



# PHARMACY RESIDENCY MANUAL



**Welcome to University of California, Davis Medical Center (UCDMC)  
Pharmacy Residency Program!**

We would like to take this opportunity to welcome you all to the UCDMC Pharmacy Residency Program. We are very excited about the new residency year, and confident that we can meet your professional goals, as well as our program goals. The key to our success is good communication, a positive attitude, and an open mind.

The UC Davis Medical Center residency program was established in 1984 and has since grown to include specialized training opportunities to match the dynamic needs of the profession. As of 2022, our department offers 14 unique residency training programs, which train our residents to become effective Practice leaders and well-equipped clinicians to serve their patients and community. As part of a top-rated hospital in California which provides world class care in 150 specialties, the UCDMC department of pharmacy has board certified preceptors in every specialized Practice setting. We are proud to provide our residents a diverse learning experience in both the acute and ambulatory care settings, at various training sites throughout Sacramento, California. For more information, please visit our residency website: <https://health.ucdavis.edu/pharmacy/Residency/index.html>.

**Residency Program Mission**

- To support the overall pharmacy mission to provide patient care, educate, and conduct research
- To produce capable and adaptable Practitioners through focused intensive clinical post-graduate training in a variety of patient-care environments
- To develop expertise in optimal medication, use and safety, foster professional integrity, and promote effective teamwork to provide optimal pharmaceutical care
- To create effective Practice leaders and educators that are capable of proactively identifying, analyzing, and initiating process improvements

We are truly excited to have you at UC Davis Medical Center, and we are confident that a fun and educational year lies ahead!

## UC Davis Medical Center Pharmacy Services Overview

UC Davis Medical Center, based in Sacramento, California, is a nationally renowned academic medical center with 646 beds, serving over 33 counties and 65,000 square-miles. Our health center is comprised of the main hospital, the UC Davis Comprehensive Cancer Center, the UC Davis MIND Institute, the UC Davis Children's Hospital, and 18 satellite primary care clinic locations.

First, we would like to let you know about the UCDMC mission, vision, and strategic plan. These values are attributes that we all strive to emulate in our daily work life.

### **UCDMC Mission:**

UC Davis Medical Center is improving lives and transforming health care by providing excellent patient care, conducting groundbreaking research, fostering innovative, interprofessional education, and creating dynamic, productive partnerships with the community

### **Pharmacy's Mission:**

Pharmacy's mission is to provide the highest quality and most cost-effective pharmaceutical care in an environment that fosters efficient patient-focused care, education, and research.

### **Our vision:**

Creating a healthier world through bold innovation

### **Our strategic plan:**

- **Lead Person-Centered Care** in the best way, at the best time, in the best place, and with the best team
- **Reimagine Education** by cultivating diverse, transdisciplinary, life-long learners who will lead transformation in health care to advance well-being and equity for all
- **Accelerate Innovative Research** to improve lives and reduce the burden of disease through the discovery, implementation, and dissemination of new knowledge
- **Improve Population Health** through the use of big data and precision health
- **Transform Our Culture** by engaging everyone with compassion and inclusion, by inspiring innovative ideas, and by empowering each other
- **Promote Sustainability** through shared goals, balanced priorities, and investments in our workforce and in our community

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## UNIVERSITY OF CALIFORNIA, DAVIS MEDICAL CENTER

### Pharmacy Resident Policies and Procedures

#### Introduction

The Pharmacy Resident (PR) makes singular and valuable contributions to the overall mission of education, research, patient care, and public service at UCDMC. It is the purpose of this manual to set forth policies and practices specific to the role of residents at UCDMC. UC Davis Health is comprised of the School of Medicine, the Betty Irene Moore School of Nursing, UC Davis Children's Hospital, the Medical Center and the Medical Group.

UCDMC will provide residents the procedural due process rights. Procedural due process, which includes providing both notice and an opportunity to be heard, provides protection from arbitrary, capricious, or unreasonable action on the part of the University.

#### **RESIDENT RESPONSIBILITIES**

The UCDMC Pharmacy Resident (PR) must fulfill certain responsibilities toward the University and the American Society of Health-System Pharmacists (ASHP) training programs. As delineated in the Essentials of Accredited Residencies, all members of the Pharmacy Resident Program are to have the opportunity to:

- develop a personal program of learning to foster continued professional growth with guidance from the teaching staff;
- participate in safe, effective and compassionate patient care, under supervision, commensurate with their level of advancement and responsibility;
- participate fully in the educational and scholarly activities of their program and, as required, assume responsibility for teaching and supervising other residents and pharmacy students as well as pharmacy technicians; and
- participate as appropriate in institutional programs and departmental staff activities and adhere to established Practices, procedures and policies of the institution.

## 100 GENERAL PROVISIONS

### 100.1 APPLICATION

Although the programs vary to fulfill the particular needs and requirements of their specialties, certain policies are common to all. These policies convey to the UCDMC residents specific rights and benefits which recognize their professionalism and contributions as residents in training.

These policies apply to those individuals who are appointed to the University titles PGY-1 Pharmacy Resident (title code 4220) and PGY-2 Pharmacy Resident (title code 4236).

### 100.2 AMMENDMENTS

This policy manual will be reviewed on an on-going basis. Amendments will be approved by the UCDMC Chief Pharmacy Officer (CPO), the Educational Enterprise Manager (EEM) and HR.

### 100.3 PROCEDURES

The CPO will ensure the development of procedures necessary to implement these policies.

## 101 DEFINITIONS

**Accreditation:** a voluntary process of evaluation and review performed by a non- governmental agency of peers.

**Competencies:** specific knowledge, skills, behaviors and attitudes and the appropriate educational experiences required of residents to complete the Pharmacy Resident Program.

**CPO:** The individual responsible for all functions and activities of the Department of Pharmacy.

**Institution:** An organization having the primary purpose of providing educational programs and/or health care services (e.g., a university, a medical school, a hospital, a school of public health, a health department, a public health agency, an organized health care delivery system, a medical examiner's office, a consortium, and/or educational foundation).

**Education Enterprise Manager (EEM):** The individual responsible for assuring the Pharmacy Residents comply with UCDMC policies and the policies of the Pharmacy Residency Manual.

**Postgraduate Year (PGY):** a term indicating the level of relevant post-doctoral experience that a trainee has accomplished or in which the resident is currently training. For example, PGY-2 indicates a second-year resident.

**Residency Program Director:** the one pharmacist designated to oversee and organize the activities for an educational program. The Program Director is responsible for the implementation of the Program requirements as established by the American Society of Health-System Pharmacists (ASHP) for a specific residency program.

**University:** a public corporation officially known as the Regents of the University of California. It comprises ten campuses, five medical centers, and three affiliated national laboratories, which include the University of California, Davis, campus, its School of Medicine and Medical Center, and Medical Group.

## 200 RESIDENTS EXPERIENCING HARRASSMENT AND DISCRIMINATION

As noted by the Harassment & Discrimination Assistance and Prevention Program (HDAPP), the University of California, in accordance with applicable Federal and State law and University policy, does not discriminate on the basis of race, color, national origin, religion, sex, gender identity, pregnancy,<sup>1</sup> physical or mental disability, medical condition (cancer related or genetic characteristics), ancestry, marital status, age, sexual orientation, citizenship, or service in the uniformed services.<sup>2</sup> The University also prohibits sexual harassment. This nondiscrimination policy covers admission, access, and treatment in University programs and activities. HDAPP provides assistance to students, faculty and staff regarding reports of bias, harassment and discrimination. Our mission is to educate the entire UC Davis community about these issues and to assist with the prevention and resolution of these issues in a fair and responsible manner. In collaboration with other UC Davis resources, HDAPP promotes an environment in which all members of the UC Davis community can work, learn and live in an atmosphere free from all forms of bias, harassment and discrimination. HDAPP supports UC Davis' Principles of Community, and our mission reflects the University's commitment to maintaining "a climate of fairness, cooperation, and professionalism." We join others at UC Davis in embracing "diversity, equity, and inclusion as essential ingredients of academic excellence in higher education. UC Davis is committed to the highest standards of civility and respect toward all as reflected in the UC Davis Principles of Community. The university rejects acts of harassment and discrimination, works to resolve concerns, and investigates known facts to determine if university policies have been violated.

### Why Report?

Filing a report helps the university maintain a safe environment that supports the educational mission of the institution. In addition, unreported bias incidents can perpetuate continued bias and erode the campus climate.

### Ways to Report

Report suspected bias incidents to the HDAPP office.

Online — <https://hdapp.sf.ucdavis.edu/report-incident>

If you are experiencing an emergency and need **immediate assistance**, please call UC Davis Police Department at 911, 530-752-1230 (Davis), or 916-734-2555 (Sacramento).

## 201 PROFESSIONAL CONDUCT (Policy on Mistreatment)

UCDMC cultivates a learning environment free of harassment, intimidation, disrespect, exploitation, and abuse. Mistreatment is defined as showing a lack of respect or acting in an abusive manner toward another individual (Hospital Policy on Student Learning Environment, 2917).

<https://health.ucdavis.edu/mdprogram/medicalstudentpolicies/mistreatment.html>

Instances of mistreatment include disruptive behavior which offends, demeans, humiliates, and interferes with or prevents normal work functions and activities.

UCDMC is dedicated to ensuring pharmacy residents function in a respectful and abuse-free environment. Mistreatment of any member of our healthcare community will not be tolerated.

If you witness or experience mistreatment, please report it to the EEM and follow the steps to report mistreatment outlined at:

<http://intranet.ucdmc.ucdavis.edu/UCDMCs/onthejobresources/mistreatment.shtml>.

Additional Information and resources:

[Preventing Bullying and Abusive Conduct in Our Workplace | Human Resources \(ucdavis.edu\)](#)

## 202 REASONABLE ACCOMMODATION

The University provides reasonable accommodation to otherwise qualified residents who are disabled or become disabled and need assistance to perform the essential functions of their positions. Accommodation options will be considered in an interactive process with the resident. Both the University and the resident are expected to participate in the interactive process in good faith.

<https://policy.ucop.edu/doc/4010420/PPSM-81>

Questions regarding reasonable accommodation should be directed to contact Patricia Poole, Manager for the Educational Enterprise, Department of Pharmacy at [plpoole@ucdavis.edu](mailto:plpoole@ucdavis.edu).

## 203 RESIDENT ELIGIBILITY AND SELECTION GUIDELINES

### 203.1 APPLICANT QUALIFICATIONS AND ELIGIBILITY

#### UCDMC PGY-1 Pharmacy Residency Programs

- a. Applicant must be a candidate for or receive a Pharm.D. from a School of Pharmacy accredited by the American Council of Pharmaceutical Education (ACPE), or in the process of pursuing accreditation OR have a Foreign Pharmacy Graduate Equivalency Committee (FPGEC) certificate from the National Association of Boards of Pharmacy (NABP). At a minimum, the program must be a five year pharmacy degree program.
- b. Applicant must be recommended by his or her school faculty and/or previous employers.
- c. Applicant must be registered for the Resident Matching Program.
- d. Applicant must qualify for licensure and, if accepted, shall take the California Pharmacist Licensing Exam as soon as possible after graduation. The California Pharmacist Licensing Exam is in two parts. Part 1 is the North American Pharmacists Licensing Examination (NAPLEX). Part 2 is the

California Pharmacists Jurisprudence Exam (CPJE). Please note the CPJE is different than the Multistate Pharmacists Jurisprudence Examination administered by National Association of the Boards of Pharmacy (NABP) (<https://dashboard.nabp.pharmacy/Login/Splash>).

#### UCDMC PGY-2 Pharmacy Resident Programs

- a. Applicant must have received a Pharm.D. from a School of Pharmacy accredited by the American Council of Pharmaceutical Education (ACPE), or in the process of pursuing accreditation OR have a Foreign Pharmacy Graduate Equivalency Committee (FPGEC) certificate from the National Association of Boards of Pharmacy (NABP). At a minimum, the program must be a five year pharmacy degree program.
- b. The applicant must be participating in, or have completed, an ASHP-accredited PGY1 pharmacy residency program or one in the ASHP accreditation process (i.e., one with candidate or preliminary accreditation status). The applicant must further provide a copy of the PGY1 certificate of completion during the orientation and onboarding process.
- c. Applicant must be recommended by his or her school faculty and/or previous employers.
- d. Applicant must be registered for the Resident Matching Program.
- e. Applicant must qualify for licensure and, if accepted, shall take the California Pharmacist Licensing Exam as soon as possible after graduation. The California Pharmacist Licensing Exam is in two parts. Part 1 is the North American Pharmacists Licensing Examination (NAPLEX). Part 2 is the California Pharmacists Jurisprudence Exam (CPJE). Please note the CPJE is different than the Multistate Pharmacists Jurisprudence Examination administered by National Association of the Boards of Pharmacy (NABP) (<https://dashboard.nabp.pharmacy/Login/Splash>).

For All PGY-1 and PGY-2 Applicants, the following will Apply:

#### **203.2 LICENSURE**

Applicants are expected to expeditiously and vigorously pursue pharmacist licensure in the State of California upon confirmation of acceptance to the UCDMC Pharmacy Resident Program. Licensure must be obtained either prior to beginning the residency or very shortly thereafter and specific deadlines for taking the CPJE exam will be provided in the resident Match Letter. Failure to achieve licensure by October 1<sup>st</sup> will be addressed by the Executive Residency Advisory Committee (ExRAC) on a case-by-case basis. Consequences may include customizing the program to postpone activities requiring licensure, extension of the residency, leave without pay, or termination.

If the applicant is not a licensed pharmacist before the start of the residency program, they will need to be registered as a current California Intern Pharmacist. The applicant will not be able to start the residency on the scheduled start date, if the applicant is not either a California Registered Pharmacist or a California Registered Pharmacist Intern.

In all circumstances, the resident must complete 2/3 of the residency as a licensed pharmacist to meet the requirements for graduation.

### **203.3 DRUG TESTING**

UCDMC requires post-offer, pre-employment substance abuse screening. Hospital policy 2177: <https://ucdavishealth.ellucid.com/documents/view/1587>

### **203.4 BACKGROUND CHECK REQUIREMENTS**

Employment with UCDMC is contingent upon completion of a criminal background check and may include Live Scan fingerprinting .

### **203.5 EMPLOYEE HEALTH CLEARANCE AND COVID-19 VACCINATION**

A condition of employment at UCDMC is clearance by Employee Health Services.

The University of California has implemented a SARS-CoV-2 (COVID-19) Vaccination Program SARS-CoV-2 Vaccination Policy (ucop.edu) covering all employees. To be compliant with the policy, employees must submit proof of vaccination or a University approved exception or deferral.

Further information from the University of California can be found in in the following UCOP policy: [https://policy.ucop.edu/doc/5000695/SARS-CoV-2\\_Covid-19](https://policy.ucop.edu/doc/5000695/SARS-CoV-2_Covid-19)

### **203.6 PROCESS FOR OFFER OF INTERVIEW AND RESIDENT RANKING FOR SELECTION**

In selecting from among qualified applicants, UCDMC participates in an organized matching program: the National Resident Matching Program (NRMP).

UCDMC application requirements are described on the residency webpage and within the PhorCAS application software package.

#### **203.6.1 STEP 1:**

Current residents, preceptors, and the program RPD work collaboratively to review qualified applications in PhorCAS, applying the respective residency program's scoring rubric, "Screening applicants for Interview." Any member of the applicant review personnel shall disclose any conflict of interest and recuse themselves from reviewing applicants with whom they have a prior personal relationship. Program rubric may score applicants based on Academic performance, Letters of Recommendation, Personal statement, Research, Teaching, Employment and Leadership experience, Relevant clinical experience, and Extra-curricular activities. At least two individuals independently score every application package. When scores vary by more than 5%, AND the higher score indicates the applicant should be interviewed, a third reviewer will be assigned. The scores are then averaged. Applicants are awarded interviews based on the average score from the rubric and the number of interview slots available (target of four interview slots per one residency position for in-person interviews and target of eight interview slots per one residency position for virtual interviews). All applicants within 5% of the cut-off score will be reviewed by the RPD or delegate to evaluate for undervalued talent.

For programs receiving less than 5 applications, all applications will be reviewed by the RPD and at least one preceptor to assess for the minimum required criteria. Qualified applicants will be invited to interview.

Phone screenings may be used when:

- 1) there is a cluster of applicants too closely scored to ascertain differences among applicants
- 2) there is interest in re-ordering the applicants by the RPD or delegate

Phone screenings will involve at least two members of the applicant review personnel and will be uniform in nature. Questions will be standardized and may include an evaluation of:

- 1) applicant's communication skills
- 2) applicant's knowledge of UC Davis residency program
- 3) applicant's applicable clinical, vocational, and research activities
- 4) applicant's clinical knowledge

#### **203.6.2 STEP II:**

The process above will create a distinct list of applicants in order of priority for interview. Offers of interview are awarded by email notification to the top applicants, based on the number of available interview slots. Any declinations to interview will be awarded to the applicant in the next highest position on the scoring list. The offer to interview will include an informational link to which the applicant may review the residency program requirements for graduation, structure of the program, salary, benefits, and relevant personnel policies.

#### **203.6.3 STEP III:**

The interview day will consist of either on-site interviews or virtual video interviews with program residents, preceptors and the RPD. Applicants will spend time with current residents. At the RPD discretion, programs may also involve pharmacy leadership, nurses and/or physicians in the interview process. A standardized panel interview, a PowerPoint presentation by the candidate, a team-based activity, and a 1-on1 interview with the RPD may be elements used to evaluate each candidate using the individual residency program's scoring rubric, "Ranking Interviewees." A match ranking list will be created based on the composite score from the interview day activities, the original interview package, and the number of residency positions available. Any applicant within 5% of the cut-off score will be reviewed by the RPD or delegate to evaluate for under-valued talent. The final ranking list is at the sole discretion of the RPD and is submitted to the National Matching Program.

In the event that virtual interviews are planned, all candidates will be interviewed virtually in a standardized process mimicking the on-site interview as closely as possible.

#### **203.6.4 Interview Day:**

Residents will be reminded of their electronic access to the Resident Program requirements for successful completion of the residency, structure of the program, salary, benefits, and pharmacy resident personnel policies. Applicants may be asked to sign a confidentiality agreement to maintain the integrity of the interview process.

Interview questions are based upon the position description and specific requirements of the residency program to which the application is made. Programs have established interview questions and desired responses. The same questions and interview process will be applied to all applicants invited to interview for a given program.

The University of California is an Equal Opportunity/Affirmative Action Employer advancing

inclusive excellence. All qualified applicants will receive consideration for employment without regard to race, color, religion, sex, sexual orientation, gender identity, national origin, disability, age, protected veteran status, or other protected categories covered by the UC nondiscrimination policy.

**203.6.5 STEP IV:**

Should any positions go into Phase II of the resident match, applicants will be scored again according to Step I and Step II. Step III would be revised to include an abbreviated process, such as the panel interview and 1-on-1 interview with the RPD by phone or videoconference.

**203.6.6 Other Opportunities for Candidates to be Considered as Determined by UCDMC Pharmacy Executive Residency Advisory Committee:**

An applicant to a given residency program may be asked if they wish to be considered by another UCDMC residency program when the RPD who received the application finds significant interest and skills appropriate for another program. When additional positions are added to a residency program, the candidate next listed on the Match ranking list will be offered the residency position, if they remain unmatched after Phase II.

**203.7 PGY2 PHARMACY RESIDENCY EARLY COMMITMENT POLICY**

**203.7.1** Promotion of UCDMC PGY2 pharmacy residency programs to PGY1 residents for early commitment will begin with an overview during PGY1 orientation as well as the PGY2 Residency Town Hall in September. An informational email to all PGY-1 residents on October 1<sup>st</sup> will be sent annually to include the Early Commitment Policy. All materials and promotional efforts will be:

- Non-coercive, promotional materials, activities and discussions will be made available to all of the UCDMC PGY1 Residents.
- The UCDMC PGY1 Residency Program Directors must be made aware of promotional activities, discussion and materials being distributed.
- PGY1 Residents must be informed that early commitment is *not* required for pursuit of a UCDMC PGY2 residency. PGY1 residents may also apply to the UCDMC PGY2 residency program through the ASHP match.

**203.7.2** UCDMC PGY1 Residents may be recruited for a UCDMC PGY2 Specialty Residency Programs under the following conditions:

- The PGY1 resident has expressed an interest in pursuing the specific PGY2 residency. This should occur no later than October 31st and is informational only.
- The resident has an active California Pharmacist license, in good standing.

- The resident is progressing through the UCDMC PGY1 residency in good standing.
- The UCDMC PGY1 Residency Director has met with the PGY1 resident and agrees that the PGY2 specialty residency meets with the PGY1 resident's career goals and objectives.
- The PGY1 and PGY2 residencies must be continuous years of employment for the resident.
- Recruitment has been approved by the UCDMC Chief Pharmacy Officer

**203.7.3 UCDMC PGY2 Early Commitment participation:**

- The decision to participate in the early commitment process is left to the discretion of PGY2 pharmacy residency program director each year.
- Early commitment may occur only between a UCDMC PGY1 resident and a UCDMC PGY2 residency program. External applicants are not permitted to participate in early commitment.
- PGY2 residency positions that are not filled through early commitment will participate in the ASHP Residency Match.

**203.7.4 Selection of PGY2 residency candidates from the pool of PGY1 residency applicants:**

- A letter of intent must be submitted by the PGY1 resident to the PGY2 Residency Director. The deadline for letters of intent is October 31<sup>st</sup>. The letter of intent may be an informal email.
- The RPD shall inform the PGY-1 resident of their deadline for finalizing an early commitment, which will be no later than the Thursday that concludes the ASHP Midyear meeting.
- A formal interview will be conducted between any interested PGY1 Resident(s) and the RPD plus at least one program preceptor. The interview will include pre-determined interview questions. The PGY2 resident will be selected based on performance and conduct during the interview as scored by standardized rubric, as well as performance and evaluations in the PGY1 residency program.

**203.7.5 Requirements for Completion of Internal PGY2 Residency Early Commitment:**

- When contacted annually by NMS, PGY2 residency program directors must register all positions that could be potentially in the Match. Typically, this occurs before it is feasible to consider offering any positions to an early commitment process.
- If a PGY2 residency program director offers an early commitment to a PGY1 resident, a letter of agreement must be signed by both parties, which also serves as agreement to the requirements for graduation. The letter of agreement will be signed no later than the Thursday that concludes the ASHP Midyear meeting. Individual PGY2 RPD's may choose an

earlier commitment date. The agreement must be communicated to NMS according to the current NMS procedures and must be received by the date that is established by the ASHP.

- After the date that is established by the ASHP, residency sponsors may not make early commitment offers and must offer all positions through the National Match, unless the sponsor does not intend to fill some positions.
- Match fees (equivalent to those paid by applicants to participate in the Match) for positions filled through an early commitment process will be paid to NMS by the sponsor offering the PGY2 residency program. (PGY1 residents pursuing PGY2 residency positions not filled through the early commitment process pay an application fee to NMS to participate in the Match.)
- As soon as the early commitment is determined and paperwork signed, the RPD shall close the application portal in PhorCAS or modify the number of open positions to account for the early committed position(s).

## 204 APPOINTMENT

### 204.1 ELIGIBILITY

Eligibility for admission into a Resident Program is outlined in the ASHP Accreditation Standards for Pharmacy Residency Programs at [www.ashp.org](http://www.ashp.org).

### 204.2 INITIATION AND APPROVAL

Appointments to Resident titles will be initiated according to the results of the National Match or Early Commitment agreement and will be conducted by routine HR procedures.

### 204.3 DURATION

Appointment to a PGY-1 or PGY-2 title will be for no more than a one-year term; extension beyond one year are considered on a case-by-case basis for unusual circumstances. Appointment to a PGY1/PGY2 program are established as two consecutive one-year terms.

### 204.4 CONFIRMATION

Letters of confirmation of appointment will be signed by the CPO and sent to each candidate by the Department of Pharmacy and HR. Candidates will be asked to acknowledge their acceptance of a resident position at UCDCM.

Each confirmation of appointment will provide notice of the terms and conditions of that appointment, including requirement for licensure; requirement for prerequisite residency; salary; length of appointment, including starting and ending dates and level of appointment (PGY1 or PGY2).

### 204.5 PRE-APPOINTMENT CONDITIONS

The appointment will require the successful completion of all residency prerequisites as determined by the Department of Pharmacy and HR. The prerequisites may include, but are not limited to, a medical clearance examination, compliance with vaccination protocols, drug testing, and criminal

background investigation.

## 205 REAPPOINTMENT AND NON-REAPPOINTMENT

### 205.1 PROGRAM CLOSURE/REDUCTION

In the unlikely event that the institution reduces or closes a Residency Program, residents will be informed as soon as possible, and the institution will make every effort to allow residents to complete their program or assist them in identifying another program.

## 206 SALARY

The salary communication will be as delineated in your offer letter from Talent Acquisition and in the ASHP Residency directory.

Residents will be paid a bi-weekly salary in accordance with the current annual salary published in the ASHP Residency Directory and affirmed by the compensation unit within UCDMC. Salary information is provided in writing by HR upon acceptance of the position.

206.1 HR will notify the Pharmacy Resident Program staff of changes in the salary schedule as they are made by the University. Information regarding salaries will be available at all times from HR.

## 207 EMPLOYEE RECOGNITION AWARDS

All residents are eligible to be nominated for employee recognition awards in accordance with UCDMC local award programs.

## 208 RESIDENT AND PRECEPTOR RECOGNITION AWARDS

All residents are eligible to be nominated for end-of-the-year resident recognition awards as follows:

Award	Criteria
PGY-1 Resident of the Year Award	<p>The award recognizes a PGY1 pharmacy resident who has exemplified characteristics of a Practice leader, provided significant contribution to the pharmacy department, and displayed exceptional clinical and critical thinking skills.</p> <p>How selected:</p> <ul style="list-style-type: none"><li>• Staff/Preceptor/Resident/Technician/Medical staff nominations</li><li>• Committee comprised of all RPD's, Education Enterprise Manager, Chief Pharmacy Officer (optional – final approval needed)</li><li>• Committee Chair: EEM</li></ul>
PGY-2 Resident of the Year Award	<p>The award recognizes a PGY2 pharmacy resident who has exemplified characteristics of a Practice leader, provided significant contribution to the pharmacy department, and displayed exceptional clinical and critical thinking skills</p>

	Selected as above
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Additionally, all residents will be involved in nominating and selecting preceptor end-of-the-year awards as follows:

Award	Criteria
Preceptor of the Year Award	<p>The award recognizes a pharmacy preceptor who has shown commitment to teaching, serves as a role model by inspiring residents to become a Practice leader and who themselves are Practice leaders.</p> <p>How selected:</p> <ul style="list-style-type: none"> <li>• Nominations from residents</li> <li>• Current Residents make up the committee</li> <li>• Final approval needed by the Education Enterprise Manager</li> </ul>
Research Mentor of the Year	<p>The award recognizes a pharmacist who has provided exceptional guidance and mentorship of resident research to PGY1 and/or PGY2 resident(s) throughout the year.</p> <ul style="list-style-type: none"> <li>• Developed a supportive environment for research and scholarship</li> <li>• Demonstrated a commitment to mentorship and established a track record for successful mentorship</li> <li>• Provides instruction on research skills such as preparing presentations, writing manuscripts</li> <li>• Is a successful advocate and guide in administrative, organizational, and professional matters for resident investigators</li> <li>• Demonstrates personal concern for his/her mentees and supports both his/her personal and professional development</li> <li>• Demonstrates leadership skills and professionalism</li> <li>• Places an equal or greater emphasis on the professional development of his/her trainees than on self-promotion or advancement</li> </ul> <p>How selected:</p> <ul style="list-style-type: none"> <li>• Written nominations by residents</li> <li>• Selection Committee consists of Resident Research Chair and current residents.</li> </ul>

## 209 PROFESSIONAL LIABILITY INSURANCE

The University is self-insured for professional medical and hospital liability. The coverage provides defense and indemnification to its employees for allegations of negligence arising out of the course and scope of University duties pursuant to the California Tort Claims Act and Business and Finance Bulletin (BUS 9). This defense and indemnification is generally extended to residents and fellows who are employed by the University when they are performing duties within the course and scope of their University training program appointments. In certain cases, defense and indemnification of residents and fellows is contractually tendered by the University to an affiliate training institution and such

institution would provide the defense and indemnification.

Any employees, including trainees, who are served with a demand for compensation and/or a summons and complaint alleging negligence arising out of University employment must immediately tender defense of such claim or lawsuit to the University Medical Center Risk Management where they performed their training. Employees are also expected to timely notify Risk Management of any incident that results in unexpected patient injury.

University defense and indemnification is based on the date of the incident or occurrence that gives rise to the alleged negligence regardless of when the claim or lawsuit is filed. "Tail" insurance is not required to cover potential liability exposure arising out of University employment activities.

Inquiries for claim history for University training and employment periods covered by the University self-insurance program must be referred to the Risk Management office at the medical center where the individual performed his/her training.

## 210 RESIGNATION

### 210.1 POLICY

Residents who voluntarily separate from the residency program are considered to have resigned.

### 210.2 PROVISIONS

#### Notice By Resident:

A resident is expected, whenever possible, to give at least thirty calendar days' notice prior to a resignation during the course of an appointment term. The Training Program Director or Educational Enterprise Manager will, whenever possible, obtain written notice of resignation, including the specific reason for the resignation.

#### Recording of Resignation:

The reason for a resident's resignation will be clearly and fully reported on the separation form. If a resident refuses or fails to provide the reason for resignation, a notation to this effect will be made on the form.

## 300 SCHEDULING AND DUTY HOURS

Residency program directors and preceptors have the professional responsibility to provide residents with a sound training program that must be planned, scheduled, and balanced with concerns for patients' safety and residents' well-being. Therefore, programs must comply with the requirements outlined in this policy to ensure optimal clinical experience and education for their program's residents.

### 300.1 Details of the resident duty hours policy reflect the policy of ASHP and can be found here:

[Duty-Hour Policy \(ashp.org\)](http://ashp.org)

### 300.2 COVERAGE AND AUTHORIZED LEAVE

- Residents will be expected to provide coverage for any scheduled staffing shift when on authorized leave. The Program Directors will not be responsible to arrange such coverage. It is the responsibility of the resident to make trades with other residents for staffing coverage.
- The resident will maintain accurate records of their own night, weekend, on call and holiday staffing shifts. These records will be available for review by the Program Director and/or the Education Manager.
- Residents will be permitted to exchange staffing shifts with each other, provided that proper coverage is arranged **with a resident who has competency in that area of staffing**.

### 300.3 RECORD KEEPING

The Training Program Director will be responsible to oversee the resident's maintaining and reporting the hours of training completed in that Director's residency program.. Training hours, staffing hours, moonlighting hours and time off are maintained on the duty hours tracker. Duty hour tracking is maintained in the resident's folder on the shared drive.

Attestation of compliance with the ASHP Duty Hours Requirement [Duty-Hour Policy \(ashp.org\)](https://www.ashp.org/~/media/ASHP/Policy%20and%20Practice/2017-2018%20Duty%20Hours%20Requirement.pdf) will be maintained in PharmAcademic.

## 301 SUPPLEMENTAL EMPLOYMENT (MOONLIGHTING)

Time spent by residents doing internal Moonlighting must be counted towards the 80-hour Maximum Weekly Hour Limit as well as all other duty hour limitations.

### 301.1 MOONLIGHTING – INSIDE UCDCMC

Because residency education is a full-time endeavor, the Training Program Director must ensure that moonlighting does not interfere with the ability of the resident to achieve the goals and objectives of the educational program. If permitted to engage in moonlighting, the resident must obtain approval from the current preceptor and Residency Program Director. The resident's performance will be monitored for the effect of moonlighting activities in the training program. Any adverse effects may lead to withdrawal of permission to moonlight.

#### Stipend Shift Eligibility:

If a business need exists and department funding allows internal moonlighting for stipend payment may be available at UCDCMC Department of Pharmacy Services after the resident has been deemed competent in the focused area of practice where there is a schedule need. Residents can work 2 to 12-hour shifts outside of their residency requirements or on their weekend day off, if they are not currently on rotation in the area in need of coverage or scheduled "on-call" for the time of the shift needed. Permission for the resident to staff a shift-needed must be granted by the RPD. Stipends must always be offered to represented qualified staff prior to being made available to a resident. Stipend request forms are available on the Department of Pharmacy Intranet and should be forwarded to Pharmacy Administration for payroll processing within 7 days of the shift worked.

### 301.2 MOONLIGHTING – OUTSIDE of UCDMC

Residents are expected to refrain from external moonlighting.

## 302 HOLIDAYS; RESIDENT SERVICE CONTRIBUTION

### 302.1 SCOPE

The 14 holidays listed below are observed by the University as administrative holidays. Holidays are considered to extend over a 24-hour period. The granting of leave/holidays requires approval from the Program Training Director. If the resident is not granted paid leave on the University designated date, the paid day can be floated to another day in accordance with University policy.

Each resident will be required to provide staffing/service contribution for at least one Major Holiday and one Minor Holiday. Additional Holiday staffing is at the discretion of the Program Training Director.

New Year's Day*	Veteran's Day (November 11)
Third Monday in January (MLK Day)	Thanksgiving
Third Monday in February (President's Day)	Friday after Thanksgiving
Cesar Chavez Day**	Christmas Eve*
Last Monday in May (Memorial Day)	Christmas Day*
Juneteenth*	
Independence Day*	New Year's Eve*
First Monday in September (Labor Day)	

### 302.2 \*HOLIDAYS ON SATURDAY OR SUNDAY

When a holiday falls on a Saturday, the preceding Friday is observed as a holiday unless an alternate day is designated by the President. When a holiday falls on a Sunday, the following Monday is observed as a holiday.

\*\* Cesar Chavez Day is observed on a day designated by the Office of the President.

### 302.3 RESIDENT SERVICE CONTRIBUTION

Staffing contributions are key in our justification of the residency training programs, and each resident contributes ~400 hours per year toward departmental staffing. It is expected that staffing shifts be transparently displayed on the resident's duty hour tracker. This is audited utilizing the PharmAcademic attestation to ensure residents are in compliance with the duty hours policy.

**WEEKEND STAFFING REQUIREMENT (All programs).** Approximately 272 hours per resident:

Every 3<sup>rd</sup> weekend, with independent coverage of a shift on the schedule by ~September 1, or as soon thereafter as licensed. Earlier is okay if resident is capable. If the resident is working the PM shift on a weekend, this counts toward weekend staffing only (not also counted toward evening staffing requirement). In the event that required training or formal events (i.e. MBA, retreat, Midyear) precludes the resident fulfilling their assigned weekend staffing, some weekend hours may be reduced.

#### WEEKEND STAFFING ALLOCATION:

Program	Shift Structure and Service assignment #34 8-hour shifts	Service Line & Supervisor	Total Hours
PGY1 Acute (n=10)	Cards, Gen Med,	Tricia: Cards	272

PGY1 HSPAL (n=4)	Hospitalist or Central	Denise: Gen Med or Hospitalist David D: Central	
PGY2 Med Safety, HSPAL (n=3)	Central	David D: Central	272
PGY 1 Amb (n-7)	TOC, Primary Care, or OCH (Sa)/TOC or ACC (Su)	Denise: Medicine, Transplant, ED BPMH, TOC Kassi: Coag pager Tim: OCH	272
PGY2 Amb, Pop Health (n=3)	TOC/Primary Care/ACC	Denise: Medicine, Transplant, ED BPMH Kassi: Coag pager	272
PGY2 Critical Care (n-2)	Any CC area as trained	Tricia: Critical Care	272
PGY2 ID (n=2)	ASP or ID/OPAT	Tricia: Infectious Diseases	272
PGY2 Peds (n=1)		Andrew: Peds	272
PGY2 EM (n=3)	EM AM or EM PM as trained	Tricia: Emergency Medicine	272
PGY2 Cardiology (n=2)	CRD1 or CRD2	Tricia: Cardiology	272
PGY2 Investigational Drugs and Research	IDS	Andrea/Jenn: IDS	272

**EVENING STAFFING REQUIREMENT (All programs).** Approximately 120 hours per resident:

Three weeks consecutive or three 1-week blocks spread over the year, can overlap with learning experiences (Acute and Hospital based PGY2s)

OR

A combination of block weeks and 4-hour shifts which will overlap with learning experiences (PGY1 and PGY2 Amb, Pop Health),

If the resident is working the PM shift on a weekend, this counts toward weekend staffing only (not also counted toward evening staffing requirement).

**EVENING STAFFING ALLOCATION:**

Program	Shift Structure	Service Line & Supervisor	Total Hours
PGY1 Acute (n=12)	#15 8-hour shifts, 1230-2100 1-week blocks	Denise: Med-Surg	120
PGY2 ID, Med Safety, Cards, HSPAL (n=9)	#15 8-hour shifts, 1230-2100 Typically 1-week blocks	Denise: Med-Surg	120
PGY 1 Amb (n-9) PGY2 Amb, Pop Health, Investigational Drugs	A combination of block weeks and 4-hour shifts	Denise: Medicine, Transplant, ED BPMH Kassi: Coag pager	120

and Research (n=4)	1700-2100		
PGY2 Critical Care (n=2)	#15 8-hour shifts, CCPM (week blocks)	Tricia: CCPM	120
PGY2 Onc (n=4)	#15 8-hour evening shifts in Oncology	Andrea: Onc 3	120
PGY2 Peds (n=1)	#15 8-hour shifts, Peds satellite 1430-2300	Andrew: Peds eves	120
PGY2 EM (n=3)	#15 8-hour shifts, EM2 (not blocks typically)	Tricia: EM	120

**What is NOT counted toward staffing hour contributions:**

Resident coverage of a service independently as part of their scheduled learning experience(s). This is simply progression of the resident to independence during the learning experience.

Resident overlapping or shadowing a staff member on a standard evening shift as an extra pharmacist.

Resident being on pager/call overnight from home.

**302.4 HOLIDAY WORK/CALL**

Holiday work/call will be distributed by the Training Program Director and equitably among residents at the same postgraduate level. The following factors may be considered when scheduling holiday work/call: continuity of patient care; opportunity for unique educational experience; supervision or education of others; or other special requirements of the resident's particular level of training. All pharmacy residents are expected to work at least one major holiday (Thanksgiving, December 24 or announced equivalent, December 25, or announced equivalent, and January 1).

**303 STANDARD LEAVE: VACATION, EDUCATIONAL**

Resident time away from the program shall not exceed 37 days over the course of the 52-week residency appointment. Residencies will not be extended passed the appointment period to accommodate a resident being away from the program more than 37 days. Residents taking leave more than 37 days will not receive a certificate of completion.

Compensatory days for staffing shifts, including Holidays, are considered to be part of the service commitment and therefore are not counted as time away from the program.

**303.1** Vacation days are provided to residents for rest, relaxation, and renewal. Educational leave is provided so residents may fulfill training program requirements and/or enhance their knowledge and skill in their specialties. The granting of vacation and professional leave requires departmental approval from the Training Program Director. Vacation and Educational leave are considered standard leave within a residency training year.

**303.2** A full-time resident receives 10 vacation days, 14 Paid University Holidays, and 4 days of educational

leave per year.

**303.3** Vacation and educational leave usage will be reported in one day increments.

Vacation and educational leave will be reported only for Monday through Friday including University Holidays. It will not be reported for Saturdays or Sundays.

**303.4** The total amount of vacation and educational leave will be credited to the resident at the beginning of the appointment (hire date). As the resident uses vacation/educational leave, the leave balance will decrease accordingly.

If a resident resigns before the scheduled end of the appointment term, that resident's leave balance will be adjusted to reflect only that amount of vacation/educational leave which would be proportionate to the duration of the resident's actual appointment.

Educational leave is provided so residents may fulfill training program requirements and/or enhance their knowledge and skills in their specialty. Educational leave will be granted for the days that the resident actively participates in the professional meeting for at least six hours of program (residency recruiting and/or other program activities). Pre-symposium, poster sessions, etc. must be pre-approved by the Training Program Director in order to count in the six hours of programming. PGY-1 residents could anticipate educational leave for the ASHP Clinical Mid-year Meeting, and any other conference required by the individual residency program. PGY-2 residents could anticipate educational leave for the ASHP Clinical Mid-year meeting and/or a meeting specific for their PGY-2 program.

**303.5** Vacation/educational leave will be requested by the resident and scheduled only with the agreement of the Training Program Director. To the extent allowed by the clinical and training requirements of the program, leaves will be granted in accordance with resident requests. Requests to use leave are balanced against requirements of the learning experience and there is a minimum of 15 days required attendance for all 4-week required learning experiences.

**303.6** Changes in the leave schedule may be initiated by the Training Program Director when required by department activities. The Training Program Director will endeavor to give advance notice of any change.

**303.7** Residents wishing to make a change in the posted leave schedule must submit a written request. Approval of such requests is subject to the staffing requirements of the department and the discretion of the Training Program Director.

## **304** STANDARD LEAVE: SICK LEAVE

**304.1** Sick leave is provided to residents in order to continue their salary during illness, disability, medical appointments and, on a limited basis, in the event of death or illness of an eligible family member. The total amount of sick leave due a resident will be credited to the resident at the beginning of the appointment. As the resident uses sick leave, the leave balance will decrease accordingly. Sick leave is not to be used as additional vacation/educational leave.

- 304.2** A full-time resident receives sick leave of 12 days per year. Sick leave usage up to 12 days is considered part of the standard leave in the residency training program.
- 304.3** Sick leave usage will be reported in one day increments. Sick leave which remains unused at the end of an appointment year will be forfeited.
- 304.4** Family Illness: If eligible, the resident will be permitted to use not more than 30 days of accrued sick leave in any calendar year when required to provide care because of illness of family members. Eligible family members will be consistent with those covered through Family Medical Leave Act (FMLA) and California Family Rights Act (CFRA) regulations.
- 304.5** Family Death: A resident will be permitted to use not more than 5 days of sick leave when that resident's absence is required due to the death of the resident's spouse, parent, child, sibling, grandparent, or grandchild. In-laws and step-relatives in the relationships listed also are covered. This provision also covers other related persons residing in the resident's household.
- 304.6** Vacation: A resident who becomes ill while on vacation will be permitted to use sick leave only if that resident is under the care of a physician, and submits a physician's statement. A resident may not use sick leave in the event of a family illness during vacation.

**304.7 USE/SCHEDULING**

Each resident will immediately notify the Training Program Director and the preceptor(s) of your current learning experience of any illness, as required by the department.

For weekend or evening **staffing** sick leave, the resident must notify the supervisor of the department (see table below) where they will be unable to fulfill their staffing obligation at least 2 hours prior to the start of the assigned staffing shift.

<b>Department</b>	<b>Supervisor</b>
Anticoagulation Clinic	Kassi Bugg Tel: (484) 883-3695
Cardiology	Josh Roberts Pager: (916)-816-2122
General Medicine or Hospitalist Service	Denise Roach Tel: (916) 816-7069
One Community Health	Tim Cutler Tel: (916)601-6202
Central Pharmacy	Call 916-703-4084 the night before your shift and ask to speak to RPh on duty, who will put out the sick call notice on your behalf

The resident must provide medical certification to document illness lasting three or more days. In the event of excessive sick leave usage, the Training Program Director may inform the resident in writing that medical documentation is required for all sick leave.

Residents who have unscheduled absences due to illness on a scheduled rotation or staffing day

preceding or following a holiday or vacation may be required to bring a medical verification of illness to the employee's supervisor on the employee's return to work in order for the absence to be authorized.

### 305 NON-STANDARD LEAVE

All leave as defined in **PPSM 2.210: Absence from Work** (see link below) is considered extended leave and not typical to the residency training year. Non-standard leaves may include military leave, pregnancy leave, or leave due to catastrophic circumstances. Eligibility for non-standard leave will be in compliance with university policy.

<https://policy.ucop.edu/doc/4010406/PPSM-2.210>

Use of any Non-Standard Leave that results in the resident being away from the residency more than 37 days in a 52-week appointment, requires extension of the residency to make up the time. The make-up time is required to meet the educational objectives and requirements of the training program which includes 52-weeks of residency training. Extensions of residency would include full salary and benefits, however funding for salaries and benefits (and thus the extension) cannot be guaranteed until confirmed in writing by the Chief Pharmacy Officer and/or Education Manager. If the required extension cannot be offered, the resident will not receive a certificate of completion.

### 400 PROFESSIONAL DEVELOPMENT

#### POLICY

**400.1** It is the policy of the University to provide assistance and support to residents to enhance their professional growth and development. A salary supplement of \$2500 is included in the resident's annual salary for the purpose of funding travel and registration to enhance the resident's knowledge and skill.

#### RESPONSIBILITY

**400.2** The resident will develop a personal program of self-study and professional growth with guidance from UCDMC preceptors and the Training Director.

### 401 SUPERVISION

#### POLICY

**401.1** It is the responsibility of the Pharmacy Resident Program to ensure and provide supervision of all residents. The Department Training Program Director (or Designee) will provide adequate supervision appropriate to each level of training, recognizing that graduate medical education is based on a system in which the level of resident responsibility increases with years of training.

The resident shall be supervised in a manner that promotes the development of progressive responsibility for patient care. Progressive responsibility shall be assessed by the supervisor according

to the resident's level of training, ability, and experience.

Faculty and residents must be educated to recognize the signs of fatigue and adopt and apply policies to prevent and counteract the potential negative effect.

## **DEFINITION**

**Supervisor:** A supervisor is defined as teaching staff identified by the Department Training Program Director or Designee.

## **LEVELS OF SUPERVISION**

**400.3** The program must demonstrate that the appropriate level of supervision is in place for all residents who care for patients. To ensure oversight of resident supervision and graded authority and responsibility, the program must use the following classification of supervision:

- a. **Direct Supervision** – Supervising pharmacist is physically present with the resident and patient. PGY-1 residents should be supervised either directly or indirectly with direct supervision immediately available.
- b. **Indirect Supervision** – Supervising pharmacist is not physically present within the hospital or other site of patient care but is immediately available by means of telephonic and/or electronic modalities and is available to provide direct supervision.
- c. **Oversight** – Supervising pharmacist is available to provide review of encounters with feedback provided after care is delivered. Faculty members functioning as supervising pharmacists should delegate portions of care to residents, based on the needs of the patient and the skills of the residents. PGY-2 Residents should serve in a supervisory role of PGY-1 Residents in recognition of their progress toward independence, based on the needs of each patient and the skills of the individual resident or fellow. Faculty supervision assignments should be of sufficient duration to assess the knowledge and skills of each resident and delegate to him/her the appropriate level of patient care authority and responsibility.

## **METHODOLOGY**

**400.4** The components of supervision shall include:

- a. The supervisor's assessment of the skill level of the trainee;
- b. The supervisor's judgment regarding independent action;
- c. The supervisor's assessment of resident progressive independence of performance functions. The supervisor starts with close supervision leading to progressive encouragement of independent functioning as skills are assessed;
- d. The supervisor's written evaluation and verbal feedback throughout the progression levels. The supervisor will provide advice and direction to the trainee at all times.

## 405 EVALUATIONS

The Program Director must evaluate each resident's abilities based on specific criteria. The Training Program Director (or designee) will review summative evaluations and consider if objectives have been Achieved for Residency during the quarterly development plan meetings with each resident.

### DEFINITIONS

The following definitions will be applied for each learning objective evaluated within a Learning Experience: Programs will determine whether preceptors may mark achieved for residency (ACHR).

<u>Rating</u>	<u>Definition</u>
Improvement (NI)	Resident is not performing at an expected level at that particular time; significant improvement is needed.
Satisfactory Progress (SP)	Resident is performing and progressing at a level that should eventually lead to mastery of the goal/objective.
Achieved (ACH)	Resident can perform associated activities independently for this learning experience.
Achieved for Residency (ACHR)	Resident can perform associated activities independently across the scope of pharmacy practice.

### 405.2 ACCESS

All summative evaluations will be made available for review by the resident in PharmAcademic.

If the resident files a complaint, the individual faculty evaluations may be subject to review as a part of the grievance process.

### 405.3 METHODOLOGY

Evaluations will contain an accurate and complete assessment of the resident's performance of assigned clinical and didactic duties as reflected on the resident's written job description and the specific learning experience description. They will be based upon the observations of the faculty members, residents, nursing staff or other professional staff involved in supervising and/or training of the resident. When a score of NI or SP is given on a specific objective, the resident will be provided actionable, criteria-based feedback on what would need to be observed to award a score of ACH.

Aspects of a resident's job which were not performed or observed during the review period will not be evaluated. The written evaluation will document any aspects of performance which were not reviewed.

Deficiencies in performance of assigned clinical or didactic duties will be described in detail in the performance evaluation. The Training Program Director may recommend a course of remediation to the resident.

## EFFECT

**405.4** Written evaluations will be used as the basis for determining the resident's suitability for certification of completion of training objectives and will inform the Training Director of any program design adjustments that would benefit the resident.

## 407 CORRECTIVE ACTION

### POLICY

**407.1** Appropriate corrective action may occur because of misconduct, failure to maintain established performance standards or failure to make expected academic progress.

Corrective actions are usually issued by the EEM. Corrective actions under this policy will require consultation with the assigned HR Business Partner and/or Employee and Labor Relations (ELR). Certain actions may require the approval of the CPO and the Executive RAC.

### 407.2 REASONS FOR CORRECTIVE ACTION

Corrective action will be used to notify residents of concerns relating to the resident's failure to meet the UCDMC and ASHP residency standards. These standards include clinical and training activities, and professional conduct.

In addition, corrective action may be necessary to address problems related to a resident's adherence to the rules, regulations, policies, or procedures of the University.

### 407.3 TYPES OF CORRECTIVE ACTION

Corrective action may or may not be progressive. If progressive, corrective actions may occur in sequence to include letters of expectation; warning; and dismissal. Principles of due process will be applied prior to dismissal from the program. Below standard performance evaluations, failure to make expected academic progress or a particular incident can serve as the foundation for the issuance of a letter of expectation, letter of warning or intent to dismiss.

Specific sanctions for non-completion of medical records are defined in, and will be carried out in accordance with, [PPSM-62: Corrective Action \(ucop.edu\)](#)

## 504 PRECEPTOR SELECTION AND DEVELOPMENT

The residency program preceptors are critical to the residency program's success and effectiveness. Their qualifications and skills are crucial. Therefore, the RPD and preceptors will be professionally and educationally qualified pharmacists who are committed to providing effective training of residents and being exemplary role models for residents, in accordance with the standards of the American Society of Health- Systems Pharmacists (ASHP). Above all, preceptors must have the desire to teach! In addition to meeting the qualifications below, the preceptor must provide a current Academic and Professional Record at the time of appointment and re-appointment.

Preceptors are also expected to complete 2 hours of preceptor development continuing education every 2 years. UC Davis Medical Center requires each residency program RPD to appoint and develop pharmacists to become preceptors for their program.

	Pharmacist Preceptors	Non-Pharmacist Preceptors
Who may be considered	Competent licensed pharmacists as determined by the RPD based on resident evaluations, peer review, annual performance review (when available to RPD), credentialing process, and preceptor self-assessment.	Competent Physicians, physician assistants, certified nurse Practitioners, microbiologists, etc. as determined by the RPD based on resident evaluations, peer review, annual performance review (when available to RPD), credentialing process, and preceptor self-assessment.
Practice setting	Pharmacist Practices in the setting in which the learning experience is conducted. Preceptors maintain continuity of Practice while residents are in their learning experiences. A learning experience may be precepted by a team of preceptors.	When the RPD and preceptors agree that residents are ready for independent Practice; reflected by a rating of achieved for the residency (ACHR) for the majority of goals and objectives in Competency Area R1:  Utilization of non-pharmacist preceptors may occur when a qualified pharmacist preceptor does not maintain an active Practice in the area but the experience adds value to residents' professional development and interests.
Experience and Training to precept PGY-1 residents	Preceptor's pharmacy Practice experience is relevant to the Practice setting in which the learning experience is conducted, AND <ul style="list-style-type: none"> <li>• have completed an ASHP- accredited PGY1 residency followed by a minimum of one year of pharmacy Practice experience; or</li> <li>• have completed an ASHP- accredited PGY1 residency followed by an ASHP- accredited PGY2 residency and a minimum of six months of pharmacy Practice experience; or</li> <li>• without completion of an ASHP- accredited residency, have three or more years of pharmacy Practice experience in the relevant Practice area.</li> </ul>	

Experience and Training to precept PGY-2 residents	<p>Preceptor's pharmacy Practice experience is relevant to the Practice setting in which the learning experience is conducted, AND</p> <ul style="list-style-type: none"> <li>• have completed an ASHP- accredited PGY2 in the same or similar advanced Practice plus a minimum of one year Practicing in the relevant Practice setting OR</li> <li>• preceptor has more than 3 years of pharmacy Practice experience in the relevant Practice area.</li> </ul>	
Responsibilities	<ul style="list-style-type: none"> <li>•contribute to the success of residents and the program;</li> <li>•provide learning experiences in appropriate format per RPD instruction</li> <li>•participate actively in the residency program's continuous quality improvement processes;</li> <li>•demonstrate Practice expertise and preceptor skills and strive to continuously improve;</li> <li>•adhere to residency program and department policies pertaining to residents and services; and,</li> <li>•demonstrate commitment to advancing the residency program and pharmacy services.</li> </ul>	Pharmacist preceptor works closely with the non-pharmacist preceptor to select the educational goals and objectives for the learning experience
Teaching roles	Instructing, modeling, coaching, facilitating at the level required by residents	Instructing, modeling, coaching, facilitating at the level required by residents
Evaluate the resident performance	Specific, constructive criteria- based verbal feedback continuously during the learning experience as well as formal summative criteria based written feedback at the end of the learning experience or quarterly, for longitudinal rotations, utilizing program policies for interpretation of NI, SP, ACH.	Pharmacist preceptors or RPD can enter the information into PharmAcademic® based on input from non-pharmacist preceptors.

<p>Academic and professional records must be submitted for appointment and re-appointment. For the guidance on what meets the criteria, please refer to the current ASHP PGY-1 or PGY-2 guidance document.</p>	<p><u>Section 1 APR</u>          •recognition in the area of pharmacy Practice for which they serve as preceptors;  <u>Section 2 APR</u>          •an established, active Practice in the area for which they serve as preceptor;  <u>Section 3 APR</u>          •ongoing professionalism, including a personal commitment to advancing the profession;  <u>Section 4 APR</u>          Applies only to Preceptors-in-Training (PIT)*</p> <p>*PIT is a preceptor designation for a new pharmacist-preceptor who does not meet all of the above.</p>	<p>Non-pharmacist preceptors do not need to meet preceptor requirements and don't have to fill out an Academic and Professional Record form.</p>
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#### **504.1 PRECEPTOR-IN-TRAINING**

A preceptor-in-training (PIT) is a professionally and educationally qualified pharmacist who is committed to providing effective training of residents but does not yet meet all the criteria for a qualified preceptor. They will have a customized preceptor development plan and a coach/mentor, who is a fully qualified preceptor, who will guide them toward becoming a fully qualified preceptor within two years. In addition to the formal development plan, PITs will be oriented by their mentor and/or program RPD to the design of the residency, use of PharmAcademic, and the criteria used in providing formal summative evaluations. The preceptor development plan can be located on the Pharmacy shared drive or by request to the Education Enterprise Manager.

#### **504.2 PRECEPTOR DEVELOPMENT**

RPDs serve as organizationally authorized leaders of UC Davis residency programs and as such, have responsibility for creating and implementing a preceptor development plan for the residency program to address both new and established preceptors. Preceptor development at UC Davis Medical Center is a group plan for the entire Department of Pharmacy, to address all preceptors and potential preceptors. Individual preceptors are encouraged and empowered to pursue additional preceptor development to address individual needs (i.e. attend National Pharmacy Preceptor Conference for new RPD's, or apply to UCSF Master Preceptor Program, apply for Faculty appointment with SOM/SOP, etc). Preceptor development is intended to assist pharmacist preceptors in enhancing their skills as teachers, mentors, and evaluators of pharmacy resident performance. Preceptor development can come in many forms such as CE events, online programs, newsletters and informational sessions provided by UCDMC Pharmacy Staff

The Pharmacy Education Committee is authorized by the RPD's and RAC to conduct the annual assessment of needs, create a schedule of activities to address identified needs, and to review the effectiveness of development plan. Individual preceptors are expected to attend a minimum of 2 hours of preceptor development every 2 years.

## **505 CALIFORNIA PHARMACIST LICENSURE**

### **PURPOSE**

The purpose of this policy is to define the requirements of California Pharmacist Licensure.

### **505.1 POLICY**

#### **UCDMC PGY-1 Pharmacy Residency Programs:**

If the applicant is not a licensed pharmacist before the start of the Residency, they will need to be registered as a current California Intern Pharmacist. The applicant may not be able to start the residency on the scheduled start date, if the applicant is not either a California Registered Pharmacist or a current California Intern Pharmacist.

Applicants are expected to expeditiously and vigorously pursue pharmacist licensure in the State of California upon confirmation of acceptance to the UCDMC residency program. Licensure must be obtained either prior to beginning the residency or very shortly thereafter. Specific dates and deadlines for taking the CPJE will be provided in the Match Letter.

Failure to achieve licensure by October 1st will be addressed by the Executive RAC on a case-by-case basis, and consequences may include customizing the program to postpone activities requiring licensure, or termination if it is deemed futile to continue (no test dates offered to become licensed within 120 days from the start of the residency).

Failure to obtain licensure within 120 days from the start of residency will be dismissed from the program and will not receive a certificate of completion.

#### UCDMC PGY-2 Pharmacy Residency Programs:

ASHP Standard: The applicant must be a licensed pharmacist. In addition, the applicant must be licensed, or be eligible for licensure, in the state or jurisdiction in which the residency program is conducted. Consequences of failure to obtain appropriate licensure must be addressed as a policy issue by the organization conducting the residency.

##### a. Licensure

The applicant must be a licensed pharmacist and if not licensed in California, qualify for licensure and, if accepted must take the California Pharmacist Licensing Exam before the start of the residency.

If the applicant is not licensed before the start of the Residency as they are awaiting their California Board of Pharmacy results, they will need to be registered as a current California Intern Pharmacist. The applicant may not be able to start the residency on the scheduled start date, if the applicant is not either a California Registered Pharmacist or a current California Intern Pharmacist.

Applicants are expected to expeditiously and vigorously pursue pharmacist licensure in the State of California upon confirmation of acceptance to the UCDMC residency program. Licensure must be obtained either prior to beginning the residency or very shortly thereafter. Specific dates and deadlines for taking the CPJE will be provided in the Match Letter.

Failure to achieve licensure by October 1st will be addressed by the Executive RAC on a case-by-case basis, consequences may include customizing the program to postpone activities requiring licensure, or termination if it is deemed futile to continue (no test dates offered to become licensed within 120 days from the start of the residency).

Failure to obtain licensure within 120 days from the start of residency will be dismissed from the program and will not receive a certificate of completion.

## 506 RESIDENT ASSIGNMENT UNDER EMERGENCY PLAN

The Program Directors' first point of contact for answers to questions regarding a local extreme emergent situation is the CPO.

a) Residents must be expected to perform considering their degree of competence, their specialty training, and the context of the specific situation. Residents at an advanced level of training may be fully licensed and, therefore, able to provide patient care independent of supervision.

b) Residents shall not be first-line responders without appropriate supervision given the clinical situation at

hand and their level of training and competence. Resident performance in extreme emergent situations will not exceed expectations for their scope of competence as judged by program directors and other supervisors. Residents will not be expected to perform beyond the limits of self-confidence in their own abilities. In addition, a resident must not be expected to perform in any situations outside of the scope of their individual license.

- c) Discussion between the Program Director and CPO regarding the educational experience of the residents must occur first. If the educational experience/rotation area is depleted of the entire resident complement, the following steps should be taken:
- Assess availability of faculty (and other resources available in consultation with leadership of the institution) to provide coverage.
  - Assess services to see if schedule changes can accommodate the decrease in manpower.
  - Assess availability of residents on administrative/management rotations.
  - Assess availability of residents on elective rotations.
  - Assess availability of residents on research rotations.
  - Assess availability of residents on external rotations.
- d) The CPO will contact the Executive Residency Advisory Committee via telephone only if an extreme emergent situation causes serious, extended disruption to resident assignments, educational infrastructure or clinical operations that might affect the Sponsoring Institution's or any of its programs' ability to conduct resident education in substantial compliance with ASHP program requirements. On behalf of the Sponsoring Institution, the CPO will provide information to the Executive RAC regarding the extreme emergent situation and the status of the educational environment for its accredited programs resulting from the emergency.
- e) Given the complexity of some events, the Executive RAC may request that the CPO submit a written description of the disruptions at the Institution and details regarding activities the Institution has undertaken in response. Additional updates to this information may be requested based on the duration of the event.
- f) The CPO will receive electronic confirmation of this communication with the Executive RAC which will include copies to all members of RAC.

Scenario	Resident Action	RPD Action	Service Line Manager with Staffing Gap	Stipend paid to Resident
Resident on rotation and there is no pharmacist preceptor due to staffing call outs	Do your best providing pharmacist services on the rotation and contact another pharmacist for support as needed	Support Resident and service line manager as needed	Notify Resident and RPD of preceptor non-availability and provide suggested back up pharmacist for support	No

PGY2 on rotation is needed in a different area within same specialty (i.e. PGY2 Onc on rotation in Infusion is needed to cover inpatient BMT service)	Monitor for minimum number of days in learning experience and cover alternate needs as requested	Communicate resident re-allocation to resident and preceptor(s)	Communicate needs with RPD for resident re-allocation	No
PGY1 or PGY2 on any management rotation is needed in any area of the department for which they are competent to assist	Cover alternate needs as requested. This truly is part of the management experience!	Support Resident and service line manager as needed	Communicate need for assistance to management rotation primary preceptor	No
Open Shift on department schedule occurs on a day the resident is scheduled to be off or in the hours immediately following the resident's full regular day on rotation	Offer to work open shift if you are fully qualified/competent and notify your current preceptor and RPD. Check duty hours compliance before considering shift. Submit for stipend.	Verify duty hours compliance and that resident is away for 10 hours	Ensure shifts are being offered to represented staff prior to accepting resident to work for a stipend.	Yes, unless the scenario below applies
Resident has not completed their service commitment of evening shifts <b>and</b> current rotation allows for incorporation of evening/NOC shifts to cover an unplanned staff absence	Coordinate with RPD and preceptor to cover shift and document on duty hours tracker. This will count toward the service commitment for evening staffing	Verify duty hours compliance and that resident is away from hospital for 10 hours at end of shift	Schedule resident into staffing gap	No