC
Meetings with the RPD and RPC can provide an opportunity for the resident to ask questions, raise any issues, and provide an assessment of learning experiences, projects, staffing, etc. Feedback should be given to the RPD at this time if not before. This will also be a time for the RPD/RPC to inform the residents of upcoming events and any current issues.
**Pharmacy Residency Council Meetings**
The administrative resident should attend the Residency Advisory Council meetings that require their presence. The council will meet on a frequent basis where the mentors will elaborate on the resident’s progress. Each resident will be required to set up a regular meeting time that best suits their schedule each semester in order to discuss issues, ask questions, and provide assessment of learning experiences, projects, staffing, etc. Feedback should be given to the RPD/RPC at this time if not before. This will also be a time for the RPD/PRC to inform the residents of upcoming events and any current issues.

**Residency Conferences**
Each resident will attend and present at the following conferences:
- Vizient conference (occurs at the beginning of the ASHP Midyear Clinical Meeting) – Poster presentation during Years 1 and 2 of the program [December]
- ASHP Conference for Leaders in Health-System Pharmacy each year [December]
- The resident is required to complete at minimum one poster presentation (Midyear) and one platform presentation (Midwest) by the conclusion of Year 1.
- ASHP Midyear meeting (for year 2), residents will be required to submit a management case presentation
- Alcalde Leadership Meeting/TSHP – Platform presentation will be required for Year 2 of the program only [March/April]
- Midwest States Residency conference- PowerPoint formal presentation during first year of program [May]

**Mentor/Spokesperson**
Each resident should select a Clinical mentor/spokesperson before October 1\textsuperscript{st} of the first year in the program and a Management Mentor/spokesperson by the end of the Pharmacy Leadership Strategic Planning Session that occurs around October. This mentor/spokesperson will provide the residency advisory council updates on the resident’s progress throughout the year. The mentor/spokesperson may also serve as a guide to assist the resident in overcoming obstacles to meeting deadlines or other requirements of the residency program. Both mentors will attend Residency Advisory Council meetings on the resident’s behalf.

**Duty Hours**
Residents are expected to follow the established duty hours policy. Hours spent at school for classes associated with the Master of Science in Pharmacy Leadership and Administration at the University of Houston College of Pharmacy are also included in duty hours.

**Early Commitment Process**
PGY1 HSPAL are auto-committed to the PGY2 HSPAL program.
<table>
<thead>
<tr>
<th>Month</th>
<th>Program Requirement/Event</th>
</tr>
</thead>
</table>
| **Mid-June to July** | Orientation (Hospital, new pharmacist orientation, new clinical specialist orientation)  
                          BLS certification  
                          ACLS certification  
                          PALS certification  
                          Pharmacy Research Committee Educational series  
                          Selection of major project  
                          Selection of quality improvement project  
                          Selection of CE topic  
                          Residency Retreat |
| **August**          | Classes begin  
                          Selection of Residency mentor before August RAC meeting  
                          Learning experience  
                          Mid-rotation evaluations due  
                          Residency Advisory Council (RAC)  
                          Final evaluations due |
| **September**       | Learning experience  
                          Mid-rotation evaluations  
                          **Pharmacist licensure**  
                          Final evaluations and SARs due |
| **October**         | PGY1 Residents organize National Pharmacy Week  
                          Learning experience  
                          **ASHP Conference for Health-System Pharmacy Leaders**  
                          Mid-rotation evaluations due  
                          Final evaluations due  
                          ASHP Midyear Registration due  
                          Vizient Poster Abstract due |
| **November**        | **University of Houston Residency Showcase**  
                          Learning experience  
                          Mid-rotations evaluations due  
                          HMH Webinar showcases  
                          Final evaluations due  
                          Vizient Poster due to printers |
| **December**        | **Final Exams for Coursework**  
                          Vizient Conference – present poster  
                          ASHP Midyear – PPS and Residency Showcase responsibilities  
                          **Pharmacist Preceptor licensure**  
                          Focus on Major project, Quality Improvement project and CE presentation  
                          Answer phones in Drug Information Center  
                          Begin carrying on call pager |
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<tr>
<th>Month</th>
<th>Program Requirement/Event</th>
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<tbody>
<tr>
<td>January</td>
<td>Classes Begin&lt;br&gt;Learning experience&lt;br&gt;Residency Screening and/or telephone interviews&lt;br&gt;Mid-rotation evaluations due&lt;br&gt;Final evaluations due&lt;br&gt;&lt;i&gt;UH/TSU Residents’ Mentoring Dinner&lt;/i&gt;&lt;br&gt;&lt;i&gt;Residency Interviews on Wednesday (January and February)&lt;/i&gt;</td>
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<tr>
<td>February</td>
<td>Learning experience&lt;br&gt;Mid-rotation evaluations due&lt;br&gt;Final evaluations due&lt;br&gt;&lt;i&gt;Residency Interviews on Wednesday (January and February)&lt;/i&gt;</td>
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<tr>
<td>March</td>
<td>Learning experience&lt;br&gt;Mid-rotation evaluations due&lt;br&gt;Final evaluations due</td>
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<tr>
<td>April</td>
<td>&lt;i&gt;Project proposal defense – dependent on UH timeline&lt;/i&gt;&lt;br&gt;&lt;i&gt;Midwest States abstract due (April)&lt;/i&gt;&lt;br&gt;&lt;a&gt;<a href="http://www.mprconference.com/">http://www.mprconference.com/</a>&lt;/a&gt;&lt;br&gt;Learning experience&lt;br&gt;Mid-rotation evaluations due&lt;br&gt;Final evaluations due</td>
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<tr>
<td>May</td>
<td>Learning experience&lt;br&gt;&lt;i&gt;Early May – Midwest Pharmacy Residents Conference&lt;/i&gt;&lt;br&gt;Mid-rotation evaluations due&lt;br&gt;Final evaluations due&lt;br&gt;&lt;i&gt;Finals for coursework&lt;/i&gt;</td>
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<tr>
<td>June</td>
<td>&lt;i&gt;Summer semester begins (1&lt;sup&gt;st&lt;/sup&gt; year transitioning to 2&lt;sup&gt;nd&lt;/sup&gt; year resident)&lt;/i&gt;&lt;br&gt;Learning experience&lt;br&gt;Mid-rotation evaluations due&lt;br&gt;Final evaluations due&lt;br&gt;Turn in manuscripts for all projects during 1&lt;sup&gt;st&lt;/sup&gt; week&lt;br&gt;&lt;i&gt;Finish all necessary requirements to complete residency&lt;/i&gt;&lt;br&gt;&lt;i&gt;Present suggestions for improvement for Residency Program to Residency Advisory Council&lt;/i&gt;</td>
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**YEAR 2**

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<thead>
<tr>
<th>Month</th>
<th>Program Requirement/Event</th>
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<tbody>
<tr>
<td>July</td>
<td>Selection of CE topic&lt;br&gt;Residency Retreat&lt;br&gt;&lt;i&gt;Management Case Submission to ASHP Midyear&lt;/i&gt;</td>
</tr>
<tr>
<td>August</td>
<td>Classes begin&lt;br&gt;Learning experience&lt;br&gt;Mid-rotation evaluations due&lt;br&gt;Residency Advisory Council (RAC)&lt;br&gt;Final evaluations due</td>
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<tr>
<td>September</td>
<td>Learning experience&lt;br&gt;Mid-rotation evaluations&lt;br&gt;Final evaluations due</td>
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<tr>
<td>October</td>
<td>Learning experience&lt;br&gt;&lt;i&gt;ASHP Conference for Health-System Pharmacy Leaders&lt;/i&gt;</td>
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<tr>
<td>Month</td>
<td>Event(s)</td>
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<tr>
<td>November</td>
<td><strong>University of Houston Residency Showcase</strong>&lt;br&gt;Learning experience&lt;br&gt;Mid-rotations evaluations due&lt;br&gt;HMH Webinar showcases&lt;br&gt;Final evaluations due&lt;br&gt;Vizient Poster due to printers</td>
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<tr>
<td>December</td>
<td><strong>Final Exams for Coursework</strong>&lt;br&gt;<strong>Vizient Conference – present poster</strong>&lt;br&gt;<strong>ASHP Midyear – PPS and Residency Showcase responsibilities</strong></td>
</tr>
<tr>
<td>January</td>
<td>Classes Begin&lt;br&gt;Learning experience&lt;br&gt;Residency Screening and/or telephone interviews&lt;br&gt;Mid-rotation evaluations due&lt;br&gt;Final evaluations due&lt;br&gt;<strong>UH/TSU Residents’ Mentoring Dinner</strong>&lt;br&gt;<strong>Residency Interviews on Wednesday (January and February)</strong>&lt;br&gt;<strong>Intent to present at TSHP/Alcalde due to TSHP</strong> (<a href="http://www.tshp-foundation.org/alcalde/">http://www.tshp-foundation.org/alcalde/</a>)</td>
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<tr>
<td>February</td>
<td>Learning experience&lt;br&gt;Mid-rotation evaluations due&lt;br&gt;Final evaluations due&lt;br&gt;<strong>Residency Interviews on Wednesday (January and February)</strong>&lt;br&gt;<strong>Abstract for Alcalde presentation due</strong></td>
</tr>
<tr>
<td>March</td>
<td>Learning experience&lt;br&gt;Mid-rotation evaluations due&lt;br&gt;Final evaluations due</td>
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<tr>
<td>April</td>
<td><strong>Project defense – dependent on UH timeline</strong>&lt;br&gt;Learning experience&lt;br&gt;Mid-rotation evaluations due&lt;br&gt;Final evaluations due&lt;br&gt;<strong>Masters project manuscript due to University of Houston – late April</strong></td>
</tr>
<tr>
<td>May</td>
<td>Learning experience&lt;br&gt;Mid-rotation evaluations due&lt;br&gt;Final evaluations due&lt;br&gt;<strong>MS graduation</strong></td>
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<tr>
<td>June</td>
<td>Learning experience&lt;br&gt;Mid-rotation evaluations due (10&lt;sup&gt;th&lt;/sup&gt;)&lt;br&gt;Final evaluations due&lt;br&gt;<strong>Finish all necessary requirements to complete residency</strong>&lt;br&gt;<strong>Present suggestions for improvement for Residency Program to Residency Advisory Council</strong></td>
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## Requirements to Complete PGY2 Residency for HSPAL Residents

<table>
<thead>
<tr>
<th>Requirement (EACH YEAR)</th>
<th>Date of completion</th>
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<tbody>
<tr>
<td>Complete 12 months of residency program</td>
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<tr>
<td>Achievement of ASHP/HMH required educations goals and objectives</td>
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<tr>
<td>• Completes all learning experiences</td>
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<tr>
<td>• Completes all required evaluations in PharmAcademic</td>
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<tr>
<td>• Achieved for Residency (ACHR) in 70% of all required objectives by end of program year</td>
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<tr>
<td>• No more than 1 objective rated as NI and not followed by SP</td>
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<tr>
<td>Complete all requirements of major and quality improvement projects as determined by the project preceptor and RPD</td>
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<tr>
<td>Complete final draft of manuscript write-up suitable for submission to a peer-reviewed journal for major project</td>
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<tr>
<td>Submit final, written reports for Major project to RPD</td>
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<tr>
<td>Submit final, written report for quality improvement project (PGY1 only) to RPD</td>
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<tr>
<td>Submission of PRC-approved residency project proposal (PGY2 only)</td>
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<tr>
<td>If leaving the organization after the residency, close out any active IRB protocols for which the resident is listed as the PI AND return his/her completed, HMRI Internal Audit Compliant Study Binder.</td>
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<tr>
<td>Complete writing assignment publication submission (DIC rotation if assigned)</td>
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<tr>
<td>Turn in and upload all relevant residency documents into an organized residency binder in the shared folder and PharmAcademic</td>
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<td>Complete the revision or introduction of a new policy</td>
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<td>Complete CE presentation</td>
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<tr>
<td>Complete all clinical and operations staffing requirements</td>
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<tr>
<td>Completion of/Attendance at Core Topic Discussions</td>
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<tr>
<td>Comprise list of suggestions for improvement for the residency and present this to the RAC at end of year</td>
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<tr>
<td>Completion of MS in Pharmacy Leadership &amp; Administration</td>
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<tr>
<td>Complete all other assignments and responsibilities given throughout the year</td>
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Purpose of the Residency Program
The PGY1/2 Pharmacy Informatics Residency program at Houston Methodist provides candidates with training in administrative pharmacy, clinical pharmacy and informatics pharmacy over the course of 24 months.

In this unique program, the resident supports existing pharmacy informatics services and dedicates time to informatics-related quality improvement projects and research with a focus on safety, efficiency, and state-of-the-art pharmacy-related technologies. The resident spends significant time learning clinical decision support systems, medication lifecycle technologies from ordering to administration, pharmacy financial excellence and compliance through technologies and data mining skills. The program includes core clinical and operational pharmacy learning experiences to ensure the necessary foundation to build upon for the informatics focus. In addition, Pharmacy Informatics residents get the opportunity to be certified as Epic Willow Inpatient analysts during the course of their residency. Residents will train in the various hospitals in the Houston Methodist system, ranging in size from the flagship 1100-bed facility to those with as few as 150 beds. This structured feature positions graduates for success in both large and small facilities.

Graduates of this program are prepared to find employment opportunities in the field of pharmacy informatics as Pharmacist Informaticists, Pharmacy IT Specialists, System Analysts, Program Managers, and other elite and specialized positions that are in high demand. Being trained by Houston Methodist’s pharmacy informatics preceptors and experts and holding the Epic Willow Inpatient certification upon graduation both provide the pharmacy informatics graduate a sharper market edge and competitive advantage when heading to join the practice workforce. Graduates can work in various settings including but not limited to hospital and healthcare, industry, academia, and research.

RESIDENT RESPONSIBILITIES

Core Learning Experiences

Year 1
There are 5 required clinical learning experiences including:

- Internal Medicine
- Drug Information
- Emergency Medicine
- Infectious Diseases
- Critical Care
- Medication Safety I

There is one selective clinical learning experience where, depending on availability at the time, the resident will be assigned to Cardiology, Solid Organ Transplant, Internal Medicine II, Neurology, or Continuity of Care.

Year 2
There are 11 required informatics learning experience:

- Orientation/Intro to Pharmacy Informatics
• Medication Utilization/Analytics/DB management
• Medication Safety II
• Pharmacy Administration and Project Management
• Informatics and Automation (two learning experiences – one for medication prescribing and preparation, and a second for medication dispensing/distribution and administration)
• Oncology/Research Informatics
• Clinical Decision Support
• Epic Willow Certification
• Supply Chain/340B/Billing management

The first-year Medication Safety learning experience involves working with the Medication Safety specialist in reviewing medication occurrences, adverse drug reactions, pharmacy interventions, and performance improvement initiatives. The second-year learning experience will be more focused on management of system improvements based on event reports as they relate to pharmacy operations with the possibility of serving as a co-preceptor over PGY1 residents.

Elective Learning Experience
There is a total of 4 elective learning experiences (two informatics, one administrative and one customizable learning experience). The customizable learning experience will be designated as a clinical if the resident still requires additional clinical experiences to achieve the goals and objectives in the PGY1 residency requirements. There are 2 elective informatics learning experience where resident can choose between Ambulatory Pharmacy Informatics, Database Management and Programming, Advanced Reporting/Analytics, and Advanced Informatics Project Management. There is one elective administrative learning experience where resident can choose between Clinical Services Management, Contract Management/Purchasing, Formulary Management, Hospital Administration, and Investigation Drug Services.

Concurrent Epic Willow Certification
Unique to this residency program is the concurrent requirement of completing Epic Willow Certification by attending required classes at Epic headquarters in Verona, WI, and completing all homework and project work. Houston Methodist sponsors the candidate for all registration and travel expenses associated with this certification, for only one attempt to be certified in the specified learning experience timeframe. Any expenses associated with retakes due to failing first attempt are the resident's responsibility. Houston Methodist reserves the right to request any form of financial commitment for any certification expenses paid by Houston Methodist to ensure the resident completes the entire residency program as designed. Even though a separate learning experience is designated to help achieve this certification’s requirements, the informatics resident must balance all hospital and residency program duties with the requirements of the certification at all times throughout the two years, and especially in case more time to finish homework, related certification project, or retakes are needed. While duties related directly to patient care outcomes must take priority, the informatics resident must also be mindful of finishing all certification assignments and project work on time and avoid any exam retakes.
**Staffing**
Each pharmacy informatics resident will staff two weekend shifts on average every three weeks throughout the two years. Operational staffing generally begins about a month after the program starts, and clinical staffing begins toward the end of year 1 and continues throughout the two years. The residents will have the opportunity to rotate through different types of work shifts and areas to gain a variety of experiences. Other staffing duties may also be assigned by the RPD as needed.

**Resident Leadership Responsibilities**
The first year informatics residents have coordination responsibilities. These responsibilities include:
- Coordinate assigned activities/events as assigned by RPD
- Help organize portions of the HMH residency on-site interviews for residency applicants including the case presentation portion
- Assist with planning the dinners for the resident candidates that interview
- Assist with planning the orientation and on-boarding activities for the next informatics resident(s), including materials deemed helpful to starting the program
- Organize the presentation to residency council on suggested improvements for the residency program

**Meetings**
**Semi-monthly Informatics Huddle meetings with the RPD/PRC**
Meetings with the RPD and RPC can provide an opportunity for the resident to ask questions, raise any issues, and provide an assessment of learning experiences, projects, staffing, etc. Feedback should be given to the RPD at this time if not before. This will also be a time for the RPD/PRC to inform the residents of upcoming events and any current issues.

**Residency Advisory Council Meetings**
The informatics resident should attend the Residency Advisory Council meetings that require their presence. The council will meet on a frequent basis where the mentors will elaborate on the resident’s progress. Each resident will be required to set up a regular meeting time that best suits their schedule each semester in order to discuss issues, ask questions, and provide assessment of learning experiences, projects, staffing, etc. Feedback should be given to the RPD/PRC at this time if not before. This will also be a time for the RPD/PRC to inform the residents of upcoming events and any current issues.

**Mentor/Spokesperson**
Each resident should select a Clinical mentor/spokesperson before October 1st of the first year in the program and an Informatics Mentor/spokesperson by October 31st. This mentor/spokesperson will provide the residency advisory council updates on the resident’s progress throughout the year. The mentor/spokesperson may also serve as a guide to assist the resident in overcoming obstacles to meeting deadlines or other requirements of the residency program. Both mentors will attend Residency Advisory Council meetings on the resident’s behalf.
Residency Conferences
Each resident will attend and present at the following conferences:

- The resident is required to complete at minimum one poster presentation (Vizient/ASHP Midyear) and one platform presentation (Midwest/ASHP Summer meetings) by the conclusion of Year 1. The resident will present these posters at these respective meetings [December, May/June]
- Midwest States Residency conference- PowerPoint formal presentation during first year of program [May]
- ASHP Midyear meeting (for year 2), residents will be required to submit an informatics project presentation [December]

Early Commitment Process
PGY1 IT resident is auto-committed to the PGY2 HSPAL program.
## PGY1/PGY2 Pharmacy Informatics Residency Program Timeline

Refer to Clinical Learning Experiences Schedule and General Schedule for Residents on the HMH Shared Drive for Specific Dates

<table>
<thead>
<tr>
<th>Month</th>
<th>Program Requirement/Event</th>
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BLS certification  
ACLS certification  
PALS certification  
Pharmacy Research Committee Educational series  
Selection of major project  
Selection of quality improvement project  
Selection of CE topic  
Residency Retreat |
| **Year 2**                 | Residency Retreat  
Informatics Project Presentation Submission to ASHP Midyear  
Learning Experience  
Mid-rotation evaluations due  
Residency Advisory Council (RAC)  
Final evaluations due |
| **August**                 | Learning Experience  
Mid-rotation evaluations due  
Residency Advisory Council (RAC)  
Final evaluations due |
| **September**              | Learning Experience  
Mid-rotation evaluations  
*Pharmacist licensure (Year 1)*  
Final evaluations due |
| **October**                | *Selection of Clinical residency mentor by Oct 1, Informatics Mentor by Oct 31 (Year 1)*  
Learning Experience  
Mid-rotation evaluations due  
Final evaluations due  
ASHP Midyear Registration due  
Vizient Poster Abstract due |
| **November**               | *University of Houston Residency Showcase*  
Learning Experience  
Mid-rotations evaluations due  
HMH Webinar showcases  
Final evaluations due  
Vizient Poster due to printers |
| **December**               | *Vizient Conference – present poster  
ASHP Midyear – PPS and Residency Showcase responsibilities  
Pharmacist Preceptor licensure (Year 1)*  
Custom Learning Experience |
<table>
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<tr>
<th>Month</th>
<th>Year 1 and 2</th>
<th>Learning Experience</th>
<th>Mid-rotation evaluations due</th>
<th>Final evaluations due</th>
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<tbody>
<tr>
<td>January</td>
<td></td>
<td>Residency Screening and/or telephone interviews</td>
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<td>UH/TSU Residents' Mentoring Dinner, if desired</td>
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<td>Residency Interviews on Tuesday (January and February)</td>
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<td>February</td>
<td>Year 1 and 2</td>
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<td>Learning Experience</td>
<td>Mid-rotation evaluations due</td>
<td>Final evaluations due</td>
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<td>April</td>
<td>Year 1 and 2</td>
<td>Midwest States abstract due</td>
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<td><a href="http://www.mprconference.com/">http://www.mprconference.com/</a></td>
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<td>Learning Experience</td>
<td>Mid-rotation evaluations due</td>
<td>Final evaluations due</td>
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<td>May</td>
<td>Year 1 and 2</td>
<td>EPIC certification (Year 1)</td>
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<td>Early May – Midwest Pharmacy Residents Conference (Year 1)</td>
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<td>Mid-rotation evaluations due</td>
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<td>Final evaluations due</td>
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<td>June</td>
<td>Year 1 and 2</td>
<td>ASHP Summer Meeting (Year 1)</td>
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<td></td>
<td>Learning experience</td>
<td>Mid-rotation evaluations due (15th year 1, 10th year 2)</td>
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<td>Turn in manuscripts for all projects during 1st week</td>
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<td>Finish all necessary requirements to complete residency</td>
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<td>Present suggestions for improvement for Residency Program to Residency Advisory Council</td>
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## Requirements to Complete each year of PGY1/PGY2 Pharmacy Informatics Residency

<table>
<thead>
<tr>
<th>Requirement (EACH YEAR)</th>
<th>Date of completion</th>
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<tbody>
<tr>
<td>Complete 12 months of residency program</td>
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<tr>
<td>Achievement of ASHP/HMH required educations goals and objectives</td>
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<tr>
<td>• Completes all learning experiences</td>
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<tr>
<td>• Completes all required evaluations in PharmAcademic</td>
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<tr>
<td>• Achieved for Residency (ACHR) in 70% of all required objectives by end of program year</td>
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<tr>
<td>• No more than 1 objective rated as NI and not followed by SP</td>
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<tr>
<td>Complete all requirements of major and quality improvement projects as determined by the project preceptor and RPD</td>
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<tr>
<td>Complete final draft of manuscript write-up suitable for submission to a peer-reviewed journal for major project</td>
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<tr>
<td>Submit final, written reports for Major and quality improvement project to RPD</td>
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<tr>
<td>Submission of PRC-approved residency project proposal</td>
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<td>If leaving the organization after the residency, close out any active IRB protocols for which the resident is listed as the PI AND return his/her completed, HMRI Internal Audit Compliant Study Binder.</td>
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<tr>
<td>Complete writing assignment publication submission (DIC rotation if assigned)</td>
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<tr>
<td>Turn in and upload all relevant residency documents into an organized residency binder in the shared folder and PharmAcademic</td>
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<td>Complete the revision or introduction of a new policy</td>
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<td>Complete CE presentation</td>
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<td>Complete all clinical and operations staffing requirements</td>
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<td>Completion of/Attendance at Core Topic Discussions</td>
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<tr>
<td>Comprise list of suggestions for improvement for the residency and present this to the RAC at end of year</td>
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<tr>
<td>Complete all other assignments and responsibilities given throughout the year</td>
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</table>
Purpose of the Residency Program
The pharmacist completing this residency program shall be able to independently and confidently provide pharmaceutical care for the critically-ill patient in order to achieve optimal pharmacotherapeutic outcomes. The pharmacist shall be able to initiate the solving of practice problems and self-monitor and self-assess their own work. The pharmacist shall be committed to continuous self-learning and the advancement of the pharmacy profession. The resident will gain knowledge and experience in critical care and be adequately prepared to sit for Board Certification in Critical Care Pharmacy (BCCCP). Upon completion of the residency, the resident will be competitive for a position as a critical care pharmacist working in the areas of critical care, emergency medicine, or transplant.

RESIDENT RESPONSIBILITIES

Core Learning Experiences
Learning experiences are based on a calendar month. There are 7 core learning experiences (accounts for 9 calendar months):

- Medical Intensive Care Unit (MICU) x 2
- Cardiovascular surgery Intensive Care Unit (CVICU) x 2
- Surgery and Liver intensive care Unit (SLICU)
- Coronary Intensive Care Unit (CICU)
- Neurosurgical Intensive Care Unit (NICU)
- Research & Management I
- Research & Management II

Quarterly Evaluations and Updates to Customized Training Plans
Residents will be provided interim, quarterly summative evaluations assessing progress on cross-rotational progress and longitudinal projects. Training plan updates will focus on some of the following areas (not all areas may be included; resident specific):

- Critical care patient care development
- Critical care clinical coverage progress
- Critical care longitudinal major and minor project updates
- Leadership and teaching skill development
- Professional development interests
- Resident self-evaluation skills
- Review of previous plan changes and modifications
- Update on strengths and weaknesses of the resident
- Resident interest areas
- Short and long term goals

Elective Learning Experiences
The PGY2 Critical Care Pharmacy Residency program will be modified, where possible, to meet the special interests of the resident through incorporation of elective learning experiences. Arrangements can be made to afford the resident exposure to specific ICU patient populations not readily accessible at Houston Methodist Hospital. The elective learning experiences available for the resident to choose from include:
Staffing and Clinical Coverage
Residents will provide traditional staffing coverage in the ICU satellite pharmacy during the orientation month (or longer) until core operations competencies are assured. Four or five shifts (for a total of 40 hours) of traditional, ICU staffing experience will be required in the residency year, traditionally in December, to grow full competency in the skill and to satisfy objectives related to medication use process improvements.

Clinical coverage for the ICUs will begin in July/August of the residency year with 1-2 weekends of joint coverage with a clinical specialist mentor depending on where PGY1 training occurred. Clinical coverage will be scheduled for one weekend every three weeks, on average, throughout the year with the exception of weekends of residency-related meetings (ASHP Midyear, Society of Critical Care Medicine Congress, etc.). In addition, the residents will be working the ‘G shift’ from 3:30 PM – 9 PM, 1 shift every 2 weeks averaged over a four-week period. This G shift will teach to how clinical consults and coverage is managed during the evening when clinical coverage is truncated to 2-3 clinical pharmacists/residents.

Switching shifts with other residents or clinical staff is permitted, but must be communicated to the RPD and clinical manager first. All coverage changes need to ensure appropriate level of experience for coverage swaps. Swapping shifts should also not violate duty hours. The resident is responsible for ensuring this prior to the schedule request.

Writing Assignment for Publication
Developing the resident’s scientific writing skills is an important element to the PGY2 residency program. The PGY2 resident will complete a writing assignment (ICU topic of his/her choosing) to be submitted for publication (i.e. TSHP Journal or similar journal if published there already). The writing assignment should be a review or update on a critical care related topic of timely interest to the medical and pharmacy community. The writing assignment will be co-authored by a PGY2-CCM residency preceptor or RPD. For completion of the residency, the writing assignment should be submitted for publication by no later than 14 days prior to the last day of the residency in order to receive the residency certificate on the last day of the residency.

Process Improvement Project
The resident will identify an ICU process that needs improvement by no later than the end of December. This project is meant to be small in scope, but to address an existing need either in clinical or operational processes. The resident will need to identify the problem, collect a limited amount of data to confirm the issue is real, and then develop and implement solutions to remedy the problem. The resident is expected to write up a one page summary of the process improvement project as well as identify if any follow up is required by the ICU.
team after completion and who will be the lead on that follow up. This project must be completed by no later than the second Research & Management month in the Spring.

**Presentations**
For all of the presentations, the resident(s) presenting should ensure there is documentation of audience attendance and there is a mechanism for presentation evaluations. The resident(s) presenting are responsible for coordinating access to AV equipment needed for the presentation. It is also the resident’s responsibility to notify the ICU preceptors at least 24-48 hours prior to their presentation to encourage attendance and feedback. Copies of any written feedback related to the creation of the presentation or the live presentation itself should be scanned into PharmAcademic within 7 days of the presentation.

**Critical Care Pharmacy Lecture Series: Resident Presentations**
The PGY2 CCM resident is expected to be a mentor and contributor to the teaching of PGY1 pharmacy practice residents and doctor of pharmacy students. As part of the pharmacy lecture series, the PGY2 CCM resident will re-vamp or update 2 student lecture topics as assigned by the RPD and repeat the same lecture topic each block of the student rotations. The 1st lecture will take place during the July/August student block and the 2nd lecture will take place during the January/February block with both lectures continuing through the end of the residency year. The repetition of the presentations to the student/PGY1 resident learners will enhance the teaching capacity of the PGY2 CCM resident and allow the resident to demonstrate skills in the Expert/Educator domain of the R.I.M.E. model. Additional teaching and presentation opportunities will be available if there is interest by the resident.

The PGY2 CCM residents are expected to create the student lecture calendar as part of their duties as ICU Pharmacy Meeting Secretary. Preceptor schedules should be reviewed prior to making the calendar to assign the appropriate lecturer. Calendars should be reviewed at the ICU Pharmacy meetings or by email. It is the resident’s responsibility to book rooms or work with the Pharmacy Administration Secretary to get room assignments and Outlook calendar meeting requests to the preceptors at least 2 weeks prior to the start of the schedule.

**Longitudinal RPD and Resident(s) Topic Discussions**
General topic discussions with the residency program director or designee as appropriate will be conducted as needed. Discussions and may require some background reading prior to the discussion. These meetings are to be interactive and should have open participation from the resident.

**Hospital Committee Representation**
Of the many various hospital committees that pharmacy participates in, the major committees are:

- Pharmacy and Therapeutics (P&T) committee
- Medication Usage and Formulary Evaluation (MUFE) subcommittee
- Medication Safety Committee (MSC)
- Clinical Nutrition Subcommittee (CNS)
- Various HMH Care Management Performance Improvement (CMPI) committees for specific service lines:
  - Critical Care CMPI
  - CVICU CMPI
Each resident should attend the monthly CMPI committee meetings that are related to the learning experience they are on/that their preceptors attend. Dates/times will be provided by learning experience preceptors. In general, MSCs is the 1st Tuesday of every month, MUFE is the 2nd Tuesday of every month, CNS is the 2nd Tuesday of every other month starting in January and P&T is the 4th Tuesday of every month.

PGY2 CCM Resident Leadership Activities
Each resident will assume leadership responsibilities at some point through the year. These activities are assigned to develop/refine professionalism, networking and organization skills that are important for becoming a pharmacy leader and promoting the profession moving forward. The primary leadership activity for the PGY2 Critical Care Resident will be sharing the duties of Secretary for the monthly ICU Pharmacy meeting. The PGY2 resident is expected to be a valuable contributor to his/her peers and an increasingly important mentor the PGY1 pharmacy residents. The PGY2 resident will demonstrate his/her leadership capabilities in this role.

Monthly Meetings with the RPD/RPC
Meetings with the RPD/RPC will occur monthly. The residents should schedule monthly meetings with the RPD/RPC jointly with their co-residents for the first half of the year and then consider splitting the meetings during the second half of the year due to differing needs of each resident. Monthly ICU Pharmacy Meetings will also occur with all of the ICU preceptors which allows for the opportunity for the residents to ask questions, raise any issues, and provide an assessment of learning experiences, projects, staffing, etc. In addition, the resident and RPC will discuss and update the resident’s customized training plan on a quarterly basis.

Residency Conferences
Each Critical Care resident will attend and present at the following conferences:
- SCCM Texas Chapter Symposium [Fall] – No presentation required, but encouraged; deadline is late summer
- VIZIENT Conference at ASHP Midyear Conference [December] – Poster Presentation
- ASHP Midyear Conference [December] – Recruiting and networking at PPS and Residency Showcase
- SCCM Congress [January/February] – No presentation required, but encouraged; deadline is late summer
- Texas Medical Center Critical Care Research Forum [June] – Platform Presentation

Code Blue Pager Coverage
As part of the goal/objectives of the management of medical emergencies, the PGY2 Critical Care resident will carry the code blue pager as assigned by the Code Blue schedule throughout the year and on weekends. The resident will be checked off on competencies at the beginning of the year and snapshots will be performed prior to being assigned primary coverage. The pager should be picked up by 7 AM on days the pager is carried and dropped off in central pharmacy before leaving for the end of the day. The weekend E1 shift carries the primary pager and the E3 shift person covers the backup pager. During code blue
orientation, the resident should notify the RPD upon attending a real code with the preceptor involved and the date the code occurred in order to generate a snapshot in PharmAcademic™. At least 2-3 code blue snapshots are required before consideration of allowing the resident to assume primary code blue coverage independently.
### PGY2 Critical Care Pharmacy Residency Program Timeline

Refer to Clinical Learning Experience Schedule and General Schedule for Residents on the HMH Shared Drive for Specific Dates

<table>
<thead>
<tr>
<th>Month</th>
<th>Program Requirement/Event</th>
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<tbody>
<tr>
<td>July</td>
<td>Orientation (Hospital, new pharmacist orientation, new clinical specialist orientation, ICU and ICU satellite shadowing)</td>
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<td>BLS certification</td>
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<td>ACLS certification</td>
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<td>PALS certification</td>
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<td>Pharmacy Research Committee Educational series</td>
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<td>Selection of major project</td>
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<td>Selection of quality improvement project</td>
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<td>Selection of CE topic</td>
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<td>Residency Retreat</td>
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<td>Learning Experience begin (for early commits)</td>
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<td>August</td>
<td>Learning Experiences begin</td>
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<td>ICU student lecture – 1st topic (repeat every 6 weeks)</td>
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<td>Final evaluations</td>
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<td>September</td>
<td>Learning Experience</td>
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<td>Continuing education presentation (September-December as assigned)</td>
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<td><strong>TX Pharmacist licensure deadline (90 days from start date)</strong></td>
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<td>Final evaluations</td>
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<td>October</td>
<td>Learning Experience</td>
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<td>SCCM Texas Chapter Symposium</td>
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<td>ASHP Midyear Registration due</td>
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<td>Vizient Poster Abstract due</td>
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<td>Final evaluations</td>
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<td>November</td>
<td>Learning Experience</td>
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<td>Vizient Poster due to printers</td>
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<td>Writing assignment topic identified</td>
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<td>Final evaluations</td>
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<td>December</td>
<td><strong>Vizient Conference – present poster</strong></td>
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<td><strong>ASHP Midyear – PPS and Residency Showcase responsibilities</strong></td>
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<td><strong>Pharmacist Preceptor licensure deadline</strong></td>
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<td>Research &amp; Management rotation ICU satellite staffing (40 hours)</td>
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<td>Process improvement topic identified</td>
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<td>Major project manuscript – background &amp; methods section due to preceptors</td>
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<td>Final evaluations</td>
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<td>January-Feb</td>
<td>Learning Experience</td>
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<td>ICU second lecture- 2nd topic</td>
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<td>Residency Screening and/or telephone interviews, onsite interviews</td>
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<td>SCCM Congress,<strong>PGY2 Residency Interviews on Mondays (dinner Sundays)</strong></td>
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<td>Final evaluations</td>
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<td>March -May</td>
<td>Learning Experiences</td>
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<td>Student Precepting (4 week block)</td>
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<td>Final evaluations</td>
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<td>June</td>
<td>Learning Experience</td>
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<td>Turn in manuscripts for all projects</td>
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<td><strong>TMC Research Forum – PowerPoint Presentation</strong></td>
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<td><strong>Finish all necessary requirements to complete residency</strong></td>
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<td></td>
<td>Final evaluations</td>
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<tr>
<td>July</td>
<td><strong>Present suggestions for improvement for Residency Program to RPD (early July)</strong></td>
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<td>Requirement</td>
<td>Date of completion</td>
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<tr>
<td>Submit copy of PGY1 Certificate by Day 1 of residency and scan into PharmAcademic during orientation month</td>
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<tr>
<td>Complete 12 months of residency program</td>
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<td>Complete CE presentation</td>
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<tr>
<td>Complete and submit the non-methodology containing writing assignment for publication</td>
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<tr>
<td>Complete final draft of manuscript write-up suitable for submission to a peer-reviewed journal for major project</td>
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<td>Complete all requirements of major and quality improvement projects including submitting final written reports to RPD</td>
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<tr>
<td>Complete and provide one page summary of process improvement project</td>
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<tr>
<td>Submission of PRC-approved residency project proposal (Long form)</td>
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<td>If leaving the organization after the residency, close out any active IRB protocols for which the resident is listed as the PI. (RESIDENT MUST PRINT CONFIRMATION) and submit to RPD</td>
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<tr>
<td>Complete all learning experience, self, and preceptor evaluations in PharmAcademic</td>
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<td>Turn in and upload all relevant residency documents into an organized residency binder in the shared folder and PharmAcademic</td>
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<td>Complete the revision or introduction of a new policy (if assigned)</td>
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<td>Completion and documentation of all Core Topic Discussions</td>
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<td>Comprise list of suggestions for improvement for the residency and present this to the RPD/RAC at end of year and upload in PharmAcademic</td>
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<tr>
<td>Complete all other assignments and responsibilities given throughout the year</td>
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<tr>
<td>Upload this completed and signed document into PharmAcademic</td>
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CHECKLIST OF REQUIRED ITEMS TO UPLOAD INTO PHARMACADEMIC TO RECEIVE PGY2 CERTIFICATE

☐ Licenses and certifications
  o PGY1 certificate
  o TX pharmacist license
  o BLS (also submitted to Admin office)
  o ACLS (also submitted to Admin office)
  o PALS (also submitted to Admin office)
  o TX preceptor license
  o PGY2 certificate
  o Teaching certificate (if applicable)

☐ Orientation checklist (completed before first solo weekend; also submitted to Admin)

☐ Residency Manual – initialed copy by section

☐ Presentations
  o Multidisciplinary case review (M&M)
  o Other presentations (as applicable)

☐ Continuing Education (CE)
  o Draft outline or PowerPoint with formative feedback
  o Final PowerPoint presentation
  o CE evaluations & CE board feedback evaluation

☐ Major project
  o Vizient Midyear meeting poster
  o TMC Research Forum PowerPoint presentation & evaluations
  o SCCM or SCCM TX Chapter PowerPoint presentations (if applicable)
  o PRC-approved project proposal for future residents (Spring)
  o Draft manuscript with formative feedback
  o Final manuscript (in submittable form)
  o IRB close-out or PI project transfer confirmation (if appropriate)
  o Database transition/No PHI in public areas of the shared drive (if appropriate)

☐ Quality improvement project (formerly the “Minor project”)
  o Project result summary or presentation
  o Supplemental documents (as appropriate)

☐ Writing assignment (must be submitted before the end of the year)
  o Draft manuscript with formative feedback
  o Final manuscript
  o Submission receipt

☐ Process improvement (initiated by December; completed by R&M II learning experience)
  o Project result summary
  o Supplemental documents (as appropriate)

☐ ICU students
  o ICU lectures: PowerPoint presentations x 2 (also place in ICU student folder)
  o Evaluations: Student midpoint and final evaluations

☐ Mass casualty summary

☐ Any other documents determined by the PRD as required
PGY2 Infectious Diseases Pharmacy Residency

Purpose of the Residency Program
The PGY2 pharmacy residency in infectious diseases is designed to transition PGY1 residency graduates from generalist practice to specialized practice focused on the care of patients with infectious diseases. Residency graduates are equipped to participate as integral members of interdisciplinary teams caring for patients with infectious diseases, assuming responsibility for their pharmaceutical care. They are also trained to provide this care as an independent practitioner. The wealth of residency graduates’ knowledge of infectious diseases and their treatment with the anti-infectives class of medications combined with extensive care of individuals with an infectious disease produces a pharmacist who can successfully serve health care organizations as the ultimate resource for information about anti-infectives and for decision-making affecting the care of these patients. This includes leadership in formulary decision-making for anti-infectives as well as the stewardship of antimicrobials. Exiting residents have been trained to assume responsibility for identifying and implementing opportunities to improve the medication-use system in the infectious diseases practice area.

Groomed for practice leadership, infectious diseases pharmacy residency graduates can be expected to continue their pursuit of expertise in practice; to possess advanced skills to identify the pharmacotherapy and medication-use training needs of other health care professionals caring for individuals with infectious diseases; to deliver effective training to those health professionals; to appropriately steward the antimicrobial use of an organization; and to contribute to public health efforts for health improvement, wellness, and the prevention of infectious diseases. In this public health role they are trained to initiate efforts to reduce the spread of antibiotic resistance and vaccine preventable diseases.

RESIDENT RESPONSIBILITIES

Core Learning Experience
There are five core learning experiences:

- Adult Immunocompromised ID Consult Service – Musick
- Adult Immunocompetent ID Consult Service – Ikwuagwu
- Adult Immunocompromised ID Consult Service (preceptor block) – Musick
- Microbiology Lab/Stewardship Prep - Musick/Greenlee
- Solid-Organ Transplant – Krisl, Moaddab
- Bone Marrow Transplant – Cox

Elective Learning Experiences
The PGY2 Infectious Diseases Residency program will be customized, where possible, to meet the special interests of the resident through incorporation of elective learning experiences. Arrangements can be made to afford the resident exposure to specific patient populations in order to broaden or deepen the resident’s skills as determined through ongoing discussions between the program director and the resident.
The elective learning experiences available for the resident to choose from include:

- ID, MD Anderson (oncology population)* - Borjan/McDaneld
- ID, Stewardship Team St Luke’s/Baylor/CHI* - Phe
- University ID Consult – Harris County* - Finch
- Critical Care
- Other based on resident interest/need and Methodist affiliations in TX Medical Center

* Indicate off-site learning experiences

Staffing and Clinical Coverage and ASP On-Call
Each PGY2 ID pharmacy resident will provide traditional staffing coverage in the HMH Central pharmacy during the orientation month (or longer) until core operations competencies are assured. Clinical coverage for the acute care, post-surgical wards will begin in August of the residency year with two weekends of joint coverage with a clinical specialist mentor. Clinical coverage will be scheduled for one weekend every three weeks throughout the first half of the residency year with the exception of weekends of residency-related meetings.

During the Microbiology Lab and Antimicrobial Stewardship learning experience the PGY2 ID pharmacy resident will work with the primary antimicrobial stewardship pharmacist (preceptor for the Micro learning experience) and gain an advanced, practical knowledge of the Micro lab and the responsibilities of the on-call stewardship pharmacist. As this skill set progresses the resident will be transitioned into the on-call stewardship pager learning experience. The first two (or more) weeks on call, the resident will discuss all alert assessments with the back-up call ID pharmacist – 24 hours/day in near real-time. When the RPD is satisfied the resident has the necessary knowledge and decision making skills, the resident will be transitioned into the Antimicrobial Stewardship Program’s on-call structure independently. This will heretofore serve as the staffing and clinical coverage component of the PGY2 ID program.

If schedule conflicts occur, each resident is expected to manage these independently. Switching shifts with other residents or clinical staff is permitted but must be communicated to the RPD and clinical manager. All coverage changes need to ensure appropriate level of experience for the individuals involved in the change and compliance with the Duty Hours policy. The resident is responsible for checking the clinical schedule for assignment changes on a regular basis and all changes must be communicated to and approved by the RPD/RPC and Clinical Manager(s).

Hospital Committee Meetings
The infectious diseases resident will be a voting member of the Antimicrobial Stewardship Committee (ASC-local and system) and will be expected to attend monthly meetings. If unable to attend, the resident should recruit a proxy to attend in their place. In general, System ASC is the 3rd Tuesday of every month and local ASC is the 2nd Tuesday of every month.

PGY2 Infectious Diseases Resident Leadership
Each resident in the pharmacy training programs will assume leadership responsibilities at some point through the year. The activities are designed to develop/refine professionalism, networking and organization skills that are important for becoming a pharmacy leader and promoting the profession moving forward. The PGY2-ID resident is expected to be a valuable contributor to their peers and an increasingly important mentor to the PGY1 pharmacy residents. The PGY2 ID resident will also serve as the primary preceptor for P4 pharmacy students while on the preceptor block ID Consult learning experience. The PGY2 ID resident will demonstrate their leadership capabilities in this role.
Meetings with the RPD/RPC/Manager
Meetings with the RPD/RPC and ID team will occur each monthly at the ID meetings. The monthly ID meetings also serve as the PGY2 ID RAC. This will be an opportunity for the residents ask questions, raise any issues, and provide an assessment of learning experiences, projects, staffing, etc. In addition, the resident and ID RGY2 program will meet quarterly to discuss and update the resident’s customized training plan. Feedback should be given to the RPD/RPC at this time, if not before. This will also be a time for the RPD/RPC to inform the residents of upcoming events and any current issues.

Residency Conferences
Each resident will attend and/or present at the following conferences:
- IDWeek/SIDP annual meeting(s) [September/October] – attendance only
- VIZIENT Conference at ASHP Midyear Conference [December] – Poster Presentation
- ASHP Midyear Conference [December] – Recruiting and networking at PPS and Residency Showcase
- Midwest Pharmacy Residents Conference [May] – Platform presentation of major research project
# PGY2 Infectious Diseases Pharmacy Residency Program Timeline

Refer to Clinical Learning Experiences Schedule and General Schedule for Residents on the HMH Shared Drive for Specific Dates

<table>
<thead>
<tr>
<th>Month</th>
<th>Program Requirement/Event</th>
</tr>
</thead>
<tbody>
<tr>
<td>July</td>
<td>Orientation (Hospital, new pharmacist orientation, new clinical specialist orientation) BLS certification, ACLS certification, PALS certification, Pharmacy Research Committee Educational series, Selection of major project, Selection of quality improvement project, Selection of CE topic, Residency Retreat, Learning experience begin (for early commits)</td>
</tr>
<tr>
<td>August</td>
<td>Learning experiences begin Final evaluations</td>
</tr>
<tr>
<td>September</td>
<td>Learning experience Continuing education presentation (typically in November to coincide with CDC Antibiotic Awareness week) TX Pharmacist licensure Final evaluations IDWeek &amp; SIDP Annual Meeting</td>
</tr>
<tr>
<td>October</td>
<td>Learning experience Final evaluations ASHP Midyear Registration due Vizient Poster Abstract due</td>
</tr>
<tr>
<td>November</td>
<td>Learning experience Final evaluations Vizient Poster due to printers</td>
</tr>
<tr>
<td>December</td>
<td>Vizient Conference – present poster ASHP Midyear – PPS and Residency Showcase responsibilities Pharmacist Preceptor licensure Focus on Major project, Quality Improvement project</td>
</tr>
<tr>
<td>January-Feb</td>
<td>Learning experience Residency Screening and/or telephone interviews, onsite interviews Final evaluations UH/TSU Residents’ Mentoring Dinner, if desired PGY2 Residency Interviews on Mondays (dinner Sundays)</td>
</tr>
<tr>
<td>March</td>
<td>Learning experience Final evaluations</td>
</tr>
<tr>
<td>May</td>
<td>Learning experience Final evaluations Midwest Pharmacy Residents Conference (May)</td>
</tr>
<tr>
<td>June</td>
<td>Learning experience Final evaluations Turn in manuscripts for all projects</td>
</tr>
<tr>
<td>July</td>
<td>Present suggestions for improvement for Residency Program to RPD (early July)</td>
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<tr>
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<td>-----------------------------------------------------------------------------</td>
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<tr>
<td></td>
<td>TMC Research Forum - PowerPoint Presentation</td>
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<tr>
<td></td>
<td>Finish all necessary requirements to complete residency</td>
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</tbody>
</table>
### Requirements to Complete PGY2 Infectious Diseases Residency

<table>
<thead>
<tr>
<th>Requirement</th>
<th>Date of completion</th>
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</thead>
<tbody>
<tr>
<td>Submit copy of PGY1 Certificate by Day 1 of residency and scan into PharmAcademic during orientation month</td>
<td></td>
</tr>
<tr>
<td>Complete 12 months of residency program</td>
<td></td>
</tr>
<tr>
<td>Achievement of ASHP/HMH required educations goals and objectives</td>
<td></td>
</tr>
<tr>
<td>• Completes all learning experiences</td>
<td></td>
</tr>
<tr>
<td>• Completes all required evaluations in PharmAcademic</td>
<td></td>
</tr>
<tr>
<td>• Achieved for Residency (ACHR) in 70% of all required objectives by end of program year</td>
<td></td>
</tr>
<tr>
<td>• No more than 1 objective rated as NI and not followed by SP</td>
<td></td>
</tr>
<tr>
<td>Complete CE presentation</td>
<td></td>
</tr>
<tr>
<td>Complete final draft of manuscript write-up suitable for submission to a peer-reviewed journal for major project</td>
<td></td>
</tr>
<tr>
<td>Complete all requirements of major and quality improvement projects as determined by the project preceptor and RPD</td>
<td></td>
</tr>
<tr>
<td>Submit final, written reports for Major and quality improvement project to RPD</td>
<td></td>
</tr>
<tr>
<td>Submission of PRC-approved residency project proposal (Long form)</td>
<td></td>
</tr>
<tr>
<td>If leaving the organization after the residency, close out any active IRB protocols for which the resident is listed as the PI AND return his/her completed, HMRI Internal Audit Compliant Study Binder.</td>
<td></td>
</tr>
<tr>
<td>Complete all learning experience, self, and preceptor evaluations in PharmAcademic</td>
<td></td>
</tr>
<tr>
<td>Turn in and upload all relevant residency documents into an organized residency binder in the shared folder and/or PharmAcademic</td>
<td></td>
</tr>
<tr>
<td>Complete the revision or introduction of a new policy (if assigned)</td>
<td></td>
</tr>
<tr>
<td>Complete all clinical and operations staffing requirements</td>
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<tr>
<td>Complete a drug class review, monograph, or therapeutic interchange</td>
<td></td>
</tr>
<tr>
<td>Completion of/Attendance at Core Topic Discussions (ASHP Required Populations/Diseases/Drugs) *see ASHP PGY2 ID Residency Competency Areas Appendix (ASHP website) and PharmAcademic</td>
<td></td>
</tr>
<tr>
<td>Comprise list of suggestions for improvement for the residency and present this to the RPD/RAC at end of year</td>
<td></td>
</tr>
<tr>
<td>Complete all other assignments and responsibilities given throughout the year</td>
<td></td>
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</tbody>
</table>
Purpose of the Residency Program
This purpose of this residency program is to provide advanced training for pharmacists in the field of internal medicine pharmacotherapy. Following completion of the program, the resident will be able to serve as a vital member of a multidisciplinary team consisting of hospitalists, internists or family medicine physicians, nurses, and other ancillary healthcare providers caring for internal medicine patients. The resident will be capable of supporting internal medicine quality improvement programs and conduct investigator driven studies that contribute to the medical literature. In addition, the internal medicine specialist will be able to conduct self-assessment and commit to continuous self-learning.

RESIDENT RESPONSIBILITIES

Core Learning Experiences
There are five (5) required patient care learning experiences each of which is 1 month in duration with the exception of the first internal medicine learning experience (IM I) which is 2 months
- Internal Medicine
  - IM I
  - IM II
  - IM III (precepting)
- Endocrinology
- Medical Intensive Care Unit

Longitudinal Ambulatory Care Experience
The PGY2 Internal Medicine resident is required to attend the ambulatory care clinic longitudinally throughout the residency year. Adjustments to the schedule should be discussed with the preceptor. The resident will gain exposure to a variety of internal medicine disease states through experience in the Internal Medicine Resident Teaching Service Clinic.

Elective Learning Experiences
The PGY2 Internal Medicine Residency program strives to meet the special interests of the resident through incorporation of four elective learning experiences. Arrangements can be made to afford the resident exposure to specific patient populations in order to broaden or deepen the resident’s skills as determined through ongoing discussions between the program director and the resident. The elective learning experiences available for the resident to choose from are 1 month in duration and include:
- Academia
- Bone Marrow Transplant
- Cardiology
- Emergency Medicine
- Geriatrics
- Hematology/Oncology
- Infectious Diseases
- Medication Safety
- Neurology
- Nutrition Support
• Psychiatry
• Solid Organ Transplant
• Other electives may be available upon request and based on preceptor availability

Hospital Committee Meetings
The internal medicine resident will be a voting member of the MSC and will be expected to attend monthly meetings. If unable to attend, the resident should recruit a proxy to attend in his/her place. In general, MSC is the 1st Tuesday of every month.

PGY2 Internal Medicine Resident Leadership
Each resident in the pharmacy training programs will assume leadership responsibilities at some point through the year. The activities are designed to develop/refine professionalism, networking and organization skills that are important for becoming a pharmacy leader and promoting the profession moving forward. The PGY2 Internal Medicine Pharmacy resident is expected to be a valuable contributor to his/her peers and an increasingly important mentor to the PGY1 residents. The resident will also serve as a co-preceptor of all students on learning experiences during the first half of the residency year and as the primary preceptor for an assigned student in the second part of the residency year.

Meetings with the RPD/RPC
Meetings with the RPD/RPC and IM team will occur regularly throughout the year. IIM business meetings also serve as the PGY2 IM RAC on at least a quarterly basis. This will be an opportunity for the resident to ask questions, raise any issues, and provide an assessment of learning experiences, projects, staffing, etc. In addition, the resident and RPD will meet at least quarterly to discuss and update the resident’s customized training plan. Feedback should be given to the RPD/RPC at this time, if not before. This will also be a time for the RPD/RPC to inform the residents of upcoming events and any current issues.

Code Blue Pager
The IM resident will serve as backup to the primary pharmacy responder to select code blue events throughout the year based on the resident’s schedule. The resident with the pager is expected to respond to all codes and test pages when they are on site. As the year progresses, the resident should become very familiar with typical code blue activities and should take an active role in these events. Coverage should continue through the end of the residency year.

Residency Conferences
The IM resident will attend and may present as noted below at the following conferences:
• American College of Clinical Pharmacists – Fall (or a Specialty Medical Meeting in lieu of ACCP)
• VIZIENT Conference at ASHP Midyear Conference [December] – Poster Presentation
• ASHP Midyear Conference [December] – Recruiting and networking at PPS and Residency Showcase
• Midwest Pharmacy Residents Conference [May] – Platform presentation of major research project
<table>
<thead>
<tr>
<th>Month</th>
<th>Program Requirement/Event</th>
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</table>
| July    | Orientation (Hospital, new pharmacist orientation, new clinical specialist orientation)  
          | BLS certification  
          | ACLS certification  
          | PALS certification  
          | Pharmacy Research Committee Educational series  
          | Selection of major project  
          | Selection of quality improvement project  
          | Selection of CE topic  
          | Residency Retreat |
| August  | Learning experience  
          | Mid-rotation evaluations due  
          | Final evaluations due |
| September | Learning experience  
          | Mid-rotation evaluations  
          | *Pharmacist licensure deadline*  
          | Final evaluations |
| October | ACCP Meeting  
          | Learning experience  
          | Mid-rotation evaluations due  
          | Final evaluations due  
          | ASHP Midyear Registration due  
          | Vizient Poster Abstract due |
| November | Learning experience  
          | Mid-rotations evaluations due  
          | Final evaluations due  
          | Vizient Poster due to printers |
| December | *Vizient Conference – present poster*  
          | *ASHP Midyear – PPS and Residency Showcase responsibilities*  
          | *Pharmacist Preceptor licensure*  
          | Focus on Major project, Quality Improvement project |
| January | Learning experience  
          | Residency Screening and/or telephone interviews, onsite interviews  
          | Mid-rotation evaluations due  
          | Final evaluations due  
          | *PGY2 IM Residency Interviews on Mondays*  
          | UH/TSU Residents’ Mentoring Dinner if desired |
| February | Learning experience  
          | Mid-rotation evaluations due  
          | Final evaluations due  
          | *PGY2 IM Residency Interviews on Mondays* |
| March   | Learning experience  
          | Mid-rotation evaluations due  
<pre><code>      | Final evaluations due |
</code></pre>
<table>
<thead>
<tr>
<th></th>
<th>Event</th>
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</table>
| April  | **Midwest States abstract due** [http://www.mprconference.com/](http://www.mprconference.com/)  
Learning experience  
Mid-rotation evaluations due  
Final evaluations due |
| May    | Learning experience  
*Early May – Midwest Pharmacy Residents Conference*  
Mid-rotation evaluations due  
Final evaluations due |
| June/July | Learning experience  
Mid-rotation evaluations due  
Final evaluations due  
Turn in manuscripts for all projects during 1st week  
*Finish all necessary requirements to complete residency*  
*Present suggestions for improvement for Residency Program to RPD* |
## Requirements to Complete PGY2 Internal Medicine Residency

<table>
<thead>
<tr>
<th>Requirement</th>
<th>Date of Completion</th>
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<tbody>
<tr>
<td>Submit copy of PGY1 Certificate by Day 1 of residency and scan into PharmAcademic during orientation month</td>
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<tr>
<td>Complete 12 months of residency program</td>
<td></td>
</tr>
<tr>
<td>Achievement of ASHP/HMH required educations goals and objectives</td>
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<tr>
<td>• Completes all learning experiences</td>
<td></td>
</tr>
<tr>
<td>• Completes all required evaluations in PharmAcademic</td>
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<tr>
<td>• Achieved for Residency (ACHR) in 70% of all required objectives by end of program year</td>
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<tr>
<td>• No more than 1 objective rated as NI and not followed by SP</td>
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</tr>
<tr>
<td>Complete all requirements of major and quality improvement projects as determined by the project preceptor and RPD</td>
<td></td>
</tr>
<tr>
<td>Complete final draft of manuscript write-up suitable for submission to a peer-reviewed journal for major project</td>
<td></td>
</tr>
<tr>
<td>Submit final, written reports for Major and quality improvement project to RPD</td>
<td></td>
</tr>
<tr>
<td>Submission of PRC-approved residency project proposal</td>
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<tr>
<td>Complete a drug class review, monograph, or therapeutic interchange (formulary management project)</td>
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<tr>
<td>Turn in and upload all relevant residency documents into an organized residency binder in the shared folder and PharmAcademic</td>
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<tr>
<td>Complete ACPE accredited CE presentation at least once during year</td>
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<tr>
<td>Complete all clinical and operations staffing requirements</td>
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<tr>
<td>Comprise list of suggestions for improvement for the residency and present this to the RAC at end of year</td>
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<tr>
<td>Complete all other assignments and responsibilities given throughout the year</td>
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PGY2 Oncology Residency

Purpose of the Residency Program
The purpose of this 12-month specialty residency program is to provide advanced training for pharmacists in the fields of oncology, hematology, and blood and marrow transplantation. The resident will have the opportunity to work as an integral member within a multidisciplinary team to actively provide optimal pharmaceutical care for these complex patient populations. In addition, residents will participate in developing and supporting quality improvement initiatives, contribute to research efforts in the field, precept PGY1 pharmacy residents and pharmacy students, conduct self-assessment for professional development, and commit to continuous self-learning. Upon completion of the program, the resident will be able to practice independently as an oncology clinical specialist in both the inpatient and outpatient settings.

The various components of this residency program shall be continuously evaluated to ensure the quality of each experience. As institutional and/or organizational dynamics change, revisions and modifications of the program may be necessary to fulfill the original established program goals.

RESIDENT RESPONSIBILITIES

Core Learning Experiences
There are seven (7) learning experiences (four (4) week duration unless otherwise noted):

- Blood & Marrow Transplantation (6 weeks)
- Inpatient Malignant Hematology
- Inpatient Medical Oncology
- Cancer Center Infusion Clinic
- Outpatient Oncology Clinics (6 weeks)
- Oncology Pharmacy Operations
- Oral chemotherapy clinic

Longitudinal Learning Experiences
The PGY2 Oncology resident is required to attend the oncology clinics starting January of the residency year. The resident will spend one (1) half-day per week with a hematology-oncology attending physician during the respective oncology clinics. The resident will spend 3 months in the medical oncology clinic, 1.5 months in the breast clinic, and 1.5 months in the hematology clinic. Adjustments to the weekly schedule should be discussed with the preceptor.

The resident will also participate in a longitudinal Oncology Investigational Drug Service (IDS), practice management, and clinical trials learning experience. Expectations of this learning experience are detailed in the learning experience description in PharmAcademic™.

Elective Learning Experiences
The PGY2 Oncology Pharmacy Residency program will be modified, where possible, to meet the special interests of the resident through incorporation of elective learning experiences. Arrangements can be made to afford the resident exposure to specific patient populations not readily accessible at Houston Methodist Hospital. Three (3) electives are required, and the elective learning experiences available for the resident to choose from include:
• Infectious Diseases (Immunocompromised Host)
• Neuro-Oncology Clinic
• Palliative Care
• Blood & Marrow Transplantation II
• Inpatient Malignant Hematology II
• Inpatient Medical Oncology II
• Outpatient Oncology Clinics II
• Academia

**Topic Discussions**
Residents will lead topic discussions throughout the year in compliance with ASHP oncology specified competency areas. The topics will be spread over the residency with some topics specifically discussed during pertinent learning experiences (e.g. acute myeloid leukemia topic discussion during inpatient malignant hematology experience). The topic discussion schedule with preceptor and resident assignments will be provided to residents at the start of the residency year. Topic discussions will commence after completion of the orientation month.

**Writing Assignment**
Developing the resident’s scientific writing skills is an important element of the PGY2 residency program. In addition to the research manuscript, the PGY2 resident will complete a writing assignment (i.e. non-methodology containing oncology topic of his/her choosing) of suitable quality for journal submission as deemed by the RPD or PGY2 program preceptor and submitted to the RPD by the last day of the residency. The writing assignment should be a review or update on an oncology-related topic of timely interest to the medical and pharmacy community. The writing assignment will be sponsored and co-authored by the RPD or PGY2 program preceptor.

**Tumor Boards**
The residents will be able to participate in multidisciplinary tumor board meetings as part of their clinical training. The purpose of tumor boards is to optimize patient outcomes and improve/tailor patient care and comprises of hematology-oncology disease state specialists, radiation oncology, surgical oncology, and pathology department staff. There are several tumor board meetings that convene every month. The resident will attend tumor boards which best align with individual learning experiences.

List of tumor Boards and Grand Rounds include but are not limited to:
Oncology Grand Rounds
Hematology City Wide Conference
Thoracic oncology tumor board
Hepatobiliary tumor board
Melanoma/Sarcoma Musculoskeletal tumor board
Molecular tumor board
Thyroid/Endocrine malignancy tumor board
Genitourinary tumor board
Head and Neck tumor board
Breast tumor board
Non-colorectal GI tumor board
Colorectal GI tumor board
Uveal Melanoma tumor board
Leukemia/Lymphoma tumor board

**PGY2 Oncology Pharmacy Resident Leadership Activities**
Each resident in the pharmacy training programs (PGY1 and 2) will assume leadership responsibilities throughout the year. These activities are assigned to develop/refine professionalism, networking and organization skills that are important for becoming a pharmacy leader and promoting the profession moving forward. *The PGY2 Oncology Pharmacy resident is expected to be a valuable contributor to his/her peers and an increasingly important mentor to the PGY1 pharmacy residents.* The resident will also serve as a co-preceptor of all students on rotation during the first half of the residency year and as the primary preceptor for an assigned student in the second part of the residency year. *The PGY2 Oncology Pharmacy resident will demonstrate his/her leadership capabilities in this role.*

**Meetings with the RPD/RPC**
Residents meetings with the RPD and/or RPC will occur every 4 weeks throughout the residency year. This will be an opportunity for the residents to ask questions, raise any issues, and provide an assessment of learning experiences, projects, staffing, etc. Feedback should be given to the RPD at this time, if not before. This will also be a time for the RPD to inform the residents of upcoming events and any current issues. The RPD will also schedule a one-on-one with each resident every 4 weeks to further discuss and address any feedback or concerns, and burnout prevention with each resident on an individual basis.

**Staffing and Clinical Coverage**
The PGY2 Oncology Pharmacy resident will provide traditional staffing coverage in the HMH OPC and WT10 chemotherapy satellite pharmacies beginning during orientation, oncology operations learning experience (in the first half of the year), and two designated days of their research/operations weeks (3-4 weeks of research/operations in the second half of the residency year). Clinical coverage for the Acute Care, Oncology and Blood & Marrow Transplantation wards will begin in July of the residency year with three weekends of joint coverage with a clinical specialist mentor. Clinical coverage will be limited to every 3rd weekend on average and one evening every 2 weeks, averaged over a four-week period, with the exception of weekends of residency-related meetings (ASHP Midyear, HOPA and Midwest Pharmacy Residents Conference). *All residents are expected to work one (1) major and one (1) minor holiday.*

Switching weekend coverage dates with other residents or clinical staff is permitted but must 1) remain Acute Care, Oncology and Blood & Marrow Transplantation ward focused and 2) be approved by and communicated to the RPD and clinical manager. All coverage changes need to ensure appropriate level of experience for coverage swaps.

**Residency Conferences**
Each resident will attend and present at the following conferences:
- Vizient poster presentation session [December] - Poster session
- ASHP Midyear Conference [December] - Recruiting/Networking
- HOPA annual meeting [March] - Poster session
- Midwest States Residency Conference [May] - Platform presentation of major research project
# PGY2 Oncology Pharmacy Residency Program Timeline

Refer to Clinical Learning Experience Schedule and General Schedule for Residents on the HMH Shared Drive for Specific Dates

<table>
<thead>
<tr>
<th>Month</th>
<th>Program Requirement/Event</th>
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</thead>
</table>
| July   | Orientation (Hospital, new pharmacist orientation, new clinical specialist orientation)  
BLS certification  
ACLS certification  
PALS certification  
Staffing in chemotherapy satellite pharmacy  
Pharmacy Research Committee Educational series  
Selection of major project  
Selection of quality improvement project  
Selection of CE topic  
Residency Retreat  
Learning experiences begin at the end of the month |
| August | Learning experiences  
Mid-learning experience evaluations  
Final evaluations |
| September | Learning experiences  
Mid-learning experience evaluations  
Continuing education presentation (September-December as assigned)  
**TX Pharmacist licensure**  
Final evaluations |
| October | Learning experiences  
Mid-learning experience evaluations  
ASHP Midyear Registration due  
Vizient Poster Abstract due  
Final evaluations |
| November | Learning experiences  
Mid-learning experience evaluations  
Final evaluations  
Vizient Poster due to printers |
| December | **Vizient Conference – present poster**  
**ASHP Midyear – PPS and Residency Showcase responsibilities**  
**Pharmacist Preceptor licensure**  
Mid-learning experience evaluations  
Final evaluations  
Learning experiences  
Focus on Major project, Quality Improvement project |
| January | Learning experiences  
Mid-learning experience evaluations  
Residency Screening and/or telephone interviews  
Onsite (or virtual) interviews (dinners the evening prior to onsite interview days)  
Final evaluations |
<p>| February | Learning experiences |</p>
<table>
<thead>
<tr>
<th>Month</th>
<th>Events</th>
</tr>
</thead>
<tbody>
<tr>
<td>March</td>
<td>HOPA Conference (dates may vary)</td>
</tr>
<tr>
<td></td>
<td>Learning experiences</td>
</tr>
<tr>
<td></td>
<td>Mid-learning experience evaluations</td>
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<tr>
<td></td>
<td>Final evaluations due</td>
</tr>
<tr>
<td>April</td>
<td>Midwest States abstract due (dates may vary)</td>
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<tr>
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<td><a href="http://www.mprconference.com/">http://www.mprconference.com/</a></td>
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<tr>
<td></td>
<td>Learning experiences</td>
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<tr>
<td></td>
<td>Mid-learning experience evaluations due</td>
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<td>Final evaluations due</td>
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<td></td>
<td>Staffing in chemotherapy satellite pharmacy (during operations/research week: 2 days) (dates may vary)</td>
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<tr>
<td>May</td>
<td>Learning experiences</td>
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<td></td>
<td>Mid-learning experience evaluations</td>
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<td></td>
<td>Final evaluations due</td>
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<tr>
<td></td>
<td>Turn in manuscripts for all projects</td>
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<tr>
<td></td>
<td>Staffing in chemotherapy satellite pharmacy (during operations/research week: 2 days) (dates may vary)</td>
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<tr>
<td></td>
<td>Finish all necessary requirements to complete residency</td>
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<td></td>
<td>Present Suggestions for Improvement for the Residency Program to RPD</td>
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</tbody>
</table>
### Requirements to Complete PGY2 Oncology Residency

<table>
<thead>
<tr>
<th>PGY2 Oncology Residency Program Completion Checklist</th>
<th>Completion Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Submit a copy of PGY1 certificate and scan into Pharmacademic during orientation month</td>
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</tr>
<tr>
<td>Complete 12 months of residency program</td>
<td></td>
</tr>
<tr>
<td>Achievement of ASHP/HMH required educations goals and objectives</td>
<td></td>
</tr>
</tbody>
</table>

- Completes all learning experiences
- Completes all required evaluations in PharmAcademic
- Achieved for Residency (ACHR) in 70% of all required objectives by end of program year
- No more than 1 objective rated as NI and not followed by SP

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<tbody>
<tr>
<td>Complete the major project and the final draft of the manuscript write-up suitable for submission to a peer-reviewed journal of the major project as determined by the project preceptors and RPD</td>
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<tr>
<td>Submission of a PRC-approved residency project proposal</td>
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<tr>
<td>Complete all the requirements QI projects as determined by the project preceptors and RPD</td>
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<tr>
<td>Complete an ACPE accredited CE presentation at least one time during the year</td>
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<tr>
<td>Complete a drug class review, monograph, or therapeutic interchange (formulary management project)</td>
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<tr>
<td>Turn in / upload all relevant residency documents (ex: manuscript of publishable quality, PRC proposal, CQI powerpoint and/or report, formulary management project powerpoint and/or report, CE slides), into an organized electronic residency binder (shared drive) or PharmAcademic.</td>
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<tr>
<td>Comprise a list of suggestions for improvement for the residency and present this to RAC at the end of the year</td>
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<tr>
<td>Complete all clinical and operations staffing requirements</td>
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<tr>
<td>Complete all other assignments and responsibilities given throughout the year (ex: Beacon protocol built/review, M&amp;M case, new heme-onc drugs review, research treatment plan build review)</td>
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<tr>
<td>Complete the revision or introduction of a new policy (if assigned)</td>
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<tr>
<td>Complete writing assignment (i.e. non-methodology containing) of publishable quality for submission</td>
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PGY2 SOLID ORGAN TRANSPLANT RESIDENCY

Purpose of the Residency Program
The purpose of the Postgraduate Year Two (PGY2) Solid Organ Transplant Residency Program at Houston Methodist is to provide pharmacists an additional year of specialized advanced pharmacy training in the care and management of solid organ transplant patients.

Mission Statement:
The pharmacist completing this PGY2 SOT pharmacy residency program will be qualified to independently manage the pharmaceutical care of solid organ transplant patients. The pharmacist will work as part of the transplant multi-disciplinary team, consisting of physicians, nurse practitioners, nurse coordinators, social workers, and case managers, to provide optimal pharmaceutical care in this patient population. Additionally, the pharmacist will be capable to disseminate knowledge through teaching and educating patients, students, and other healthcare providers. The pharmacist will be able to conduct self-assessment and commit to continuous self-learning. Upon completion of this residency program, the pharmacist will be competitive for a role as a transplant clinical pharmacist.

The various components of the program are continuously evaluated to ensure the quality of each experience. As dynamics of the hospital and organization change, revisions and modifications of the program may be necessary to fulfill the original program goals established.

RESIDENT RESPONSIBILITIES

Core Learning Experiences
Required Abdominal learning experiences: Kidney I, Kidney II, and Liver I
Selective Abdominal learning experiences: Kidney III and Liver II

Required Cardiothoracic learning experiences: Lung I, Lung II, and Heart I
Selective Cardiothoracic learning experiences: Heart II and MCS/Transplant ICU

Longitudinal Learning Experiences
- Professional Practice Management (year-long)
- Clinical Research/Major project (year-long)
- Clinical Research/Minor project (year-long)
- Outpatient Clinic (occurs over last 4 months of residency program)

Elective Learning Experiences
Depending on availability and RPD discretion, the resident may choose from the following as electives:
- Transplant ID
- Bone Marrow Transplant
- Pediatric SOT (Texas Children’s)
- Previously unchosen learning experiences in the "Selective" categories
- An additional month of Kidney/Liver/Heart/Lung transplant
Hospital Committee Meetings
Each resident should attend the committee’s meeting that their preceptor attends for each learning experience. Additionally, residents are expected to attend the weekly pharmacy clinical meeting and the monthly pharmacy resident forum.

Residents will attend and/or present at transplant and pharmacy committee meetings as assigned.

Bi-monthly 1:1 meetings with the RPD
Bi-monthly 1:1 meetings will be scheduled by the RPD. This will be an opportunity for the resident ask questions, raise issues, and provide an assessment of learning experiences, projects, staffing, etc. Feedback should be given to the RPD at this time, if not before. This will also be a time for the RPD to track progress, review project work, and inform the residents of upcoming events and any current programmatic issues. This time may also be used discuss topics associated with the Professional Practice Management experience.

Transplant Business Meetings
The transplant team meets monthly to discuss business items. Residents will attend this portion of the meeting unless requested not to do so. This time is also used for the preceptors to discuss the residency program and the progress of the residents as a group. Residents will be excused from this portion of the meeting.

Topic Discussions
Residents are expected to prepare and “lead” all scheduled topic discussions, unless otherwise instructed by the preceptor. Please communicate with the preceptors in advance to clarify the expected scope, depth, and format of the topic discussion.

Rotation learning experience syllabi will have a list of topic discussions to be completed, with others assigned under preceptor discretion. Residents are encouraged to specifically request topics of interest to be covered while on learning experience.

Transplant Topics is a monthly meeting of the transplant team to cover core topic discussions as a transplant pharmacy group. Residents will prepare and present at Transplant Topics monthly on an assigned topic. These discussions are designed to be more formal than other topic discussions, and will require review of primary literature. A handout is expected.

Mentors
While it is likely that all members of the transplant team will serve as mentors to the resident over the course of the year, the resident may choose a specific mentor from the transplant preceptor group by the end of orientation. The residency program does not require residents to establish a mentor, but it is encouraged as a resource throughout the year. This person will serve alongside the RPD as a resource, should programmatic issues arise. The mentor may also serve as a guide to assist the resident in overcoming obstacles to meeting deadlines or other requirements of the residency program. The resident is expected to keep their mentor updated on progress made throughout the year.
Residency Conferences
In addition to residency conferences, the PGY2 solid organ transplant residents will attend:

- One major transplant conference, as assigned by the RPD (American Transplant Congress or ISHLT Annual meeting)
- AST Fellows Symposium
### PGY2 Solid Organ Transplant Pharmacy Residency Program Timeline

Refer to Clinical Learning Experience Schedule and General Schedule for Residents on the HMH Shared Drive for Specific Dates

<table>
<thead>
<tr>
<th>Month</th>
<th>Program Requirement/Event</th>
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| **July** | Orientation (Hospital, new pharmacist orientation, new clinical specialist orientation)  
BLS certification  
ACLS certification  
PALS certification  
Pharmacy Research Committee Educational series  
Selection of major project  
Selection of quality improvement project  
Selection of CE topic  
Residency Retreat |
| **August** | Learning experiences  
Mid-learning experience evaluations  
Final evaluations |
| **September** | Learning experiences  
Mid-learning experience evaluations  
Continuing education presentation (September-December as assigned)  
*TX Pharmacist licensure* |
| **October** | Learning experiences  
Mid-learning experience evaluations  
AST Fellows Symposium conference  
ASHP Midyear Registration due  
Vizient Poster Abstract due  
Final evaluations |
| **November** | Learning experiences  
Mid-learning experience evaluations  
Final evaluations  
Vizient Poster due to printers |
| **December** | *ATC abstract due*  
*Vizient Conference – present poster*  
*ASHP Midyear – PPS and Residency Showcase responsibilities*  
*Pharmacist Preceptor licensure*  
Staffing on transplant units  
Shadowing in HLA lab |
| **January** | Learning experience or Research month  
Mid-learning experience evaluations  
Residency Screening and/or telephone interviews, onsite interviews  
Final evaluations  
Focus on major and quality improvement projects (January or February research month)  
*UH/TSU Residents’ Mentoring Dinner, if desired*  
*PGY2 Residency Interviews on Mondays (dinner Sundays)* |
<table>
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<tr>
<th>Month</th>
<th>Events</th>
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</table>
| February| Learning experience or Research month  
Mid-learning experience evaluations  
Final evaluations due  
Focus on major and quality improvement projects (January or February research month)  
**PGY2 Residency Interviews on Mondays (dinner Sundays)** |
| March   | Learning experiences  
Mid-learning experience evaluations  
Final evaluations due |
| April   | Midwest States abstract due  
Learning experiences  
Mid-learning experience evaluations due  
Final evaluations due |
| May     | Learning experiences  
Mid-learning experience evaluations  
Final evaluations due  
**Midwest States Residency conference (dates may vary)** |
| June - July | Learning experiences  
Mid-learning experience evaluations due  
Final evaluations due  
Turn in manuscripts for all projects  
**Finish all necessary requirements to complete residency**  
**Present Suggestions for Improvement for the Residency Program at Residency Council** |
## Requirements to Complete PGY2 Solid Organ Transplant Residency

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<tr>
<th>Requirement</th>
<th>Date of completion</th>
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<tbody>
<tr>
<td>Submit copy of PGY1 Certificate by Day 1 of residency and scan into PharmAcademic during orientation month</td>
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<tr>
<td>Complete 12 months of residency program</td>
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<tr>
<td>Achievement of ASHP/HMH required educations goals and objectives</td>
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<tr>
<td>• Completes all learning experiences</td>
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<tr>
<td>• Completes all required evaluations in PharmAcademic</td>
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<tr>
<td>• Achieved for Residency (ACHR) in 70% of all required objectives by end of program year</td>
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<td>• No more than 1 objective rated as NI and not followed by SP</td>
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<tr>
<td>Complete CE presentation, Transplant Grand Rounds or equivalent presentation</td>
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<td>Complete secondary professional writing assignment (if assigned by RPD)</td>
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<tr>
<td>Complete final draft of manuscript write-up suitable for submission to a peer-reviewed journal for major project</td>
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<tr>
<td>Complete all requirements of major and quality improvement projects as determined by the project preceptor and RPD</td>
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<tr>
<td>Submit final, written reports for Major and quality improvement project to RPD</td>
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<td>Submission of PRC-approved residency project proposal (Long form)</td>
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<td>If leaving the organization after the residency, close out any active IRB protocols for which the resident is listed as the PI. AND return his/her completed, HMRI Internal Audit Compliant Study Binder.</td>
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<tr>
<td>Complete all learning experience, self, and preceptor evaluations in PharmAcademic</td>
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<tr>
<td>Turn in and upload all relevant residency documents into an organized residency binder in the shared folder and PharmAcademic</td>
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<td>Complete the revision or introduction of a new policy/procedure (if assigned)</td>
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<td>Complete all clinical and operations staffing requirements</td>
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<tr>
<td>Completion of/Attendance at Transplant Topic Discussions, as well as required topic discussions for residency</td>
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<td>Comprise list of suggestions for improvement for the residency and present this to the RPD/RAC at end of year</td>
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<td>Complete all other assignments and responsibilities given throughout the year (examples)</td>
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<tr>
<td>• Peer-Reviews of journal manuscripts</td>
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<td>• Didactic lectures at local colleges of pharmacy</td>
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<td>• Presentation at the Transplant Foundations course series</td>
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<td>• Presentation at Nurse Practitioner Morbidity &amp; Mortality meetings</td>
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<tr>
<td>• Topic Discussions with Director of the HLA Lab</td>
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