



**UNIVERSITY OF
MICHIGAN HEALTH**
MICHIGAN MEDICINE

**DEPARTMENT OF
PHARMACY SERVICES**



PHARMACY RESIDENCY MANUAL

2026 - 2027

Welcome!



Megan Cadiz, PharmD

*Pharmacy Residency Program Manager; PGY1
Pharmacy Residency Program Director*

Congratulations on starting your residency with University of Michigan Health (U-M Health)! We are very pleased to welcome you as a new member of University of Michigan Health's highly trained and dedicated pharmacy team. Pharmacy residency is an exciting and unique time to focus on learning and refining various skills.

We are committed to providing you with a variety of high-quality learning opportunities during your residency. We believe that your residency year should be customized to your specific interests, strengths, and areas of opportunities. Please do not hesitate to discuss opportunities to tailor activities to your specific interests.

This year you will experience great personal and professional growth that is directly related to the amount of commitment and dedication applied. The key to success is open communication, a positive attitude and a growth mindset.

At U-M Health, it is our goal to partner with you to guide you on your journey to become a highly trained and independent pharmacist and prepare you for the next step of your career.

Again, congratulations and welcome to the University of Michigan Health team!

MANUAL CONTENTS

This manual has been developed for the Pharmacy Residency Programs at U-M Health to provide information on the practice site, program structure, resident and preceptor roles and responsibilities, policies, procedures, benefits, and other elements related to the design and conduct of our programs. **(ASHP Standard 2.11)**

Questions regarding the manual may be directed to the Residency Program Director (RPD) or the Residency Advisory Committee (RAC). There may be changes to the policies and procedures at any time when deemed necessary. Residents will be informed of those changes accordingly.

PROGRAM OVERVIEW & OVERSIGHT	4
COLOSSAL RESIDENCY ADVISORY COMMITTEE	7
RESIDENT RECRUITMENT & SELECTION	9
LICENSURE	12
GRADUATION REQUIREMENTS	13
LEARNING EXPERIENCES	14
WRITING PROJECT	15
RESEARCH PROJECT	18
SEMINARS	22
TEACHING RESPONSIBILITIES	24
STAFFING	28
CODE BLUE RESPONSE	30
CLINICAL CASE CONFERENCE	32
PROFESSIONAL DEVELOPMENT SERIES	35
ASSESSMENT & EVALUATIONS	36
DUTY HOURS AND MOONLIGHTING	41
PRECEPTOR APPOINTMENT & DEVELOPMENT	44
MEETING ATTENDANCE	47
TIME AWAY FROM RESIDENCY	48
RESIDENT WELLNESS AND WELL-BEING	53
CHIEF RESIDENTS	54
EARLY COMMITMENT PROCESS	55
COMMITTEES	57
CORRECTIVE ACTION AND DISMISSAL	62
SUPPLEMENTAL RESIDENCY EXPERIENCES	63
VISITING RESIDENTS	63
BENEFITS	64
RESOURCES AND TECHNOLOGY	64
APPENDICES	68
PROGRAM SPECIFIC APPENDICES	78

PROGRAM OVERVIEW & OVERSIGHT

UNIVERSITY OF MICHIGAN HEALTH

University of Michigan Health (U-M Health) is part of the 82-acre University of Michigan Medical Center with a total of 1,100 licensed beds. University Hospital is a 577-bed tertiary care teaching complex. Opened in February 1986, the University Hospital contains adult inpatient care programs and most of the administrative and support units. The C.S. Mott Children's Hospital houses pediatric and neonatal patient care programs while the Von Voigtlander Women's Hospital provides maternity and gynecological services. The Children and Women's (CW) Hospitals include 350 beds and opened in December 2011.

Across the Huron River, the Kellogg Eye Center houses the ophthalmology programs. The Frankel Cardiovascular Center (CVC) staff provide care for forty-eight inpatient beds, and clinic patients. Adjacent to the University Main Hospital is the A. Alfred Taubman Health Care Center with more than 100 specialty clinics and outpatient services. The Rogel Cancer Center is near the Main Hospital and includes an infusion pharmacy and outpatient pharmacy. The East Ann Arbor Health and Geriatrics Center houses one outpatient pharmacy and an infusion pharmacy. In addition, the University staffs several outpatient community medical facilities including Saline, Canton, Dexter, Chelsea, Brighton, and Northville.

RESIDENCY PROGRAM MISSION AND VISION STATEMENTS

Mission

The mission of the PGY1 and PGY2 postgraduate programs at U-M Health is to develop practice, teaching and research skills of the pharmacy residents, and to nurture the pursuit of professionalism, personal excellence, and leadership in the field of pharmacy.

All available resources will be mobilized to achieve the following objectives:

- *Clinical competency:* The program shall improve verbal and written communication skills, research capabilities, knowledge base, and clinical skills of the residents.
- *Leadership skills:* The program shall build upon individual and professional leadership skills of the residents.
- *Professionalism:* The program shall promote responsible and ethical conduct of the residents in accordance with the practice standards of the profession of pharmacy.

Vision

The pharmacy residency programs at U-M Health will be the most respected postgraduate educational and training pharmacy residency programs that graduate high quality pharmacy professionals as measured by their pharmaceutical care skills, scholarly activities, and leadership.

ASHP Pharmacy Residency Purpose

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

PGY2 Purpose: PGY2 residency programs build upon Doctor of Pharmacy (PharmD) education and PGY1 pharmacy residency training to develop pharmacist practitioners with

knowledge, skills, and abilities as defined in the educational competency areas, goals, and objectives for advanced practice areas. Residents who successfully complete PGY2 residency programs are prepared for advanced patient care or other specialized positions, and board certification in the advanced practice area, if available.

TERM APPOINTMENTS

U-M Health Pharmacy Residents will complete a minimum of 52 weeks per residency year. Residents in the 24-month combined PGY1 / PGY2 Health-System Pharmacy Administration & Leadership (HSPAL) and PGY1 / PGY2 Investigational Drugs and Research Pharmacy (IDRP) programs will complete a minimum of 52 weeks of training prior to starting the PGY2 residency program. **(ASHP Standard 2.1)**

PHARMACADEMIC & RECORD KEEPING

PharmAcademic will be utilized for residency program management and maintenance. This includes the program's objective assignment grid/TE grid, learning experience descriptions, resident schedules, summative, preceptor and learning experience evaluations, initial training and development plans, progress toward program completion requirements, and resident close out documentation. **(ASHP Standard 2.15.b)**

Program directors must also keep a record of each resident's program application, written acceptance of the Match and program policies, verification of resident's licensure, program deliverables, documentation of completion requirements and each resident's signed residency certificate of completion. Residency program directors are strongly encouraged to store this information within PharmAcademic (e.g. resident "files" tab). If PharmAcademic is not utilized, RPDs must maintain an alternative storage location. All records for residents trained at a U-M Health Pharmacy Residency Program must be kept and maintained since the date of the last accreditation site survey. **(ASHP Standard 2.15.c)**

PROGRAM ADMINISTRATION (ASHP STANDARD 4.4)

Residency Program Director (RPD)

The RPD has ultimate responsibility for the residency program they oversee. This responsibility is accomplished with the assistance of the Colossal Residency Advisory Committee (C-RAC), and program specific RAC. The RPD is to ensure the design and conduct of the program is aligned with the ASHP Standard, program goals and objectives are met, resident progression on graduation requirements is routinely evaluated, evaluations are completed in a thorough and timely manner, and any necessary HR-related actions are implemented (e.g.: disciplinary action, approval of leave of absence, etc.).

RPDs are also responsible for annual program evaluation, including feedback from program preceptors and graduating residents. The evaluation should also include review of resident evaluations of preceptors and learning experiences. Identified program improvement opportunities and planned changes must be documented via RAC minutes or alternative method. **(ASHP Standard 4.4.b)**

Residency Program Coordinator (RPC)

A residency program coordinator assists the RPD with ASHP requirements. This may include graduation requirement tracking, individual residency advisory committees, training schedules, PharmAcademic maintenance, interviews, etc. Programs may appoint an RPC, if desired.

Residency Program Manager (RPM)

The RPM works with RPDs and RPCs to ensure that program goals and objectives are met and training schedules are maintained. The RPM is also involved in preceptor development, helps coordinate on-boarding and interview and staffing schedules, and provides general support to the structure and function of the entire residency program. RPM also serves as the permanent chair of C-RAC.

Residency Program Administrator (RPA)

The RPA provides administrative support to the RPM, RPDs and residents. The RPA works with the RPM to coordinate residency recruitment and orientation activities, resident travel and the overall organization of the residency programs. The RPA assists in the on-boarding and off-boarding of all residents and serves as the liaison for several resident-run committees.

RAC Appointed Mentor

All residents will be paired with a RAC Appointed Mentor as below:

Resident	Appointed Mentor
PGY1 Pharmacy	One of the following: <ul style="list-style-type: none"> ▪ PGY1 RPD or RPC ▪ A rotating PGY1 RAC clinician member ▪ Assistant Director of Education and Professional Development ▪ Pharmacy operations member
PGY1 HSPAL	HSPAL RPC
PGY1 IDRP	IDRP RPC
PGY1 Comm., Mgd. Care	RPD or designee
PGY2	RPD or designee

Responsibilities of the RAC Appointed Mentor include:

- Oversee resident progress on program goals & objectives through the residency year
- Function as an advisor for the resident, to whom the resident can voice concerns, issues or feedback
- Review resident’s evaluations and incorporate feedback into quarterly evaluations
- Document resident progress and any changes to the resident’s development plan
- Meet with the resident at least quarterly for development plan meetings (additional meetings are encouraged)
- Facilitate resident quarterly evaluation meetings & upload quarterly development plans by identified deadline
- Escalate concerns to the RPD
- Plan any necessary remediation in conjunction with the program RPD
- Complete the graduation requirements checklist at the end of the year

Chosen Mentor

All residents will choose an additional mentor from a list of available mentors.

Responsibilities of the Chosen Mentor include:

- Serve as an advisor and advocate for the resident over the course of the year
- Help the resident to achieve individual and residency goals and to address any perceived deficiencies
- Function as an advisor for the resident, to whom the resident can voice concerns, issues or feedback

- Attend the resident's quarterly development plan meetings (additional meetings are highly encouraged)
- Escalate any concerns to the RPD

Colossal Residency Advisory Committee (C-RAC)

C-RAC oversees all U-M Health pharmacy residency programs, including alignment with the ASHP Accreditation Standard. C-RAC also ensures the residency programs adhere to Pharmacy Department, Hospital, and ASHP mission and guidelines. Members advocate for residents to other faculty, staff, and the department. C-RAC may also approve new programs and off-site rotations, as needed. C-RAC ensures standardization amongst the residency programs regarding graduation requirements, ASHP Standard interpretation, recruitment, on-boarding, off-boarding, early commitment, rotation schedules, project selection and quarterly preceptor development topics, whenever possible.

Individual programs also have a program specific RAC with the purpose of tracking resident progress throughout the year, assessing program design and conduct and implementing programmatic changes, as necessary. Additionally, a PGY2 RAC meets quarterly to discuss the global needs of the PGY2 residents. PGY2 RAC reports out at C-RAC quarterly meetings.

COLOSSAL RESIDENCY ADVISORY COMMITTEE

(ASHP STANDARD 4.4)

PURPOSE

The purpose of the Colossal Residency Advisory Committee (C-RAC) is to establish and maintain ASHP-accredited pharmacy residency programs and to serve as the advisory and organizational structure for U-M Health pharmacy residency programs.

The committee shall assure:

- Residency programs adhere to the Pharmacy Department, Hospital and ASHP mission and guidelines
- Resident and department goals are met
- Residents' advocacy to other faculty, staff, and departments
- Residents' adherence to residency program requirements
- Mentorship and guidance to residents
- Development of new programs as needed to support department needs, future pharmacist roles, and job market changes
- Decisions important to the function of the department are made in a timely manner

MEMBERSHIP

- Permanent Chair - Residency Program Manager
 - Provide oversight of all C-RAC activities and continuity over time
 - Review and appoint members to C-RAC
 - Coordinate residency recruitment
 - Coordinate resident orientation
 - Coordinate research project proposal review
 - Serve as a research project proposal reviewer
 - Ensure adequate feedback and representation of affected parties for all C-RAC votes
- Voting Members
 - C-RAC Chair (voting tie breaker)

- All PGY1 and PGY2 residency program directors and one Infectious Diseases Pharmacy Fellowship Co-Director
- Nine (9) clinical pharmacist preceptors serving as PGY1 RAC mentors
- One (1) clinical pharmacist in management/operations
- One (1) coordinator of resident clinical case conference
- Chief Residents (PGY1 and PGY2)

- Non-Voting Members
 - All PGY1 and PGY2 residency program coordinators (non-voting members)
 - One (1) Assistant Director of Education and Research
 - Permanent C-RAC Secretary – Residency Program Administrator
 - Solicit agenda items and disseminate agendas
 - Record minutes
 - Communicate decisions of the committee via disseminated minutes

SPECIAL REQUESTS

All issues, concerns and special requests (i.e. rotation requests, travel requests, deadline extensions) relating to the residency should be submitted by the resident or RPD to C-RAC for consideration.

MEETINGS

- C-RAC meets at least quarterly with ad hoc meetings to be scheduled as necessary
- Action taken by the C-RAC shall be decided by general consensus (4 or more members agree or disagree). If consensus cannot be reached, the Chair will make the final decision.
- The Secretary shall provide e-mail notice of the time and place of all meetings to each member of the committee. An agenda of the items for which action may be taken shall be distributed ahead of the meeting.
- Non-members who wish to attend C-RAC meetings (in person or virtually) require Chair approval
- Agendas will be prepared by the Secretary, incorporating requests from members of C-RAC and other committees
- Members who cannot attend a meeting may identify a proxy to attend and vote in their place provided that the individual is identified in advance, and this is communicated to the Chair and Secretary
 - The C-RAC member must identify the proxy in advance and submit the name of the individual to the rotating RAC Secretary when they send out the call for agenda items
 - The Secretary will record the member who is absent and the name of the individual proxy on the agenda and minutes for documentation
 - Only 1 vote can count for each program
- C-RAC minutes will be disseminated to C-RAC members and posted to the residency website for review by residents, preceptors, and staff.
 - Any sensitive information will be redacted prior to dissemination/posting.
- C-RAC updates will be shared at monthly department staff meetings, monthly resident-RPM meetings, and quarterly U-M College of Pharmacy Clinical Department staff meetings, as appropriate

RESIDENT RECRUITMENT & SELECTION

RECRUITMENT

Per the University of Michigan's April 2025 public statement on DEI initiatives, the University of Michigan's Office of General Counsel (OGC) will initiate a review to ensure all policies, programs and practices to ensure compliance with federal law and guidance. Please refer to: <https://publicaffairs.vpcomm.umich.edu/key-issues/evolving-our-approach-to-dei/> for more information.

While this review is underway, the U-M Health Residency Programs will continue to participate in both in-person and virtual residency showcases, ensuring access to as many student populations as possible. **(ASHP Standard 1.1.a)**

ELIGIBILITY

U-M Health Pharmacy Residency Programs utilize ASHP PhORCAS/WebAdMIT™ and resident candidates and programs must register for the Match on their website. The application deadline for all residency programs is January 2nd each year, unless otherwise noted. **(ASHP Standard 1.3)**

All residency applicants must be eligible to work in the United States for the entirety of their residency program. The U-M Health Pharmacy Residency Programs do not financially sponsor any visas. All residency candidates must have graduated from an ACPE-accredited program or have a Foreign Pharmacy Graduate Examination Committee (FPGEC) certificate from the NABP. Graduates from a non-ACPE accredited pharmacy program must have attended a program that was at minimum 5-years in length. **(ASHP Standard 1.2)**

For PGY2 programs, applicants must be completing or have completed an ASHP- accredited or candidate-status PGY1 pharmacy residency. **(ASHP Standard 1.2.b)** A signed PGY1 certificate of completion must be presented during orientation of the PGY2 year to the RPD for verification. The RPD will upload the PGY1 certificate to PharmAcademic under the files tab. If the certificate is not provided within 30 days of the program start, the resident will be dismissed from the residency program. **(ASHP Standard 2.7, 2.9b)**

SCREENING OF APPLICANTS (ASHP STANDARD 1.1.B)

On an annual basis, programs will determine the number of applicants to be invited for interview based on the number of resident positions available, quantity and quality of applications received, and interviewer availability.

The screening team, including the RPD and other program preceptors, will review and score each complete application against a pre-determined, standardized rubric.

Example criteria to be evaluated includes but is not limited to:

- Letter of intent
- Previous work experience
- Writing experience and publications
- Presentations and public speaking
- Leadership, teaching, mentorship and extracurricular activities
- Research experience
- Letters of recommendation
- Academic transcripts

1. The rubric will include information on how the academic performance of applicants from pass/fail PharmD programs is to be evaluated. **(ASHP Standard 1.1.b)**

- College of Pharmacy/Foreign Pharmacy Certificate equivalency status
- Work eligibility

Application scores and narrative comments will be shared with the RPD/ designee. The RPD/designee will obtain the scores from the electronic database, or other source, and rank applicants in order of highest score to lowest. The RPD/designee will schedule and facilitate a meeting with the screening team to discuss applicant scores and any areas of concern. All discussions related to applicant candidacy are strictly confidential.

Qualifying candidates with the highest application scores will be extended an invitation to interview. However, the program reserves the right to not offer an interview if concerns are identified within the application materials or if previous encounters with the applicant were concerning, regardless of the application score. This may include but is not limited to: lack of teamwork skills, inability to manage one's own practice or incorporate feedback, professionalism concerns, etc.

The decision-making process will be documented and the final decision to offer an interview to a candidate is left to the RPD.

Application screening typically occurs in early January with a goal of extending interview invitations between mid- and late-January.

INTERVIEWS (ASHP STANDARDS 1.1.C, 1.1.D., 2.8)

An interview is required for all candidates during all phases of the residency Match. Individual residency programs will determine the most appropriate interview format, either in-person, virtual or hybrid.

Interview invitations will include the residency manual (program policies, program completion requirements, financial support for required meetings), program start date and term of appointment, stipend and benefit information, and any program specific interview requirements. **(ASHP Standard 2.8)**

Interviews typically occur between late January and the end of February. An interview itinerary will be emailed to the candidate along with pertinent travel/parking information (as applicable), at least 1 week prior to the interview. During interviews, the RPD/designee will provide an overview of the program, including pertinent Residency Manual policies, requirements for successful completion of the residency, program start date and term of appointment, stipend and benefit information.

Interviewers will utilize a pre-determined, standardized interview evaluation rubric. Program specific interview scoring rubrics and other materials are maintained by individual residency program directors. Interviewers will submit their scores and narrative comments to the RPD/designee. After the last interview, the RPD/designee will obtain the scores from the electronic database, or other source, and rank candidates in order of highest score to lowest. Scores for applicants to the PGY1 Pharmacy program will include the original application and interview scores, adjusted for equal weighting. The RPD/designee will schedule and facilitate a meeting with the selection committee to review the rankings.

The rank meeting includes a discussion of the applicant's interview scores, strengths and areas of concern. Initial applicant rankings may be adjusted at the discretion of the interview team by up to 40% in either direction, or by a greater amount if approved by the majority of the selection committee. Adjustments will be based on outstanding qualities demonstrated during the interview and/or concerning qualities or interactions. Areas of concern include but are not limited to lack of professionalism/maturity, inability to communicate appropriately or follow instruction, unclear dedication, and/or a mismatch of applicant & program goals or offerings. Additionally, programs reserve the right to not rank candidates with areas of concern that the selection committee feels may negatively impact their ability to successfully complete the program. The decision not to rank an applicant must be made by at least two members of the selection committee. The rationale for all rank list modifications will be documented by the RPD/designee.

Final rank decisions and positions will be determined by the RPD, who will submit the final rank to the National Matching Service. All discussions of applicant candidacy, interview performance and rank position are strictly confidential.

PHASE II MATCH & POST-MATCH PROCEDURES (ASHP STANDARD 1.1.E)

Programs that do not match all positions in Phase I may elect to participate in Phase II of the Match. The procedure and criteria for application review, invitation to interview and determination of rank list are the same as Phase I with the following exceptions due to the condensed timeline:

- Phase II interviews may be offered on a rolling basis
- Programs that conducted in-person Phase I interviews may utilize virtual interviews for Phase II of the Match due to time constraints.
- The multi-program U-M health residency program overview sessions hosted by the RPM and current residents during Phase I will not be available but may be facilitated by the individual program

If a position remains available after Phase II, programs may consider participating in the Post-Match Process. Applications will be reviewed on a rolling basis and interviews will be offered to qualified candidates. Positions will be offered to the best qualified candidate as determined by the interview team and RPD. Offers for post-match positions must be made within 14 days of the official release of the Phase II Match results.

RESIDENCY OFFER LETTERS & MATCH ACCEPTANCE (ASHP STANDARD 2.9)

A U-M Health residency program offer letter template will be created each year that includes details related to salary, pre-employment requirements, program start date, term of appointment and verification of PGY1 residency completion (PGY2 candidates only). The template will be shared with RPDs to be modified by individual programs.

Residency program directors, or a designee, will contact each matched candidate in writing within **30 days** of the Match. Candidates will be provided with an offer letter and a copy of the residency manual, which includes program policies and information related to verification of PGY1 residency program completion. The offer letter will specify a deadline for matched candidates to return their acceptance of the Match and program policies, which must be prior to the start of the residency program. Signed offer letters will be stored centrally by the RPA and/or uploaded to the resident's files tab in PharmAcademic.

ACCEPTANCE OF PROGRAM POLICIES (ASHP STANDARD 2.10)

The RPM will review the residency program manual, including program policies, requirements and expectations with residents on the 1st day of orientation. Residents that do not attend the 1st day orientation will meet with their RPD or designee to review the manual and policies within **14 days** of the program start date. This includes those that early committed into a PGY2 program, are beginning the 2nd year of a combined program or those unable to attend the 1st day orientation.

Residents will document their acceptance of the residency manual, including program policies, requirements and expectations, within 14 days of the program start date. Documentation will occur via an on-demand, custom PharmAcademic evaluation within each program's Orientation LED.

LICENSURE

(ASHP Standard 2.4)

All applicants to the U-M Health Pharmacy Residency programs must be licensed pharmacists or eligible for pharmacist licensure in the state of Michigan. **Michigan licensure requires a pharmacist license and a controlled substance license.**

Residents are expected to expeditiously seek licensure upon acceptance to a U-M Health Pharmacy Residency Program. Licensure should be obtained **before the residency begins**, or very shortly thereafter. It is recommended that the NAPLEX exam be scheduled before the program start date. If an exam date is not available prior to the program start date, it is recommended that the resident check daily for potential exam cancellations and openings.

Residents must share their NAPLEX exam date with the RPM and RPD as soon as they are scheduled. Written approval must be obtained from the RPM and RPD before an exam may be rescheduled.

If the NAPLEX exam is not scheduled prior to July 1st, the resident must email the RPM and RPD with the reason(s) and proposed plan to be licensed as soon as possible. Licensure delays impact many program components, including orientation and training, weekend/holiday staffing and learning experience schedules, and the level of autonomy afforded during these experiences. It is to the resident's benefit to be licensed prior to July 1st to maximize the residency experience and learning opportunities.

Per U-M Health Pharmacy Staff License and Certification Requirements and Verification policy 115.10, all residents must obtain licensure within 60-days of hire. If licensure is not obtained within 60-days from the program start date, a written plan must be created with the RPD of the program and submitted to C-RAC and the RPM for tracking purposes. See [Appendix A](#) for Licensure Remediation Plan Template. Residents must meet with the RPD at least every other week to discuss progress. An updated plan must be resubmitted to the RPM monthly. Residents may not staff independently on the weekends/holidays while unlicensed and must coordinate their own trades/coverage.

Unlicensed residents must share their licensure status with their preceptors at least 7 days prior to the first day of the learning experience. Adjustment to the resident's learning experience schedule may be required due to delayed licensure.

Per ASHP Standard 2.4, residents must complete at least two-thirds of the residency as a licensed pharmacist.

The residency licensure deadlines are below:

Program Start Date	2026 Licensure Deadline
June 15, 2026	On or before October 19, 2026
July 1, 2026	On or before October 29, 2026

If a resident is not successful in passing the 3rd attempt of the NAPLEX, or if they have not had both their required pharmacist and controlled substance licenses issued by LARA and verified by program leadership by the deadlines above, they will be dismissed from the residency program.

If a resident requires an extended leave of absence (LOA) prior to obtaining their pharmacist and controlled substance licenses, the above licensure deadlines will be extended commiserate with the length of the LOA. The RPD must ensure the resident is licensed for two-thirds of the residency program, excluding the LOA. Please see the leave of absence section for additional details.

GRADUATION REQUIREMENTS

(ASHP Standard 2.5, 2.13, 3.3.e)

GRADUATION CHECKLISTS

Each program maintains a graduation requirement checklist, which serves as a comprehensive list of requirements for successful completion of the residency program. The checklist also designates associated deliverables required by ASHP and documents to be uploaded to PharmAcademic. All criteria as described in the checklist must be met for the resident to receive their certificate of completion.

Program specific checklists:

[PGY1 Community](#)

[PGY1 Community \(Specialty\)](#)

[PGY1 Managed Care \(BCBSM\)](#)

[PGY1 Managed Care \(UMPDP\)](#)

[PGY1 Pharmacy](#)

[PGY1/PGY2 HSPAL](#)

[PGY1/PGY2 IDRP](#)

[PGY2 Ambulatory Care](#)

[PGY2 Cardiology](#)

[PGY2 Critical Care](#)

[PGY2 Emergency Medicine](#)

[PGY2 Oncology](#)

[PGY2 Pain Management &](#)

[Palliative Care](#)

[PGY2 Pediatrics](#)

[PGY2 Psychiatry](#)

[PGY2 Solid Organ Transplant](#)

TRACKING GRADUATION REQUIREMENTS

The graduation requirement checklist will be used to assess progress on the program completion requirements each quarter. The Resident and RPD/RAC Mentor will update the checklist and review during the Q1, Q2 and Q3 resident development plan meetings. The checklist will be uploaded to PharmAcademic with each quarterly development plan.

At the end of the residency year, the Resident and RPD or RAC Mentor will complete a final verification of the graduation checklist, including reviewing PharmAcademic for all required deliverables and other documents to be uploaded to PharmAcademic. The RAC Mentor or RPD should verify satisfactory completion of the research and writing projects with the resident's project preceptors prior to signing the checklist.

The resident is to upload the completed and signed checklist to the "files" tab in PharmAcademic. A compliance audit will be performed at the end of the year by the RPD and/or RPC. If non-compliance is noted, the RPD or RPC will contact the resident to reconcile.

LEARNING EXPERIENCES

(ASHP Standard 3.1)

The list of required, elective, and longitudinal experiences linked below are for the **PGY1 Pharmacy program**. Learning experiences for other programs are listed in program-specific appendices.

REQUIRED & ELECTIVE LEARNING EXPERIENCES

The resident will complete 12 learning experiences (LEs), including orientation and required and elective experiences, and a variety of longitudinal experiences. PGY1 Pharmacy residents (PGY1 Pharmacy, PGY1 IDRP and PGY1 HSPAL) will complete a 6-week orientation starting in the middle of June. Residents in other programs will complete a 4-week orientation beginning the first week of July. Residents will also complete a variety of required, longitudinal experiences and will focus on their longitudinal projects in December.

See the [PGY1 Pharmacy Program Structure document](#) for a comprehensive list of required and elective learning experiences.

OFF-SITE LEARNING EXPERIENCES

Off-site LEs may be considered on a case-by-case basis and are subject to approval by C-RAC. Due to licensing, HR, legal and financial considerations, every effort should be made to organize the experience within U-M Health.

To request C-RAC review of an off-site LE, RPDs will need to complete the off-site rotation form ([Appendix B](#)) and submit to the C-RAC Chair. The RPD will present the request at the August C-RAC meeting.

LEARNING EXPERIENCE SCHEDULE

Preceptors will complete a learning experience/preceptor availability grid in April/May each year to assess capacity for rotations. Preceptors should also indicate which months will have IPPE/APPE student overlap, maximum residents/month and maximum residents/residency year, if applicable. Preceptors will be asked to re-confirm their availability on the grid in early June.

The finalized grid will then be shared with all residents during orientation. The PGY2 residents select rotations first by updating the availability grid & adding their LE selections to the LE schedule template. The updated LE availability grid is then shared with the PGY1 Pharmacy, HSPAL and IDRP residents who will work together to design a rotation schedule that meets the program requirements outlined in the residency manual. If additional availability is requested, the resident will contact the preceptor to discuss.

The resident schedule is then reviewed for appropriateness by the RPDs. Residents in other programs should add their LE schedule to the posted LE schedule by the end of July.

Residents and RPDs are responsible for ensuring resident schedules abide by all program requirements. Additionally, residents in PGY1 and direct patient care PGY2 programs must spend $\geq 2/3$ of the program in patient care activities (**ASHP Standard 3.1.c.3**).

LEARNING EXPERIENCE SCHEDULE CHANGES

Residents may request changes to their learning experience schedule due to changes in their interest areas and goals. Changes must be completed ≥ 2 weeks prior to the 1st day of the LE.

The **resident** must:

- Confirm preceptor availability for new LE
- Seek approval from the scheduled preceptor, new preceptor, RAC Mentor, and RPD
- If approved, update the posted LE schedule

The program RPD or RPC will complete the schedule change in PharmAcademic.

WRITING PROJECT

The writing project is a required component of the residency experience designed to expose residents to all aspects of preparing an article suitable for publication. Topics may include a review of a specific drug, class of drugs, or therapy for a specific disease state. In addition to review articles, case reports or case series with a review of pertinent literature, or a survey study with a literature review may also be acceptable writing projects, as long as the project requires the resident to learn the same skills as writing a review paper.

Throughout the course of the year, the resident and writing preceptor(s) will meet periodically to discuss the manuscript and make necessary revisions in order to complete the project before the end of June. Residents and preceptors will complete quarterly evaluations in PharmAcademic and general progress must be discussed at the quarterly resident/mentor meetings.

The final manuscript must be in a format suitable for publication and it must be deemed satisfactory by the preceptor in order to successfully complete the residency requirement. The writing project's content will be ultimately utilized for a one-hour ACPE Continuing Education (CE) seminar presentation.

SELECTION OF PROJECT

Writing project ideas are solicited from preceptors and compiled by the RPM each Winter. The list of ideas is shared with the residents in early July. **Residents are to review the list, and MUST discuss projects of interest with preceptors, and share their intention to select/rank the project with the preceptor.** Project ideas that are reserved for certain programs will be clearly noted on the project list.

By the end of July, residents must select a topic of interest from the compiled list of topics and preceptors, or work with a preceptor to develop an idea outside of the compiled list. PGY2 residents get first choice of writing projects. PGY1 residents then submit a ranking of their top 5 projects from the remaining projects to the RPM.

The RPM will then pair the residents and projects and disseminate the proposed pairings to the preceptors for review & approval. The finalized list will then be sent to all residents and project preceptors and posted on the internal residency website.

RESIDENT RESPONSIBILITIES

Residents are responsible for the majority of the work on the writing project and should be involved in all aspects of the project, including:

- Developing an initial project timeline & making any necessary updates
- The majority of the work on the article including:
 - Outline composition
 - Literature search
 - Providing the preceptor with a copy of all articles cited
 - Reading all articles cited
 - Writing a draft of the article AND
 - Making all necessary revisions
- Identifying a journal for submission
- Uploading required writing project files to PharmAcademic
- Submitting the manuscript to the journal of their choice (optional, but strongly encouraged)

Additionally, residents are responsible for:

- Scheduling all meetings with project preceptor(s)
 - The preceptor's work schedule must be taken into consideration (i.e.: staffing and vacation)
- Meeting all deadlines established by the preceptor and C-RAC
- Completing all evaluations as scheduled in PharmAcademic and discussing with project preceptor(s)
- Escalating issues that arise that cannot be easily resolved between the resident and the project preceptor(s) to the resident's RAC Mentor and RPD
- Attending the Longitudinal Research & Writing Series (required for PGY1 residents)
 - See [Professional Development Series - Research & Writing Sessions](#) for full details.

PRECEPTOR RESPONSIBILITIES

Writing preceptors are responsible for the following aspects of the writing project:

- Directing the work of the resident throughout the year including:
 - Assisting resident with determining the design & scope of the project
 - Ensuring the resident has a good understanding of the topic
 - Helping resident identify key background information and previously published literature on topic
 - Reviewing the CE seminar slides and manuscript & providing timely feedback on all drafts

Additionally, preceptors are responsible for:

- Devoting sufficient time to the project (i.e.: assist in literature interpretation, development of CE seminar slides, writing of the manuscript, providing timely feedback) in order to assure that the project is completed within the year
- Discussing authorship on the project manuscript
 - This discussion should occur prior to initiation of the project and should make clear the resident's responsibilities and the order of authorship.
- Completing evaluations in PharmAcademic as scheduled & discussing with resident
- Escalating issues that arise that cannot be easily resolved between the resident and the writing preceptor to the resident's RAC Mentor and RPD
- Providing feedback to the resident's RAC Mentor or RPD regarding progress on the project throughout the year and be present to discuss the progress at quarterly development plan meetings.
- Retaining copies of all drafts to document the progress of the resident throughout the course of the year

- Returning feedback and instructions on draft manuscript by mutually agreed upon deadlines to help the resident meet the final March deadline
- Notifying the resident’s RAC Mentor/RPD that the manuscript has been satisfactorily completed and is in a publishable format (for graduation checklist).

COMPLETION OF THE WRITING PROJECT

The writing project is considered complete when the following have been met:

- The writing mentor deems that all of the revisions requested have been satisfactorily incorporated and that the final manuscript is suitable for publication
- The RAC Mentor/RPD deems that the final report, PharmAcademic evaluations, and preceptor feedback to resident have been satisfactorily completed
- The final manuscript must be uploaded to the resident’s files tab in PharmAcademic

See below for a suggested project timeline (required deadlines bolded):

Date	Description
July	<ul style="list-style-type: none"> ▪ Approved topic and preceptor list is distributed to residents. ▪ Residents MUST discuss topics with preceptors & share intent to select or rank their project
End of July	<ul style="list-style-type: none"> ▪ PGY2 residents self-select topics & remaining projects shared with PGY1 residents ▪ PGY1 residents submit 5 ranked projects to RPM. RPM pairs PGY1 residents & projects. ▪ Selected project preceptors review project pairings & notify RPM of needed changes ▪ RPM distributes the final pairings ▪ Resident emails writing mentor(s) to set up initial meeting ▪ Resident completes computerized literature search and collects and reads selected major articles on the topic
Early August	<ul style="list-style-type: none"> ▪ Resident and preceptor meet to schedule meetings and to discuss scope of manuscript and individual responsibilities ▪ Rough outline is drafted
End of August	Resident submits completed outline to preceptor for approval
Early September	<ul style="list-style-type: none"> ▪ Resident collects and reads all articles ▪ Preceptor is given selected/all articles to read ▪ Schedule standing meetings to discuss progress of writing and allow for ongoing revisions
Early November	Writing project seminar outline and learning objectives must be turned in for continuing education accreditation of seminar in January/February
Late December	Handouts and other final continuing education accreditation materials must be turned in for seminar in January/February
January	<ul style="list-style-type: none"> ▪ Resident submits completed first draft (including text, table, figures, and references) to preceptor for review ▪ Writing project seminars are scheduled
January – March	Resident and preceptor meet to discuss necessary revisions and editing
Middle of March	Final writing submission to preceptor

April-June 1st	<ul style="list-style-type: none"> ▪ Writing preceptor gives their approval and notifies RAC Mentor and RPD that they have signed off and all requirements have been completed ▪ If writing preceptor does <u>not</u> give approval, then opportunity for remediation via editing must be done <u>no later than June 1st</u> to ensure successful program completion
----------------------------------	---

RESEARCH PROJECT

Each pharmacy resident will complete a longitudinal research project. Three criteria should be considered for all resident research projects:

- It must address a topic of importance to the practice of pharmacy
- The subject matter should be of interest and value to both the resident and the Pharmacy Department
- The project scope must be such that it can be completed during the residency year

APPROVAL OF RESEARCH PROPOSALS

All research project proposals must be reviewed and approved by a committee of C-RAC members.

- Preceptors submit research project ideas annually via a web-based form by mid-March
- Each proposal is reviewed by a review committee selected from C-RAC members, including the RPM, PGY1 Pharmacy RPD, PGY1 RAC mentors, and additional interested C-RAC members. The reviewers assess feasibility of the project to be completed within the residency time frame, appropriate sample size to meet study end points, and research question and methodology.
- The reviewer questions/comments are collected and returned to the primary investigator (PI) within 4-6 weeks of the submission deadline.
- The PI is asked to provide electronic, written responses to reviewer questions. Any verbal discussion of feedback should be summarized in writing by one of the reviewers.
- Once the reviewers' questions have been answered and a final decision is made, the PI is informed of the acceptance or rejection of the proposal.
- If the research project is to be significantly modified after the initial approval, C-RAC must be notified.

Projects not selected by a resident may remain on the list of available projects for subsequent years, pending appropriateness and PI approval.

SUITABILITY OF RESEARCH PROJECTS

- Research study design:
 - The scope of the project may vary widely. Acceptable study designs include chart reviews (retrospective or prospective), development of service/quality improvement (QI), and DUE/MUE. Other study designs may be considered by the RAC Research Review Committee on a case-by-case basis.
 - The project must provide sufficient and meaningful data to allow reaching a conclusion suitable for preparation of a final report.
 - Projects do not need to be publishable, but it is preferred that projects have a unique perspective or contribute to the pharmacy departmental goals. For

projects that are not expected to be publishable, this should be clear to the residents during project selection

- Feasibility
 - The project, including an appropriate typed final report, must be completed within the time frame of the residency program.
 - The project must be monetarily feasible. For projects requiring outside support, it is advisable that funding be reasonably certain/obtained before a resident becomes involved.
- The project must allow sufficient involvement on the part of the resident. This includes a literature search to avoid duplication of work, project design, protocol writing, data collection and analysis, and preparation of the final report.
- The resident must have a sufficient number of preceptor co-investigators to ensure appropriate education and guidance (see preceptor responsibilities).

PROJECT SELECTION

The list of RAC-approved project ideas is shared with the residents in July. **Residents are to review the list, and MUST discuss projects of interest with preceptors, and share their intention to select/rank the project with the preceptor.** Some project ideas are reserved for certain programs – this will be clearly noted on the project list.

If a resident has specific research they would like to pursue, then a preceptor must be identified, and a proposal can be submitted to RAC by Mid-July to consider the research project at that time.

By the end of July, residents must select a topic of interest from the compiled list of subjects and preceptors, or to work with a preceptor to develop an idea outside of the compiled list. PGY2 residents get first choice of writing projects. PGY1 residents then submit a ranking of their top 5 projects from the remaining projects to the RPM.

The RPM will then pair the residents and projects and disseminate the proposed pairings to the preceptors for review & approval. The finalized list will then be sent to all residents and project preceptors and posted on the internal residency website.

RESIDENT RESPONSIBILITIES

Residents are responsible for the majority of the work on the research project and should be involved in all aspects of the study, including:

- Developing an initial project timeline & making any necessary updates
- Writing the research proposal including composition of an outline, literature search and making any necessary revisions
- Presenting a research protocol presentation (PGY1 residents only)
- Preparing and submitting an IRB application, as soon as possible.
 - Ensuring IRB approval is obtained prior to ANY data collection
- Data collection
- Data analysis
- Presenting final research results to department and regional pharmacy residency conference, or alternative approved by RPD.
- Identifying journal for submission
- Writing/editing the final manuscript and making necessary revisions
- Uploading required research project files to PharmAcademic

- Submitting the manuscript to the journal of their choice (optional, but strongly encouraged)

Additionally, residents are responsible for:

- Scheduling all meetings with project preceptor(s)
 - The preceptor's work schedule must be taken into consideration (i.e.: staffing and vacation)
- Meeting all deadlines established by the preceptor(s) and C-RAC
- Completing evaluations as scheduled in PharmAcademic and discussing with project preceptor(s)
- Escalating issues that arise that cannot be easily resolved between the resident and the project preceptor(s) to the resident's RAC Mentor and RPD
- Attending the Longitudinal Research & Writing Series (required for PGY1 residents)
 - See [Professional Development Series – Research & Writing Sessions](#) for full details.

PRECEPTOR RESPONSIBILITIES

Research preceptors are responsible for the following aspects of the research project

- Directing the work of the resident throughout the year including:
 1. Reviewing the written protocol & providing timely feedback
 2. Attending the research protocol presentation & providing feedback
 3. Assisting with IRB application process, if applicable
 4. Training the resident regarding the experimental procedures
 5. Teaching the resident how to perform data analysis and interpretation and
 6. Reviewing the manuscript & providing timely feedback

Additionally, preceptors are responsible for:

- Devoting sufficient time to the project (i.e.: assist in literature interpretation and/or writing of the article, providing timely feedback) in order to assure that the project is completed within the year.
- Discussing authorship on the project manuscript
 - This discussion should occur prior to initiation of the research project and should make clear the resident's responsibilities and the order of authorship.
- Completing evaluations in PharmAcademic as scheduled and discussing with the resident
- Escalating issues that arise that cannot be easily resolved between the resident and the research preceptor to the resident's RAC-assigned mentor and RPD.
- Providing feedback to the resident's RAC-assigned mentor regarding progress on the project throughout the year and be present to discuss the progress at quarterly development plan meetings
- Retaining copies of all drafts to document the progress of the resident throughout the course of the year
- Returning feedback and instructions on draft manuscript by mutually agreed upon deadlines to help the resident meet the final June deadline
- Notifying the resident's RAC Mentor/RPD that the manuscript has been satisfactorily completed and is in a publishable format (for graduation checklist).

FORMAT

The format of the research protocol and final manuscript will vary for each project. Clinical studies may have substantially different formats than administrative or drug use evaluation studies. However, accepted scientific methods and formats which are appropriate to the subject matter should be followed.

The final manuscript should follow a traditional format with sections for introduction, methodology, results, discussion, conclusion(s), references, tables, and figures. The format should be aligned with the requirements of the target journal/publication. If an alternative manuscript/written report format is to be used, it must be agreed upon *in writing* by the resident, all preceptors and RPD prior to the resident beginning the writing process. The final manuscript must be deemed to be of publishable quality by the project preceptors to satisfy the graduation requirement.

Suggested outline:

Research Protocol	Final Manuscript
1. Introduction/Background	1. Introduction
2. Objectives	2. Methodology
3. Significance of Proposed Project	3. Results
a. Methodology	4. Discussion and Conclusion
b. Patient Population	5. References
c. Inclusion Criteria	6. Tables/Figures
d. Exclusion Criteria	
e. Procedures (i.e.: details of experiment)	
f. Data Analysis (i.e.: statistics)	
4. Funding (if applicable)	
5. References	
6. Tables/Figures	
7. Appendices (if applicable)	

COMPLETION OF THE RESEARCH PROJECT

The research project is considered complete when the following have been met:

- The research project is completed within twelve (12) months of the start of the residency year
 1. **Project deadlines will not be extended beyond June 30th, unless in the case of an approved leave of absence.** Compliance is required prior to issuing a residency certificate.
 2. Journal submission may occur after completion of the residency program
- The research mentor deems that all of the revisions requested have been satisfactorily incorporated and that the final manuscript is suitable for publication
- The RAC Mentor/RPD deems that the final manuscript, PharmAcademic evaluations, and preceptor feedback to resident have been satisfactorily completed
- Final project files are uploaded to resident’s files tab in PharmAcademic (research protocol presentation, research poster, final manuscript, etc.)

See below for a suggested research project schedule timeline:

Date	Description
July	<ul style="list-style-type: none"> ▪ Approved topic and preceptor list is distributed to residents. ▪ <u>Residents MUST discuss topics with preceptors & share intent to select or rank their project</u>

End of July	<ul style="list-style-type: none"> ▪ PGY2 residents self-select topics & remaining projects shared with PGY1 residents ▪ PGY1 residents submit 5 ranked projects to RPM. RPM pairs PGY1 residents & projects. ▪ Selected project preceptors review project pairings & notify RPM of needed changes ▪ RPM distributes the final pairings ▪ Resident emails writing mentor(s) to set up initial meeting
August	<ul style="list-style-type: none"> ▪ Resident completes computerized literature search and collects and reads selected major articles on the topic ▪ Resident and preceptor meet to schedule meetings and to discuss scope of manuscript and individual responsibilities ▪ RPM to announce research protocol, Spring research presentation & CE presentation dates ▪ Start of Resident Research Series
Early September	Submit rough draft of research project protocol to preceptor(s)
Late Sept/Early Oct	Protocol presentations (PGY1 Residents only)
By October 31	<ul style="list-style-type: none"> ▪ Submit final written protocol to preceptor(s) ▪ IRB application, if applicable
November – February	Data collection
March 1 – April	<ul style="list-style-type: none"> ▪ Complete data collection ▪ Presentation of project results (with practice presentation w/ preceptors at least 3 days prior to this presentation)
Late April	Presentation of results at regional pharmacy resident conference, or alternative as approved by RPD
May – June	Prepare final manuscript, including results and discussion sections/completion of research project
Middle of June	Preceptor approval of manuscript; notification of approval to RAC mentor/RPD

SEMINARS

PURPOSE

The purpose of the pharmacy resident seminar presentations is to provide the opportunity to develop or continue to refine their skills related to:

- Organizing written or verbal communication in a logical manner
- Ensuring communication is appropriate for the level of the audience
- Using appropriate grammar, punctuation, spelling, style, and formatting conventions in the preparation of all written communications
- Utilizing public speaking skills to speak effectively in large and small group settings
- Designing visual aids to enhance the effectiveness of communications
- Employing persuasive communication techniques effectively, when appropriate
- Prepare all communications so that they reflect a positive image of pharmacy

SEMINAR PRESENTATIONS

During the course of the year, each resident will formally present the following:

- **Research project protocol seminar (Sept/Oct)**
 1. These should be approximately 20 minutes in length including time for questions or comments at the end.
 2. Required for PGY1 Residents only

- **Writing project seminar (ACPE Accredited CE presentation)**
 1. Typically presented from January through March/April, with 2 concurrent sessions per day
 2. CE presentations should be 50 minutes in length with 10 minutes at the end reserved for questions or comments.
 3. The schedule will be created by the RPM, RPA and Chief Residents and shared with writing project preceptors for approval before being disseminated to the residents.
 4. Residents may switch their day/time with a co-resident after obtaining approvals from the following:
 - Writing project preceptor(s) – for both affected residents
 - RPD
 - Residency Program Manager & AdministratorPrior to trading dates, residents & preceptors must ensure they are able to meet all deadlines for the new presentation date.
 5. All deadlines and rules imposed by the American Council on Pharmaceutical Education (ACPE) must be followed including the evaluation of the residents' presentations by faculty, fellow residents and students. **All materials must be sent to the U-M COP CE administrator by the following deadlines:**
 - At least **75 days** in advance of the presentation
 - MPA Faculty Agreement Form
 - Needs assessment
 - Learning objectives (minimum of 3)
 - Speaker information (updated CV and disclosure)
 - Planner information (disclosure)
 - Activity planning grid
 - At least **30 days*** in advance of the presentation
 - Final seminar slides (PowerPoint file)
 - PDF copy of handout(s) (if different from slides)
 - 8-10 post-test questions with answer key and explanation of correct answers
 - Written evidence of permission to use copyrighted materials, if applicable

**May be adjusted up to assure timely processing, due to the MPA office and University closures during holidays. Please see spreadsheet from COP CE administrator with resident specific deadlines.*

- At least **14 days** in advance of the presentation, the resident will identify 2 preceptors and a co-resident to provide verbal feedback immediately following the presentation.

- Preceptor #1: pharmacist content expert in the subject matter (may be writing project preceptor or another content subject matter expert)
 - Preceptor #2: pharmacist not working in content area
 - Co-Resident: can be a PGY1 or PGY2 resident
 - The resident must ensure evaluators are available to attend the presentation.
 - To ensure timely feedback, the presenting resident and evaluators will meet immediately following the CE seminar presentation to discuss verbal feedback. The evaluators should also submit an evaluation form.
- **Research project results seminar (March/April)**
 1. These should be 20 minutes in length, including time for questions or comments at the end.
 2. Residents from all programs are required to participate.

SEMINAR PRECEPTORS

The resident will require precepting for each seminar they present. Below is a listing of the types of preceptors for each seminar:

- All seminar presentations
 1. A RAC-appointed preceptor must serve as the resident's primary preceptor for each seminar and attend the respective event they precept or send an expert designee if they cannot attend.
- Research seminars (protocol and results)
 1. The resident's primary research preceptor(s) will serve as the research seminar preceptor
- Writing project seminar (CE presentation)
 1. The primary co-author of the resident's writing project will serve as the preceptor of the writing project presentation.

SEMINAR ANNOUNCEMENT AND EVALUATIONS

The topics of the presentations will be publicized so that College of Pharmacy faculty, acute care, ambulatory care, specialty pharmacy staff, and other interested persons may attend. Resident research presentations will be evaluated by those in attendance using a standard evaluation form ([Appendix C](#))

The announcements & evaluation process will be coordinated by the residency program administrator (RPA) and completed evaluations will be shared with the resident and their project preceptors. The resident and preceptors should review and discuss the evaluations. This feedback should be included in the quarterly research and writing project evaluations in PharmAcademic and evaluation forms must be uploaded to the resident's files tab in PharmAcademic.

TEACHING RESPONSIBILITIES

APPOINTMENT PROCESS

All residents will be granted adjunct clinical faculty appointments at the University of Michigan College of Pharmacy (U-M COP). Applications will be completed during orientation.

ASSIGNMENT OF REQUIRED TEACHING

The required teaching assignments at the COP are coordinated by the Associate Chair of the College of Pharmacy prior to the residency year and reviewed by the RPM and RPDs. Final assignments will be disseminated during orientation. Residents may not request specific courses but may trade their teaching assignments once they have been announced. Residents must have all trades approved by the RPM, RPD and the Associate Chair at the U-M COP.

Below is a listing of *example* courses that may be assigned:

Semester (approx. 15 weeks)	Course Number	Course Name
Fall	P501	Introduction to Pharmacy
	P504	Pharmacy Practice Skills I
	P506	Patient Care and Communication
	P602; P702	Therapeutic Problem Solving
	P703	Institutional IPPE
	P723	Pharmacy Practice Skills III
Winter	P512	Self-Care
	P514	Pharmaceutical Care
	P516	Healthcare Systems
	P537	Intro to Managed Care Pharmacy Elective
	P612; P712	Therapeutic Problem Solving
	P616	Health Systems Pharmacy Practice
	P617	Foundations of Pharmacy Leadership Elective
	P727	Career and Professional Development Elective
	P733	Pharmacy Practice Skills IV
	P767	Critical Care Elective

Note: Courses are subject to change and resident expectations and activities vary by course.

DIRECT PATIENT CARE RESPONSIBILITIES WHILE TEACHING

During required resident teaching experiences, pagers and other rotation responsibilities should be covered by primary preceptor or other pharmacist during designated teaching hours and the respective healthcare team should be notified of the temporary coverage changes.

Co-residents will cover the code pager when the resident is assigned code coverage during required teaching experiences. The cross-coverage will be coordinated by the resident needing coverage.

RESIDENT EXPECTATIONS

Residents are expected to complete the following:

- Each resident should contact the course coordinator prior to semester starting to discuss expectations. Each resident will have their own course responsibilities (e.g., teach in specific module) if multiple residents are assigned to the same course (e.g. therapeutic problem solving).
- Notify course coordinator(s) of any expected absences well in advance

- Residents are not expected to participate in class responsibilities outside of scheduled class time (this does not include grading or prep work)
- Each course has primary responsibilities, which will be distributed by the teaching coordinator during orientation. There are likely additional opportunities available. If you are interested in exploring *ADDITIONAL* teaching opportunities, please inform the course coordinator. There will be additional opportunities presented by the teaching coordinator as well during orientation.
- Complete PharmAcademic evaluations as scheduled

The expected time commitment is 5 hours per week when averaged over the semester. If your activities require more time, please speak with the course coordinator and your RPD.

COURSE COORDINATOR EXPECTATIONS

Courses are often taught by several COP faculty members. The lead faculty member is known as the course coordinator. Course coordinators should be a RAC appointed residency preceptor. To help ensure a mutually beneficial resident teaching experience, course coordinators should abide by the following:

- Share the course syllabus/schedule with the resident and RPD
 1. Clarify the resident teaching expectations including the day and time of weekly teaching (about 5 hours/week to include in class and prep/grading time)
 2. Describe the anticipated role(s) of the resident in the course
 3. Encourage the RPD and resident to communicate early about any additional teaching opportunities they would like to explore within the course based on the topic schedule. Note: These additional opportunities *may* help support attainment of the teaching certificate and would need to be reviewed with teaching certificate coordinators.
- Ensure expectations are clearly communicated/reinforced and discuss additional (optional) teaching opportunities available to the resident
- Clearly communicate with course faculty in advance to understand what support is needed from the resident on their assigned day in the classroom
- Work with the faculty to make suggestions on how to engage the residents. For example:
 1. Common tasks
 - Facilitating a case discussion with the students
 - Define who is responsible for creating assignments in Canvas and entering grades
 - Describe required lab set-up
 - Grading assignments
 2. Additional tasks to further engagement
 - Updating cases
 - Writing exam or assessment questions
 3. Tasks will vary depending on the needs of the course
- As course coordinator, you should know the expectations and needs of individual faculty with regard to their use of the pharmacy residents and ensure the five hours every week time requirement is not exceeded
- Provide feedback to the resident either by completing a PharmAcademic evaluation directly or providing feedback to the RPD or designee for inclusion in a PharmAcademic evaluation.
 1. Course coordinators are encouraged to include feedback from other course faculty who worked closely with the resident. If COP students complete

evaluations of the resident, the course coordinator should ensure the resident receives copies of the evaluations. Alternatively, the course coordinator should summarize the student feedback and include in the PharmAcademic summative evaluations.

IPPE AND/OR APPE PRECEPTORSHIP

Residents may serve as a co- preceptor for pharmacy student IPPE and/or APPE rotations. Precepting goals and objectives will be set by the rotation preceptor upon discussion with the resident. The rotation preceptor should evaluate the resident's precepting skills and include written feedback as part of the summative evaluation at the end of the rotation.

OPTIONAL: TEACHING CERTIFICATE

Residents have an optional experience to receive a teaching certificate with the University of Michigan College of Pharmacy. An overview of the program structure and requirements will be presented during orientation.

In order for a resident to receive a teaching certificate from the University of Michigan Health / U-M College of Pharmacy, the resident must complete the following criteria:

- Participation in 75-80% of the Teaching Discussion Series, hosted by the U-M COP
 1. Attendance at continuing education courses/seminars/lectures outside of the Teaching Discussion Series (e.g., CRLT, ASHP, ACCP, AACP) may also count towards (or in place of) topics presented during the discussion series, at the discretion of the coordinator of the discussion series
 2. Resident must lead at least 1 of the teaching discussions
 3. The discussion series will be held in-person or virtually with asynchronous prework prior to session
- Completion of a RAC-approved teaching rotation. Available options are below:
 - Traditional teaching/academic rotation (month block or longitudinal)
 - Clinical faculty teaching rotation (month block)
 - Teaching specific topics that are applied to direct patient care that rotation
 - Academic administration rotation (month block)
 - All rotations will meet the same objectives included in ASHP elective objectives with different emphasis/focus based on the type of rotation.
- Submission of a teaching portfolio, which must include the following items:
 - Self-reflection narrative of teaching strengths and areas of needed improvement
 - Teaching philosophy
 - 3 examples of the resident's teaching accomplishments (e.g., syllabus, CE presentation slides, active learning exercises, quizzes, exams)
 - A list of Teaching Discussion Series sessions attended (or equivalent experiences, as defined above)
 - A description of teaching activities completed which are deemed equivalent to a teaching rotation (if the resident did not complete a teaching rotation)
- Participation in a minimum of 2 admissions interview sessions, ideally one per semester (if available)
- Residents must complete the requirements for a teaching certificate within one academic year (July to June), unless otherwise agreed upon in writing by the RPM, RPD and Teaching Certificate Coordinators.

- Participating residents will be assigned a mentor (consisting of the one of teaching series coordinators) to guide them through the program and ensure progress and achievement of the requirements

The teaching certificate coordinators will email the resident's RPD and the RPM in mid-June to confirm whether all program requirements were met and if a teaching certificate will be awarded.

STAFFING

COMMITMENT

- **PGY1 Pharmacy, PGY1 IDRP and PGY1 HSPAL**
 1. 21 weekends annually (19 live weekends and 2 training), approximately 16 hours per weekend. Residents will be assigned 2 training weekends during orientation, 1 clinical and 1 focused in operations.
 - *PGY1 HSPAL residents in the MBA program are assigned 15 live weekends due to additional program requirements.*
 2. Independent weekend staffing will begin in late July or early August and include approximately 2 weekends per month divided between clinical day, clinical evening, and operations.
 - *Operations staffing:* residents will be divided into 2 cohorts – University Hospital (UH) or Children & Women's Hospital (CW)
 - *Clinical staffing:* all clinical staffing will be completed in UH
 3. Residents may not staff independently until licensed and must trade weekends with licensed co-residents or arrange alternative coverage.
 4. Residents also staff one major and one minor holiday block and two gap-days between the Christmas and New Year holidays. (see "Holiday & Gap Days" below")
- **PGY2 Specialty Residencies**
 1. 15 weekends per year, approximately 16 hours per weekend for the majority of PGY2 programs. PGY2 residents that are new to U-M Health or will be completing staffing in an area different from their PGY1 will receive at least 1 training weekend in July. See below for staffing locations/roles by program:
 - **Ambulatory Care PGY2:** Taubman pharmacy
 - **Cardiology PGY2:** UH clinical day shift
 - **Critical Care PGY2:** 10 UH clinical day weekends and 5 emergency room weekends (beginning end of January)
 - **Emergency Medicine PGY2:** adult or pediatric emergency rooms
 - **HSPAL PGY2:** UH clinical/operational and/or CW operational shifts
 - **IDRP PGY2:** 1 research pharmacy day shift per week beginning in August
 - **Oncology PGY2:** infusion center staffing one weekend per month
 - **Pain Management and Palliative Care PGY2:** UH clinical day shift
 - **Pediatrics PGY2:** C&W clinical and operations shifts
 - **Psychiatric PGY2:** UH clinical day shift
 - **Transplant PGY2:** UH clinical day shift
- Shift types may change depending on resident training/experience and department needs. Residents are responsible for routinely monitoring the electronic scheduling

software or other scheduling process to ensure they are aware of all upcoming shift types and start times.

- **Other Residency Programs:**
 1. See program specific appendices for additional staffing requirements and details.

TYPES OF STAFFING SHIFTS

Shifts will be eight hours plus a 30-minute lunch/dinner break. Typical shifts are listed below:

Operations Shifts	<ul style="list-style-type: none"> ▪ Days: 6:00-14:30, 6:30-15:00, 7:00-15:30 ▪ Afternoons: 12:00-20:30, 12:30-21:00, 13:30-22:00 ▪ Lunch/dinner breaks are built into the UH and CW shift schedules
Clinical Shifts	<ul style="list-style-type: none"> ▪ Days: 7:00 – 15:30 ▪ Evenings (aka CE): 12:30 – 21:00 ▪ Lunch/dinner breaks: <ul style="list-style-type: none"> ○ Residents arrange breaks with shift colleagues ○ Suggestions: <ul style="list-style-type: none"> ▪ Clinical days: 12:30 – 13:00 ▪ Clinical evenings: CE 1 and CE 2 to arrange code pager and lunch coverage with each other

HOLIDAY & GAP DAYS

- Each resident will work 1 major holiday block, 1 minor holiday block, and two gap days between Christmas and New Year holidays.
- Each minor holiday block consists of 3 days and each major holiday block consists of 5 days that occur around and on the holiday. These exact dates will shift slightly each year depending on the day the holiday falls. The residents will all work one minor & one major holiday block and have the other holiday blocks off.

Major Holidays	Thanksgiving, Christmas, New Year's	Each 5-day major holiday block consists of 2 weekend days and 3 weekdays that occur around and on the holiday.
Minor Holidays	Independence Day* Labor Day, Memorial Day <i>*PGY2 HSPAL and returning residents only</i>	Each 3-day minor holiday block consists of 2 weekend days and 1 weekday that occur around and on the holiday.
Gap Days	2 days between Christmas and New Year holidays. <i>Dates vary each year</i>	Residents will staff 1 gap day, and the other day will be a dedicated project gap day. Residents may take PTO <u>ONLY</u> on their project gap day and must follow the standard time off request process.

	<p>Residents must be physically present on campus during the staffing gap day between Christmas and New Year holiday blocks. Residents may work remotely for the project gap day if approval is obtained from the RPD and RPM at least 2 weeks in advance.</p> <p>Resident gap day staffing assignments will be determined by the RPM, UH and CW schedulers, team leads, and/or area managers based on resident training, completed learning experiences and department need.</p>
--	---

ORIENTATION, TRAINING, WEEKEND AND HOLIDAY SCHEDULES

The RPM will create the June and July operations/clinical orientation and training schedule with assistance from area team leads and schedulers. The Acute Care Pharmacist Scheduling Committee will develop a weekend/holiday schedule template for all pharmacists, including residents in the following programs: PGY1 Pharmacy, PGY1 HSPAL, PGY1 IDRP, and PGY2 Cardiology, PGY2 Critical Care (excluding ER staffing), PGY2 HSPAL, PGY2 Pain Management & Palliative Care, PGY2 Psychiatry, and PGY2 Solid Organ Transplant. The RPM or designee will review and resolve any errors, duty hour violations, etc. The RPM or designee will enter the finalized resident training and staffing schedules into the electronic scheduling software.

Specialized orientation/training and staffing schedules for other residents are managed by the RPD and/or team lead for the specialty area.

TRADING SHIFTS

Residents may trade weekends with co-residents. For PGY1 Pharmacy, HSPAL and IDRP residents, the ratio of clinical and operations experiences should be maintained, whenever possible. The resident must ensure the trade does not violate duty hours for any residents involved. The resident requesting the trade must email the RPM with the trade details and copy all the residents involved. If approved, the RPM will update the electronic scheduling system.

FEEDBACK ON STAFFING

Resident staffing will be evaluated via electronic resident feedback forms or other mechanism. Feedback will be included in quarterly development plans and quarterly CORE evaluations. See [Assessment & Evaluations](#) section for instructions and details.

CODE BLUE RESPONSE

ORIENTATION

Residents that will be covering the code pager include: PGY1 Pharmacy, PGY1 HSPAL, PGY1 IDRP and PGY2 Cardiology and PGY2 Critical Care residents. Orientation to the contents of the cardiac arrest drug box, as well as pharmacist responsibilities at an arrest will be provided during orientation through code response training sessions.

ACLS CERTIFICATION

All residents involved in code blue response are required to be ACLS certified. Certification will be coordinated and financially supported by the residency program. Other residents interested in being ACLS certified will receive business time, but not funding, unless directly needed for their job functions in the residency program. ACLS certification is required before residents are allowed to respond to codes independently.

PALS CERTIFICATION

PGY2 residents in Pediatrics and Emergency Medicine are required to be PALS certified. Other residents interested in being PALS certified will receive business time, but not funding, unless directly needed for their job functions in the residency program.

RESIDENT CODE PAGER EXPECTATIONS

Residents will be assigned code blue pager coverage for a minimum of 10 days during the residency year, scheduled as weekly blocks, whenever possible. The schedule is maintained by the Emergency Preparedness/Code Pager Committee (EPCP) Chair. Any major changes to the schedule must be communicated and coordinated by the EPCP chair.

Below are the expectations for coverage:

- Communicate code pager coverage dates with rotation preceptor on or before the 1st day of rotation
- PGY1 and PGY2 Critical Care residents must remain in University Hospital or the Cardiovascular Center (CVC) from 700 to 1530 on Monday through Friday to respond. PGY2 Cardiology residents must remain in the Pavilion from 700-1530 Monday through Friday to respond.
 1. You may still attend/schedule meetings, presentations, etc. in UH, CVC, Taubman Center (*not* Taubman Library), Cancer Center, or UH South as long as you can respond to a code within a reasonable time.
 2. If actively participating in a meeting (e.g., presenting), the resident must organize coverage with another resident for that time period and inform the EPCP Chair.
 3. You cannot cover the pager if you are:
 - Completing weekday staffing
 - Off-site for the entirety of the time you are on code coverage (i.e.: on PTO, on medication use policy rotation, off-site ambulatory rotation, etc.)
 4. See the [UH B2 Distribution website](#) for code coverage roles & expectations during weekend clinical evening and B2 operations shifts.
 - Residents will have code pager responsibilities on weekend clinical evening (CE) shifts. A CE resident pharmacist shall respond to the code with a supplemental bag as back-up for the primary responder (B2 operations pharmacist).
- The resident must carry the red pager **with volume on at all times**
- The resident must respond immediately to all codes called in UH, CVC, Taubman, Cancer Center, or UH South or Pavilion (Pavilion response by PGY2 Cardiology only)
 1. Residents are not responsible for codes in C&W
- Residents must stay for the entire duration of the code or until dismissed by the lead physician.
- Respond to any follow-up from the code evaluation services as appropriate (may or may not contact you).

- Contact the Emergency Preparedness/Code Pager Committee (EPCP) Chair, RPD, and/or RPM if code pager duties are impacting your ability to be successful in the residency for any reason.

CLINICAL CASE CONFERENCE

The weekly Resident Clinical Case Conference is a longitudinal experience for PGY1 residents, including PGY1 Community-Based (Specialty Pharmacy Setting) and PGY1 Managed Care- UMPDP programs, to present challenging clinical cases in a discussion format. PGY1 residents **excluded** from this responsibility are those in the PGY1 Community-Based, and PGY1 Managed Care BCBSM programs.

The case conference schedule is determined in July and commences in August and concludes in June. Case conference takes place weekly on Tuesdays from 12:00-13:00 and all PGY1 residents are expected to attend.

PGY1 Residents will be partnered with a PGY2 resident or ID Fellow to serve as their facilitator for the discussion. A minimum of one clinical preceptor will serve as discussion moderator, along with PGY2/ID Fellow facilitators. The case conference coordinator will be responsible for contacting preceptors to determine & coordinate availability.

PGY1 RESIDENT RESPONSIBILITIES

PGY1 residents will present four (4) cases throughout the residency year.

Identifying Cases

A minimum of 1 question will be required for each resident per case conference (enough to fill 30 minutes of discussion). These questions should be sourced from rotation or weekend staffing experiences.

Appropriate clinical questions are those that require a review of primary literature or in-depth review of clinical resources and clinical status of the patient. Normal workflow, basic PK, or routine anticoagulation questions are not appropriate.

If the PGY1 has difficulty attaining their case, they will discuss with their PGY2 resident/ID Fellow facilitator and include cases assigned by the PGY2/ID Fellow. Contact the case conference clinical coordinator if there is still difficulty obtaining a case.

PGY1 residents will contact their PGY2 facilitator **at least 2 weeks** in advance of their assigned case conference dates to review their clinical questions and develop a series of key discussion points.

PGY1 residents will send an initial draft of their case slides to the PGY2/ID fellow facilitator **at least 7 days** in advance for review and feedback. Residents must escalate concerns with timeliness and/or quality of cases to the clinical case conference coordinators.

After the case conference session, the PGY1 will complete the PGY2/ID Fellow Case Conference Facilitator Feedback Form. The evaluation should include feedback on the guidance, contributions, and moderator skills. The completed evaluation will be automatically shared with the PGY2 resident/ID Fellow and their program director.

Emailing Case Conference Questions

The PGY1 Resident will email case questions to "PHARM-ALL" by *8AM one business day prior to the case conference*.

The email invitation to attend case conference should include:

- Questions in a bullet-point format in the body of the email without additional information (save details for case conference)
- Location and time of the meeting, including virtual meeting information if applicable

All preceptors are invited to attend all case conference sessions and contribute to discussion.

PGY2/ID FELLOW FACILITATOR RESPONSIBILITIES

Resident case conference is a longitudinal experience for PGY2 residents and ID Fellows to mentor PGY1 residents and facilitate discussion during case conference. PGY2 residents **excluded** from this responsibility include those in PGY2 Pain Medicine & Palliative Care, and PGY2 Investigational Drugs & Research Pharmacy programs.

In conjunction with preceptor moderators, PGY2 residents and ID Fellows will moderate case conference discussions for assigned PGY1 residents. The PGY2 resident/ID Fellow case conference schedule is determined in July and commences August – June of the resident year.

PGY1 residents will contact their PGY2/ID Fellow facilitator at least 2 weeks in advance of their assigned case conference dates to review their clinical questions and develop a series of key discussion points.

PGY1 residents will send an initial draft of their case to the PGY2 facilitator/ID Fellow at least 7 days in advance for review and feedback. Residents must escalate concerns with timeliness and/or quality of cases to the clinical case conference coordinators

During the case conference sessions, the PGY1 resident should facilitate the display of case information on the shared screen, and the PGY2 resident/ID Fellow will help facilitate the discussion.

After the conference session, the PGY2/ID Fellow will receive a request from the PGY1 to complete a Resident Feedback Form. The evaluation should include feedback on the development of the questions/cases and the delivery of the information. The evaluation will be shared with the PGY1 resident and their RAC Mentor or RPD.

Additionally, after the case conference session, the PGY2/ID Fellow facilitator will send a request to the PGY1 to complete a PGY2/ID Fellow Case Conference Feedback Form as soon as possible, or within 48 hours. The completed evaluation will be automatically shared with the PGY2 resident/ID Fellow and their program director.

CASE CONFERENCE COORDINATOR

The primary responsibilities of the Case Conference Coordinator include:

- Maintaining quality of case conference program and implement changes as needed
- Providing resident and preceptor feedback to C-RAC regarding case conference program, as required
- Establishing the preceptor moderator schedule
- Assist with the guidance of case conference discussion and ensure all attending PGY1 residents participate
- Providing logistical support for residents in scheduling and other issues, as needed
 - Work in conjunction with and mentor the resident case conference coordinator
- Maintaining consistency and quality of resident case conference by ensuring:

- Case conference questions sent out via email on time
- Appropriate format is utilized
- PGY2/ID Fellow evaluations of PGY1s via Resident Feedback Forms are completed
- PGY1 evaluations of PGY2 resident/ID fellow facilitator are completed
- Resident participation and attendance during case conference discussions

RESIDENT CASE CONFERENCE COORDINATOR RESPONSIBILITIES

The primary responsibilities of the Resident Case Conference Coordinator include:

- Working in conjunction with the Case Conference Coordinator to maintain the quality of case conference and implement changes as needed
- Creating case conference schedule for PGY1 residents and PGY2 facilitators
- Reserving space/rooms for case conferences
- Sending Outlook calendar invitations for case conferences and setting up videoconferencing for hybrid meetings (i.e., Zoom or Teams)

DOCUMENTATION

Case conference questions and discussion will be documented in a shared slide set (e.g. Google slides/PowerPoint =). All documentation must be de-identified. Residents will upload their final slides to the case conference folder in Dropbox and their files tab in PharmAcademic.

ATTENDANCE & ENGAGEMENT

In person attendance is required for residents in the PGY1 Pharmacy, PGY1 HSPAL, PGY1 IDRP and PGY1 Managed Care – UMPDP programs. In the event of ANY anticipated absence (pre-approved or otherwise) or to request an absence, contact the resident case conference coordinator AND case conference coordinator.

- If the resident is off-site for their rotation, they should attend case conference via videoconference.
- Pre-approved absences include Pre-P&T and P&T meetings while on Pharmacy Operations/Med Use Policy (MUP) rotation
- **Attendance of the PGY2 facilitator/ID Fellow is required.** Other PGY2/ID Fellow attendance is highly encouraged, but will be at the discretion of the resident and PGY2/ID Fellow program directors.

Each PGY1 resident is expected to contribute to the discussion. This can be in the form of asking a question, answering a question, or providing education to the group. The PGY2/ID Fellow facilitator will run the case discussion and prompt all residents for input on cases (round table format for discussion). If the PGY2/ID Fellow facilitator cannot attend, the preceptor moderator will run the case discussion.

PRECEPTOR MODERATOR RESPONSIBILITIES

The primary responsibility of the preceptor moderator is to facilitate a meaningful discussion where the goal is NOT for the resident to become the expert in the area or literature for which the question is asked, but rather to discuss their clinical approach, have other residents engage in that discussion, and for the preceptor to share their critical thinking process when presented with a unique patient case that may be out of their realm of specialty.

EVALUATION

The PGY1 resident will request a Resident Feedback Form from their PGY2/ID Fellow facilitator. Residents are also encouraged to request a feedback form from other preceptors in attendance.

PROFESSIONAL DEVELOPMENT SERIES

The longitudinal professional development series is intended to provide opportunities for residents to advance their research, scientific writing and leadership skills. The series includes research & writing sessions and leadership sessions. The series is coordinated by the Chief Residents, RPM, RPA and session leaders.

The series is required for all PGY1 residents and optional but encouraged for PGY2 residents. The schedule for all sessions is posted on the residency website. Residents should discuss the series with their rotation preceptors on or before day 1 so attendance can be accommodated.

RESEARCH & WRITING SESSIONS

This is a lecture series intended to (1) provide tools needed to conduct residency research projects and future research, (2) provide a consistent research experience through reading and discussion on core topics, (3) keep residents “on track” to meet requirements and deadlines for their research projects. The series schedule is intentionally designed to follow the timeline of a traditional research project and includes topics from research foundations to manuscript writing. The Chief Residents will coordinate the schedule, with input from the RPM and RPA and presenters. The research & writing sessions are hosted by experienced preceptors. The sessions are generally 1 hour in duration and are scheduled between July and March.

Active participation during the sessions is expected and will be evaluated quarterly on the CORE learning experience evaluations and quarterly updates to the graduation requirements checklist (PGY1 Pharmacy).

PGY1 residents are required to attend $\geq 80\%$ of the research & writing sessions, unless otherwise stated in a program specific graduation checklist. Residents will receive advanced notice of the session schedule and must make arrangements to attend.

LEADERSHIP SESSIONS

The quarterly leadership sessions are hosted by the Chief Pharmacy Officer, Associate Chief Pharmacy Officers and other department leaders and are typically 1 hour in length. The residency class will identify the topics early in the year and provide them to the CPO and ACPOs for initial review/approval.

At least 2 weeks prior to the session, the Chief Residents will solicit questions related to the topic from the residency class. Residents will submit questions in a timely manner and adequately prepare for the sessions by reviewing materials in advance. The Chief Residents will share the questions with the CPO and ACPOs so they may prepare their remarks. Active participation during the sessions is expected and will be evaluated quarterly on the CORE learning experience evaluations and quarterly updates to the graduation requirements checklist (PGY1 Pharmacy).

PGY1 residents are required to attend 100% of the leadership sessions, unless otherwise stated in a program specific graduation checklist. In case of an unavoidable conflict with a rotation or teaching assignment, the Resident will contact the RPM or RPD in advance to arrange a 1:1 session.

ASSESSMENT & EVALUATIONS

All evaluation forms will be completed in PharmAcademic (except where noted).

INITIAL DEVELOPMENT PLAN

Prior to the scheduling of rotations, the resident will complete an initial development plan in PharmAcademic. The resident will provide self-assessment and self-reflection on their (1) personal strengths and opportunities for improvement, (2) practice interests, (3) short-term & long-term career goals, (4) strengths and areas of opportunity related to the program's competency areas, as part of the initial development plan in PharmAcademic. **(ASHP Standard 3.3.a).**

The RPD or designee will review the resident's reflection, add their assessment of the resident's knowledge and skills related to each of the program's required competency areas. The RPD or designee will also document adjustments to the baseline program based on the resident's personal strengths and opportunities for improvement and those related to the program's competency areas, as well as their practice interests and career goals.

The initial development plan must be created, discussed with the resident and finalized in PharmAcademic within **30 days** from the program start date **(ASHP Standard 3.3.b)**. Preceptors may review the development plan in PharmAcademic and the resident should also review their initial development plan with their chosen mentor. **(ASHP Standard 3.3.c)**.

QUARTERLY DEVELOPMENT PLAN EVALUATIONS (ASHP STANDARD 3.3.D, 3.3.E)

The resident and RAC mentor will complete quarterly development plan updates in PharmAcademic every **90 days** from the start of the program. The development plan updates must include the following:

Resident

- Assessment of their progress on previously identified opportunities for improvement related to the program's CAGOs.
- Identification of new strengths and opportunities for improvement related to the CAGOs
- Changes to practice interests and/or career goals post-residency
- Assessment of current well-being and resilience

RAC Mentor/RPD

- Assessment of resident's strengths and opportunities for improvement related to the program's CAGOs
 - Information can be gathered from PharmAcademic evaluations or residency feedback forms, or discussions with preceptors.
- Identification of new strengths and areas of opportunities related to the CAGOs
- Analysis of effectiveness of the previous quarter's changes

- Adjustments to the program for the resident for the upcoming quarter based on the resident’s strengths, opportunities for improvement, practice interests and career goals.
- The RPD/RAC Mentor will review the resident’s self-assessment and self-reflection on the development plan updates and send the plan back to the resident as needed.

The resident will schedule quarterly meetings with their RPD/RAC Mentor, chosen mentor, and writing and research preceptors, to discuss the plan and progress on the graduation requirements. The RPD/RAC Mentor will finalize and share the plan in PharmAcademic, making it available to all preceptors on the resident’s schedule. The RPD/RAC Mentor will also upload the updated graduation checklist to PharmAcademic with each quarterly development plan update.

Residents requiring a leave of absence must work with their RPD to adjust the dates for their quarterly development plans. The leave of absence and subsequent adjustments & customizations to the program must be addressed on the development plan.

LEARNING EXPERIENCE EVALUATIONS

Formative Assessment & Feedback (ASHP Standard 3.4.a)

Preceptors are encouraged to provide on-going, timely, constructive feedback to residents on their progression. Specific strategies for improvement should be provided for identified areas of opportunity. Formative feedback must be documented for residents not progressing as expected.

Learning experience activities may need to be adjusted based on resident’s progression. Major adjustments should be shared with the resident’s RAC Mentor/RPD and included in the quarterly development plans.

Summative Evaluations (ASHP Standard 3.4b)

At the end of each learning experience (and/or at least every 12 weeks for longitudinal LEs), the preceptor will complete a summative evaluation to evaluate the resident’s progress on rotation specific objectives and activities. At the discretion of the program, residents may also complete a self-summative evaluation for each learning experience to help them refine their self-assessment and self-reflection skills.

Residents will also complete a learning experience and preceptor evaluation for each learning experience. **(ASHP Standard 3.5)** The resident and the preceptor will complete the appropriate evaluation(s) in PharmAcademic and meet to verbally review with each other.

EVALUATION SCALE AND DEFINITIONS

Evaluation Term	Definition	Examples	Preceptor/Resident Actions
Not Applicable (N/A)	Objective not able to be evaluated due to no/limited opportunities for observation.	<ol style="list-style-type: none"> 1. Teaching/precepting objectives assigned to the LED, but no layered learning opportunities available 2. Activity, assignment, etc. not available as expected during LE 	<ol style="list-style-type: none"> 1. Resident and preceptor to provide brief explanation of N/A score 2. RPD may ask preceptors to re-evaluate objectives marked N/A to confirm objective not able to be evaluated. <p><i>Note: frequent use of N/A may indicate misalignment between objectives assigned to be taught and evaluated (T/E) and</i></p>

			<i>rotation experience, goals and activities. Preceptor(s) should work with the RPD to review and revise the assigned objectives to optimize alignment with the experience's scope and opportunities.</i>
Needs Improvement (NI)	<p>Resident is not meeting expectations and is performing below the level that expected of a resident at this point in their training.</p> <p>Resident displays ≥ 1 of the following characteristics:</p> <ul style="list-style-type: none"> ▪ Significant deficiency in knowledge/skills ▪ Inability to complete tasks or assignments without preceptor guidance from start to finish ▪ Fails to seek out/incorporate feedback, or is unable to create an action plan for improvement ▪ Unprofessional behavior noted 	<ol style="list-style-type: none"> 1. Inability to gather and/or interpret patient information required to make clinical decisions. 2. Consistently requires preceptor prompting to communicate recommendations to team or follow up on patient care issues. 3. Recommendations are incomplete, poorly researched, and/or lack justification. 4. Residents make unsafe, questionable decisions, or demonstrates significant clinical knowledge deficit. 5. Unable to complete assignments on time. 6. Unable to ask appropriate questions to supplement learning. 7. Unable to provide effective educational content to members of the healthcare team, learners, etc. 8. Unable to engage with or provide effective feedback to other learners on rotation 	<ol style="list-style-type: none"> 1. Preceptor must include commentary specifically addressing concerns and criteria/activities that resident is not achieving. 2. Preceptor and resident should include examples supporting the NI score. 3. The preceptor and resident must include specific strategies on how to improve performance
Satisfactory Progress (SP)	<p>Resident is meeting expectations and performing at the level that would be expected at this point in their training. Improvement evident throughout learning experience but objective is not yet mastered</p>	<ol style="list-style-type: none"> 1. Occasionally requires assistance/preceptor intervention to complete objective but degree of independence appropriately increased throughout experience. 2. Resident makes safe, appropriate recommendations to treatment team and seeks preceptor guidance as appropriate with more complex situations. 3. Able to ask appropriate questions to supplement learning. 4. Resident accurately reflects on performance and creates a sound plan for improvement. 5. Resident acts in a professional manner. 6. Able to provide effective educational content to members of the healthcare team, learners, etc. 7. Resident engages with and/or provides effective feedback to other learners on rotation 	<ol style="list-style-type: none"> 1. Preceptor must include commentary specifically addressing strengths and opportunities for improvement that are criteria/activities based. 2. The resident should provide commentary on areas of success and opportunities for growth. 3. The preceptor and resident must include specific strategies for continued development.
Achieved (ACH)	<p>Resident demonstrates independent, consistent mastery of the objective.</p>	<ol style="list-style-type: none"> 1. Resident rarely requires assistance; minimal supervision required. 2. Resident consistently makes safe, evidence-based recommendations with minimal guidance. 3. Consistently provides rationale for therapy recommendations. 4. Follows-up on patient care issues without prompting. 5. Resident appropriately seeks guidance when needed. 6. Resident acts in a professional manner. 7. Able to provide effective educational content to members of the healthcare team, learners, etc. that is tailored to the intended audience. 	<ol style="list-style-type: none"> 1. Preceptor may include commentary highlighting areas of strength and any opportunities for continued growth. 2. The resident must highlight areas of strength and opportunities for continued growth. 3. The preceptor and resident may include specific strategies for continued development, if applicable.

		8. Resident routinely engages with and provides effective, timely criteria-based feedback to other learners on rotation	
Achieved for Residency (ACHR)	Resident’s performance meets what is expected of a graduate of the residency program over multiple learning experiences (when applicable) with consistency, independence, and professionalism.	<ol style="list-style-type: none"> Objectives taught and evaluated in ≥ 3 experiences may be marked as ACHR after being achieved on 2 learning experiences with no subsequent NI ratings thereafter. Objectives taught and evaluated in ≤ 2 experiences may be marked as ACHR after being achieved. Objectives marked N/A may be re-assessed by RPD and preceptor. If the N/A will stand, it will not be included in the denominator when evaluating for ACHR. 	ACHR will be marked by RPD/RPC/RAC Mentor/RPM ONLY
<p>Note: Once an objective is marked as ACHR, future evaluations do not need to comment on that objective unless there is a concern. If concern is noted, please contact RPD/Assigned Mentor to discuss. If preceptor or resident wishes to provide commentary for an objective previously scored as ACHR, they will mark the objective achieved and provide comments. If no additional commentary desired, preceptor or resident will mark objective as achieved with no additional action required.</p>			
<p>Original C-RAC approval 6/9/2023 Revised: 8/18/2025</p>			

QUALITY & TIMELINESS OF PHARMACADEMIC EVALUATIONS

Quality and timeliness of evaluations are critical to ensuring residents receive feedback to reinforce positive behaviors and focus on areas of opportunity. **Evaluations should include qualitative comments for objectives marked NI or SP (see above table).** Comments should provide specific strategies for the resident to adopt to progress toward an ACH score on future experiences. The RPD/Designee will review the quality of evaluations when co-signing evaluations and will use the “send back” feature if deficiencies are noted. Examples of summative evaluation comments are available on the [ASHP website](#).

Residents and Preceptors are expected to submit all PharmAcademic evaluations within **7 days** of the due date. The Residency Program Administrator will monitor the overdue evaluation report in PharmAcademic, email residents and preceptors with evaluations that are **3 days** overdue and copy the RPD for additional monitoring and follow-up.

Residents & preceptors are encouraged to formally reserve time on the last day of the experience to meet to review the PharmAcademic evaluations.

RESEARCH & WRITING PROJECT EVALUATIONS

Residents’ research and writing projects will be evaluated via quarterly PharmAcademic evaluations. The resident may complete a self-summative evaluation at program discretion and will complete learning experience and preceptor evaluations as assigned. The preceptor(s) will complete a summative evaluation and will meet with the resident to verbally review the feedback.

General progress updates will also be discussed at the quarterly development plan meetings. It is helpful for the formal PharmAcademic evaluations to be submitted prior to the quarterly development plan meetings. This allows the RAC Mentor/RPD to include the evaluation scores in the NI/SP/ACH/ACHR tally at each quarterly development plan.

SEMINAR EVALUATIONS

There are three main seminars that are formally evaluated throughout the residency year:

1. Research project protocol presentation (PGY1 residents only)
2. Writing project/CE presentation
3. Research results presentation

The research seminars and CE presentation will be evaluated via an electronic seminar evaluation form ([Appendix C](#)), The CE presentations will also be evaluated by the standard evaluation form provided by the accrediting provider.

TEACHING EVALUATIONS

Resident performance during the required U-M College of Pharmacy teaching will be evaluated via a PharmAcademic evaluation. However, an *optional* teaching evaluation is also available for course coordinators to provide feedback to residents during their teaching experiences (see [Appendix D](#)). If received, the resident should be uploaded into PharmAcademic files tab and share with their RAC mentor.

RESIDENT FEEDBACK FORMS

PGY1 Pharmacy, HSPAL and IDRP resident performance during weekend, holiday and gap day staffing, clinical case conference and code blue response is evaluated via the electronic resident feedback forms. The feedback will be shared with the resident and RAC Mentor, RPD or RPC and is to be incorporated into the quarterly PharmAcademic CORE – Clinical and Operations Residency Experience and quarterly development plan evaluations. Residents in other programs will solicit feedback via program-specific processes.

Resident Responsibilities

Send an electronic feedback form request to pharmacists/technicians/interns during or immediately following the experience. The resident should send polite reminders every 3-4 days until the form is submitted.

Pharmacist/Technician/Intern Responsibilities

Complete the resident feedback form within 5 days of receipt. Responses will be automatically sent to the resident and their RAC Mentor or RPD/RPC.

Resident Feedback Form Procedure:

Complete instructions can be found in the “**U-M Pharmacy Residency Feedback Form – Operating Procedure & Educational Document**” available on the residency website.

Staffing

Feedback is to be requested immediately after each staffing weekend.

- Operations shifts: a pharmacist and/or technician who worked with the resident that weekend
- Clinical shifts: a pharmacist who will be following patients during the week where significant resident intervention was required over the weekend.

The resident is responsible for ensuring that they receive feedback on a variety of shift activities by asking for feedback from pharmacists and technicians.

Clinical Case Conference

Feedback is to be requested immediately after each case conference presentation. Feedback should be requested from the PGY2 Resident back-up and at least 1 preceptor in attendance.

Code Blue Response

Feedback is to be requested from pharmacists that attended codes with the resident during their assigned code response week.

RPD/RAC MENTOR RESPONSIBILITIES WITH ALL EVALUATIONS

1. Monitor the resident's progress through all evaluations and follow up with the resident and/or preceptors regarding any issues identified in the evaluations.
2. Ensure residents receive evaluations in a timely manner. If the evaluations are not received in a timely manner despite efforts of the RAC Mentor, notify the RPD.
3. Complete quarterly CORE evaluations in PharmAcademic using preceptor feedback provided in the resident feedback forms.

DUTY HOURS AND MOONLIGHTING

(ASHP STANDARD 2.3)

DEFINITIONS

U-M Health Pharmacy Residency Programs follow the ASHP Duty Hour Policy which can be referenced on the [ASHP website](#).

DUTY HOURS: all hours spent on scheduled clinical and academic activities, regardless of setting, related to the pharmacy residency program that are required to meet the educational goals and objectives of the program.

Duty hours **includes:** inpatient and outpatient patient care (resident providing care within a facility, a patient's home, or from the resident's home when activities are assigned to be completed virtually); staffing/service commitment; in-house call; administrative duties; work from home activities (i.e., taking calls from home and utilizing electronic health record related to at-home call program); and scheduled and assigned activities, such as committee meetings, classroom time associated with a master's degree for applicable programs or other required teaching activities and health and wellness events that are required to meet the goals and objectives of the residency program.

Duty hours **excludes:** reading, studying, and academic preparation time (e.g. presentations, journal clubs, closing knowledge gaps); travel time (e.g., to and from work); and hours that are not scheduled by the residency program director or a preceptor.

MOONLIGHTING: voluntary, compensated, work performed outside the organization (external), or within the organization where the resident is in training (internal), or at any of its related participating sites. These are compensated hours beyond the resident's salary and are not part of the scheduled duty periods of the residency program.

CONTINUOUS DUTY: assigned duty periods without breaks for strategic napping or resting to reduce fatigue or sleep deprivation.

DUTY HOUR REQUIREMENTS

The RPM and/or RPD will orient residents to the duty hour policy during orientation. Residents, program directors, and preceptors have the professional responsibility to ensure residents are fit to provide services that promote patient safety. Resident training must be

planned, scheduled and balanced with concerns for patients' safety and residents' well-being. The residency program director (RPD) must ensure that there is not excessive reliance on residents to fulfill service obligations that do not contribute to the educational value of the residency program or that may compromise their fitness for duty and endanger patient safety.

Therefore, programs must comply with the following duty-hour requirements:

- Personal and Professional Responsibility for Patient Safety
 1. RPDs must educate residents and preceptors about their professional responsibilities to be appropriately rested and fit for duty to provide services required by patients.
 2. RPDs must educate residents and preceptors to recognize signs of fatigue and sleep deprivation and adopt processes to manage negative effects of fatigue and sleep deprivation to ensure safe patient care and successful learning.
 3. Residents will be educated on burnout syndrome and mitigation strategies, resiliency, and available support resources during orientation. Preceptors will receive similar information as part of the preceptor orientation and/or preceptor development program.
 4. Residents and preceptors must accept personal and professional responsibility for patient care that supersedes self-interest. At times, it may be in the best interest of patients to transition care to another qualified, rested provider.
 5. The RPD must ensure that residents participate in structured handoff processes when they complete their duty hours to facilitate information exchange to maintain continuity-of-care and patient safety.

- Maximum Hours of Work per Week and Duty-Free Times
 1. Duty hours must be limited to no more than 80 hours per week, averaged over a four-week period, inclusive of all activities described above.
- Mandatory Duty-Free Times
 1. Residents must have a minimum of one day in seven days free of duty (when averaged over four weeks).
 2. Residents must have at least 8 hours between scheduled duty periods
- Maximum Duty Period Length
 1. Continuous duty periods of residents should not exceed 16 hours. The maximum allowable duty assignment must not exceed 24 hours even with built in strategic napping or other strategies to reduce fatigue and sleep deprivation, with an additional period of up to two hours permitted for transitions of care or educational activities.
 2. At-Home Call
 - At-home call must not be so frequent or taxing as to preclude rest of reasonable personal time for each resident.
 - Program directors must have a method for evaluating the impact on residents of the at-home call program to ensure there is not a negative effect on patient care or residents' learning due to sleep deprivation or serious fatigue.
 - Program directors must define the level of supervision provided to residents during at-home call & design a back-up system if the resident needs assistance.

- The frequency of at-home call must satisfy the requirement for one-day-in-seven free of duty, when averaged over four weeks. No at-home call can occur on the day free of duty.
- Residents should include only the time spent on on-call related work activities during their assigned on-call shift when tracking and documenting duty hours.

INTERNAL AND EXTERNAL MOONLIGHTING PROCEDURES

Moonlighting (internal or external) must not interfere with the ability of the resident to achieve the educational goals and objectives of the residency program and must not interfere with the resident's fitness for work nor compromise patient safety. **In general, moonlighting is discouraged for residents.**

All moonlighting hours must be counted towards duty hours and must not exceed duty hour limits. Residents are eligible for moonlighting up to 16 hours per month only during times not usually scheduled for regular duty hours (i.e., evenings or weekends).

- Process to pick up shifts internally:
 1. Residents must complete a Temporary Employment application at U-M Health for internal moonlighting hours with the Residency Program Administrator **PRIOR** to the 1st moonlighting shift. This may take up to 2 weeks to process. The temp status will end after 90 days of inactivity and will need to be renewed to maintain active temporary status.
 2. Residents will be included on notices that go out to permanent staff informing them of open shifts and requesting volunteers to pick up additional shifts.
 3. The resident will volunteer for the shift(s) by responding to the requestor expressing interest in the shift, and then must follow-up with the requestor once approval is obtained from below individuals (see approval process)
 4. Residents must complete a timecard in Wolverine Access to be compensated for all internal moonlighting shifts. This should occur within 48 hours of the shift(s) worked.
 - Moonlighting hours should be reported using code “**REG**” for regular pay
 - As temporary employees, residents are not eligible for overtime pay, but are eligible for shift premiums using the following codes:
 - Weekday afternoon shifts: **REG + ESA**
 - Weekend day shift: **REG + WSD**
 - Weekend afternoon shift: **REG + WSE**
 - Example: if you pick up an open UH Clinical RPh 1 on a Saturday, you'll report 8 hours REG (regular time) + 8 hours WSD (weekend day premium).
 - Please contact the RPM or RPA with questions about timecards.
- Moonlighting shift approval process:
 1. Residents must receive approval from the following individuals **PRIOR** to EACH internal or external moonlighting shift:
 - RPD
 - RAC-assigned mentor (if different than the RPD)
 - Current learning experience preceptor
 - Research preceptor(s)
 - Writing preceptor(s)

2. The resident is responsible for maintaining record of internal or external moonlighting hours. The RPD/RAC Mentor is responsible for monitoring performance including any impact moonlighting hours have on scheduled duty hours and the ability of the resident to achieve the educational goals and objectives of the residency program and provide safe patient care.
3. If the residents' participation in internal or external moonlighting affects their judgment while on scheduled duty hours the RPD or RAC Mentor may decline future requests to moonlight.
 - Preceptors are responsible for contacting the RPD if they have any concerns about the residents' judgment related to moonlighting.

TRACKING DUTY HOURS (ASHP STANDARD 2.3.B)

The resident must complete a monthly duty hour attestation in PharmAcademic. Residents must provide comments for all "no" answers. The RPD will be automatically notified via email of reported violations and must follow-up with the resident.

RPDs will evaluate moonlighting/weekends using electronic scheduling system to evaluate for duty hour violations prior to approving.

Process for duty hour violations:

- If a resident attests to a violation in PharmAcademic:
 1. RPD and RPM meet with the resident and discuss the situation and the factors that led to a duty hour violation
 2. The resident is re-educated on duty hours & moonlighting policy
 3. The RPD will enter a written assessment & plan into PharmAcademic using the "provide feedback to resident" function. This must address how the current violation was/will be corrected and how future duty hour violations will be avoided.

PRECEPTOR APPOINTMENT & DEVELOPMENT

PRECEPTOR ELIGIBILITY AND QUALIFICATIONS (ASHP STANDARD 4.4 - 4.8)

U-M residency program preceptors **must** hold an active preceptor appointment to serve as a preceptor of record in PharmAcademic for any learning experience. This includes preceptors of rotations and projects, longitudinal experiences, RAC Mentors, COP teaching assignment course coordinators, etc. Exceptions are made for non-pharmacist preceptors in accordance with ASHP Standard 4.8.

- **PGY1 Preceptor Eligibility** - Pharmacist preceptors must be licensed pharmacist preceptors who:
 1. Have completed an ASHP-accredited PGY1 residency followed by a minimum of 1 year of pharmacy practice experience in the area precepted; or
 2. Have completed an ASHP-accredited PGY1 residency followed by an ASHP-accredited PGY2 residency and a minimum of 6 months of pharmacy practice experience in the area precepted; or
 3. Have 3 or more years of pharmacy practice experience in the area precepted, without having completed an ASHP-accredited residency program, or if completed PGY2 in area different from area precepted
- **PGY2 Preceptor Eligibility:** Pharmacist preceptors must be licensed pharmacist preceptors who:

1. Have completed an ASHP-accredited PGY2 residency followed by a minimum of 1 year of pharmacy practice in the area precepted; or
 2. Have three or more years of pharmacy practice experience in the area precepted, without having completed an ASHP-accredited residency program, or if completed PGY2 in area different from area precepted
- **Qualifications** - Preceptors must demonstrate the ability to precept residents' learning experiences by demonstrating the qualifications below as evidenced by examples in their APR that correspond with ASHP Standard 4.6 and guidance:
 1. Content knowledge/expertise in area(s) of pharmacy practice precepted
 2. Contribution to pharmacy practice in the area precepted

PRECEPTOR APPOINTMENT AND RE-APPOINTMENT PROCEDURE (ASHP STANDARD 4.4.c)

- Initial appointment
 1. U-M Health pharmacists meeting the eligibility and qualification requirements outlined above and interested in becoming a PGY1 and/or PGY2preceptor should email the Preceptor Appointment Sub-Committee (Pharm-Preceptorappoint@med.umich.edu)
 2. The sub-committee will provide instructions on completing the electronic academic and professional record (eAPR) within PharmAcademic.
 3. The sub-committee will review the eAPR and notify the preceptor candidate of the workgroup decision
 - **APPOINTED:**
 - New preceptor appointments will be presented at quarterly C-RAC meetings as a consent agenda item
 - Preceptor is notified of their 2-year appointment and whether they are appointed as PGY1 and/or a PGY2 preceptor.
 - Newly appointed preceptors will:
 - Contact individual program directors to request be added to their program roster. Approval is left up to individual RPDs and the RPD will communicate their decision to the preceptor.
 - Submit their eAPR to all programs they are approved to precept
 - Review new preceptor orientation presentation
 - Determine which learning experience they will precept. Preceptors are encouraged to join an existing learning experience (LE), whenever possible. If an appropriate LE does not exist, the preceptor will develop an LE description in PharmAcademic. A template is available on the residency website. Program directors should review all new learning experience descriptions to ensure compliance with ASHP Standard 3.2
 - Complete a preceptor profile for the U-M Health residency program website
 - **NOT APPOINTED:**
 - Areas of deficiency will be shared with the preceptor candidate
 - Preceptor candidate should work with the RPD and/or an experienced program preceptor to develop an individualized

preceptor development plan to achieve qualifications within two years. See [Appendix E](#) for preceptor development plan template.

- Re-appointment
 1. Established program preceptors will be evaluated every **2 years** for re-appointment.
 2. Preceptors will:
 - Update their APR forms on a biennial basis from the date of initial appointment or last re-appointment. Specifically, new qualifications should be added and items that are older than then required APR specifications removed.
 - Submit an updated APR to the Preceptor Appointment Sub-Committee for review.
 - Provide documentation of at least 1 preceptor activity attended per calendar year during the previous 2-year appointment. Documentation is to include the activity date, topic/title and sponsoring organization.
 3. The Preceptor Appointment Sub-Committee will review records of preceptors due for re-appointment on a quarterly basis and bring recommendations for action to C-RAC meetings.
 4. Failure to maintain an active preceptor appointment may result in the inability to precept in the U-M pharmacy residency programs and removal from preceptor rosters in PharmAcademic.
- Record Keeping
 1. Preceptor appointment sub-committee decisions will be formally documented and maintained electronically.
 2. A list of RAC-appointed preceptors will be available on the residency website and will include the most recent appointment date & next re-appointment date.

PRECEPTOR DEVELOPMENT

All preceptors are expected to participate in at least 1 preceptor development activity per calendar year. Preceptors applying for re-appointment will provide documentation of the activities attended during their 2-year appointment term. Documentation must include the activity date, topic/title and sponsoring organization.

Preceptor development activities may include but are not limited to participation in live or virtual activities such as:

- Newly appointed preceptors will review preceptor orientation presentation
- Departmental preceptor development sessions
 - The RPM, RPDs and RPCs are encouraged to utilize needs assessment data, feedback from residents and preceptors to identify topics for future departmental preceptor development sessions.
 - Live preceptor development sessions may be provided by any member of the department.
 - Sessions will be recorded and made available on the residency website, whenever possible.
- Preceptor development continuing education provided by schools of higher education
- Preceptor development webinars provided by external sources (i.e., ASHP, ACCP, APhA, ACPE, Pharmacist's Letter, etc.)

- Accreditation/Preceptor Development Resources provided on the ASHP website.
- Attendance at the National Pharmacy Preceptors Conference

Foundational Training Modules:

- [Understanding Learning Taxonomies and Levels](#)
- [Starring Roles: The four preceptor roles and when to use them](#)

Preceptors should perform on-going self-evaluation of their preceptor skills by soliciting and reviewing feedback received from learners, other preceptors, RPDs, RPCs and the RPM. Preceptors should actively seek training for self-improvement in their precepting skills for areas of opportunity.

The RPM will also provide updates on the residency program during monthly all-staff meetings, monthly Resident meetings, and quarterly COP Clinical Pharmacy Faculty meetings. Preceptors and residents should review C-RAC minutes on the residency website to stay informed of program assessment and changes.

MEETING ATTENDANCE

RECRUITMENT SHOWCASES (AS FUNDING ALLOWS)

There are several residency recruitment events which may require resident participation:

- ASHP Midyear Residency Showcase
- Southeastern Michigan Society of Health System Pharmacists (SMSHP) Residency Showcase
- SNPhA x ACCP Residency Showcase
- University of Michigan College of Pharmacy Career Gateway
- U-M Health Virtual Residency Showcase
- Western Michigan Society of Health System Pharmacists (WMSHP) Residency Showcase
- Others as time and funding allow

Resident attendance at recruitment showcases will be coordinated by the RPM, RPA, Chief Residents and Midyear Committee. Residents are expected to volunteer for at least 1 recruitment event in addition to the ASHP Midyear Residency Showcase. Residents are responsible for organizing, preparing, and transporting showcase materials.

RPDs and RPCs should make revisions of recruitment materials prior to the showcases, including the U-M Health pharmacy residency website, program pamphlets and brochures.

MEETINGS/EVENTS

All residents must attend and be actively engaged at meetings and events. Attendance requirements vary by program, but generally include:

- Poster presentation (can be at College of Pharmacy, ASHP, Vizient, or another local, state, national conference based on residency program)
- Oral platform presentation at Great Lakes Pharmacy Residency Conference or equivalent conference decided upon by the RPD
- PGY2 specialty conference (i.e.: HOPA, SCCM, ICAAC, etc.), if available.
- Residency Trip
- Any deviations from the attendance above must be approved by the RPD.

TIME AWAY FROM RESIDENCY

Per ASHP Standard 2.2.a, residents can miss no more than 37 days per 52-week training period without requiring extension of the program. Time away from the program is defined as total number of days taken for vacation, sick, interview, and personal time; holidays; religious time; jury duty; bereavement leave; military leave; parental leave; leaves of absence; and extended leave and wellness days.

Program directors must closely monitor resident time away to ensure compliance. Program modifications may be required; however, modifications must not negatively impact the resident's ability to meet the graduation requirements.

PAID TIME OFF (PERSONAL, SICK, INTERVIEW)

- Residents receive 15 paid time off (PTO) days to be used for personal time, illness and interviews.
- PTO days may be used on any learning experience and will be deducted from the PTO bank.
- Any PTO bank reduction does not result in having to make up time (unless exceeds 15 days of PTO bank).
- Residents may not use PTO for weekend/holiday/gap day staffing. Residents must trade with a co-resident or make up the shift(s) per pharmacy procedures.
- Absences of >20% of a residency rotation experience (monthly or longitudinal) are viewed as challenging to evaluate on progress and could be considered for make-up time in the program.
 - Absences include vacation, illness, wellness time, interviews, holiday blocks, and professional leave/business days for conferences. Time away from rotation due to required COP teaching assignments does NOT count toward the max 20% time away.
 - Residents must evaluate their planned PTO to ensure adequate exposure to learning experiences prior to requesting time off. Program directors will evaluate the request before approving a PTO request that would cause the resident to be absent for >20% of a rotation experience.
 - Ex.: if a rotation has 22 business days, the resident cannot miss more than 4 days without approval from the RPD. Additional make-up days or activities may be considered.
- PGY1 and PGY2 residents may take up to 20% of rotation days off in June at the end of the program, with the following requirements
 - All requests must be pre-approved by the RPD
 - Residents are responsible for coordinating coverage of any residency requirements/obligations PRIOR to requesting PTO (i.e., weekend staffing, code coverage, etc.)
 - The resident must complete all program requirements and residency & department off-boarding requirements prior to their last day.
- Procedure for requesting vacation and interview days (all programs):
 - Residents must provide 7-day notice for PTO requests. Approval of emergent requests or requests where 7-day notice is not possible will be at the discretion of the RPD.
 - Residents must request approval from rotation preceptor, (research and writing preceptors for December requests) and the RPD. All approvals must be documented via email, even if previously approved verbally.
 - Residents must ensure PTO does not conflict with other residency responsibilities **prior to** requesting PTO. This includes arranging

coverage/trade with a co-resident for code pager coverage, presentation/facilitation at clinical case conference, etc.).

- The resident will forward all approval email(s) to RPA & RPD for attendance tracking.
- PTO does not “roll over” if a resident stays on for a PGY2 residency or another position in the department.

HOLIDAYS

There are seven (7) official University holiday days. Each resident will work two holiday blocks (one minor holiday and one major holiday) and have the other 5 holiday blocks off.

- **Minor Holidays:** Independence Day, Labor Day, Memorial Day
- **Major Holiday:** Thanksgiving Day and the day after Thanksgiving, Christmas Day, New Year’s Day

If a resident observes an unofficial University holiday, they need to follow the PTO request process to request time off. When requesting PTO in December, PGY1 and PGY2 residents will need permission from their research and writing project preceptors and final approval from their RPD.

BEREAVEMENT

Residents are eligible for up to three (3) days (maximum 24 hours) of bereavement leave following the loss of an immediate family member, as defined by the University of Michigan Standard Practice Guide Policy for Funeral Time ([SPG 201.03](#)). If additional time is needed, residents may use PTO or can discuss a leave of absence with the RPD and RPM.

Bereavement leave is considered time away from residency and will count toward the maximum 20% allowable time away from an individual rotation. Some flexibility in the use and scheduling of bereavement leave may be available at the discretion of the RPD, based on individual circumstances.

If the bereavement period includes a weekend during which the resident is scheduled to work, the resident must follow the sick-day/call-in procedure outlined in the policy below.

PROFESSIONAL LEAVE AND BUSINESS DAYS

Professional leave may be granted to attend the ASHP Midyear Clinical Meeting, Great Lakes Pharmacy Resident Conference (GLPRC), and Residency Trip. Additional days may be approved to attend other professional organization meetings; however, approval by the resident’s preceptor and RPD must be obtained. Travel arrangements for business purposes must be approved by the RPD. Additionally, approved travel dates must be shared with all affected learning experience preceptors as soon as possible.

TRAVEL BUDGETING & REIMBURSEMENT

Standard Resident Travel

(includes ASHP Midyear Clinical Meeting, GLPRC, Residency Trip)

A budget for each trip will be determined by the RPM, RPA and department travel oversight team. Standard travel does not require *pre-travel* approval, authorization forms or per diem worksheets. However, these forms and all travel receipts must be emailed to the RPM, RPA and department travel administrator within **10 calendar days** of travel. Expenses incurred outside of the approved budget will not be reimbursed.

Expenses related to professional organization membership and Personnel Placement Service (PPS) will not be reimbursed and should not be included in post-travel expense reports.

Non-Standard Resident Travel

(includes PGY2 Specialty and PGY1 and PGY2 Supplemental Conferences)

All non-standard travel requires pre-approval by the RPM (if < \$750) and/or the Travel Oversight Committee (if >\$750). A pre-travel authorization form with all estimated expenses and per diem worksheet and mileage log, if applicable, should be submitted to the RPM at **least 60 days** in advance of the conference to allow time for the review process.

PGY2 residents attending a specialty conference will be provided with a standardized travel budget. Requests for funding to attend supplemental conferences (outside of the standard travel or PGY2 Specialty conferences) will be reviewed and approved on a case-by-case basis by the Travel Oversight Committee.

Expenses related to professional organization membership will not be reimbursed and should not be included in pre-travel request forms or post-travel expense reports.

The Travel Administrator will inform the resident of the Travel Oversight Committee's decision. If approved, the resident will be provided with the approved budget and may start booking travel. If not approved, the resident may not use U-M travel resources (e.g., Collegiate Travel Planners, Lightning, etc.) to arrange personal travel nor will any related expenses be eligible for reimbursement.

Post-travel authorization forms, per diem worksheets, mileage log, if applicable, travel receipts and proof of attendance must be emailed to the RPM, RPA and travel administrator within **10 calendar days** of the travel. Expenses incurred outside of the approved budget will not be reimbursed.

Travel Expense Reimbursement Procedure

For *all* travel, the resident must email the following documents to the RPM and Travel Administrator within **10 calendar days** of their return:

- Post-travel authorization & funding form with actual expenses
 - Includes expenses paid via corporate/P-Card and out of pocket expenses
- Updated per diem worksheet reflecting any meals provided by the conference/event organizers
- Mileage log (if applicable)
- Receipts for the following expenses. Receipts must show proof of payment:
 - Conference registration
 - Airline/bus/train tickets
 - Luggage fees
 - Lodging
 - Airport parking receipts
 - Ground transportation (ride share, taxi, etc.)
- Expense report table
 - Includes expenses paid via corporate/P-Card and out of pocket expenses

- Proof of attendance
 - Conference brochure or agenda or other document AND conference name tag/badge to support date, location and topic of conference attended

Failure to submit required documentation to the RPA and Travel Administrator within 10 days of return may jeopardize your reimbursement. Please reach out to the RPA or Travel Administrator as soon as possible with questions or for assistance.

Note: residents that are not required to attend ASHP Midyear Clinical Meeting, GLPRC or Residency Trip per their program leadership may not apply the approved budget to a different trip.

SICK DAY/CALL-IN NOTIFICATION

If the sick day is a **weekday**, the following procedure needs to occur:

- Contact rotation preceptor via email to notify them of illness a minimum of 2 hours prior to the start of rotation or 7:00 am at the latest
- If your rotation preceptor is not at work that day, be sure to notify the person covering.
 1. Pharmacy operations:
 - Call the appropriate number below **at least 2 hours** prior to shift at to let them know which shift you were scheduled, they will contact via email Pharm-Sched@med.umich.edu and work to find coverage
 - UH: 734-936-8251
 - CW: 734-764-8208
 - Forward notifications for record keeping to the appropriate RPD and RPA

If the sick day is a **weekend**, the following procedure needs to occur:

- Minimum of 2 hours prior to the start of your scheduled shift (or earlier if possible)
 1. Try to trade shifts with a co-resident as the first option. Trades must not result in a duty hour violation for either resident.
 2. Call **UH B2 Rx (734-764-7596)** or **C&W 10 (734-764-8208)** to report your absence and share which shift you were scheduled for, steps you've taken to find coverage and any other pertinent details.
 3. Email pharm-sched@med.umich.edu and include your name, scheduled shift, work location and any steps already taken to arrange coverage. If a co-resident will be covering, please provide their name.
 4. Contact the Administrator On-Call (AOC) (**pager: 30164**)
 - Page #1: explain the situation and that the resident is (1) currently attempting to find coverage within the resident class or (2) has found coverage from a co-resident.
 - Page #2: update AOC if coverage is not found within the residency class and request further help to find coverage.
 5. Residents must make up any weekend shifts that are not traded with a co-resident (or other pharmacist)
 6. The resident will report the illness/call-in and any resident coverage that was found to the RPM and RPA before the Monday following the weekend.

This procedure is in accordance with the departmental procedure for inpatient pharmacy call-in/late notification.

LEAVE OF ABSENCE (ASHP STANDARD 2.2.A, 2.2.B)

Leave of Absence is defined as any time off longer than five (5) workdays, excluding business travel/conferences. If a leave of absence is needed, a resident is eligible for time off in accordance with the appropriate University of Michigan Human Resource Policy:

- UM Standard Practice Guideline 201.30: Unpaid Leaves of Absence
- UM Standard Practice Guidelines 201.29: Jury and Witness

All requests for Leave of Absence must be submitted in writing to the respective Residency Program Director (RPD). The RPD shall notify the appropriate pharmacy leadership (e.g., Residency Pharmacy Manager, Pharmacy Director, etc.). Please refer to individual HR policies and procedures for specific processes and documentation requirements based on type of leave.

The RPD (or designee) will be responsible for approving the Leave of Absence request. Please refer to individual HR policies and procedures for specific processes and documentation requirements based on type of leave.

Extended leave of absence (beyond the allotted 15 days of PTO) will result in an *unpaid* leave. If eligible, the resident may receive short/long term disability payments per HR policies.

- The resident will be required to extend their residency training for the period equal to the days of unpaid leave up to 90 days.
 1. This will extend the residency beyond the original appointment term.
- Any resident taking a leave of absence that is greater than 90 days will be ineligible to complete the remainder of their residency program and will not receive a certificate of completion.
 1. The resident may reapply to the Pharmacy Residency Program and will be evaluated against other prospective candidates should an absence extend past 90 days.
- If a resident chooses to continue their benefits during the unpaid leave, U-M will not contribute to benefit expenses during the unpaid leave and the resident will be responsible for all costs. Benefit plans not continued during the leave will be reinstated upon return from leave and deductions for reinstated benefits will resume.
- Upon returning from leave:
 1. Hours must be worked under the guidance of a preceptor, and hours and competencies must be equal to those missed. These supplemental hours will be paid at the rate stated in the original offer letter and must equal but not exceed hours missed during leave.
 2. RPD and Resident must develop a plan to ensure all program requirements will be completed
 3. RPD will update the resident's schedule, including learning experiences and dates of quarterly development plan meetings, as required.

The RPD is responsible for assuring that the resident is aware of this policy and has received a signed acceptance notification.

See policy 114.50: Attendance Policy for Allied Health and Office Staff

RESIDENT WELLNESS AND WELL-BEING

Residents are encouraged to seek advice and guidance from mentors and other members of their support network, especially in times of difficulty. This may include their RPD, RPC, RAC Mentor, Chosen Mentor, preceptor(s), co-residents, family, friends, etc.

ORIENTATION SESSIONS

Residents will share their wellbeing and resiliency strategies as part of the entering self-assessment form. Residents will also participate in a well-being and wellness session during orientation that will review the signs and symptoms of burnout, strategies for maintaining well-being and resilience, as well as department and institutional well-being resources. **(ASHP Standard 3.1.a.4)** Additional sessions may be scheduled throughout the year, as needed.

QUARTERLY DEVELOPMENT PLAN CHECK-INS

At a minimum, residents will discuss their wellness, well-being and resilience during their quarterly development meetings with their RAC Mentor, Chosen Mentor and project preceptors. **(ASHP Standard 3.3.d)**.

WELLNESS DAYS

All residents receive **5 wellness days** during the residency year to be used for well-being and wellness activities - 3 days in the Fall and 2 days in the Spring. The dates will be coordinated by the Resident Wellness & Community Service Committee and standardized for all residents. Wellness days will begin in August and will not be scheduled in November and December. The first wellness day will be the 3rd Friday of August each year. The committee will identify the remaining 4 wellness dates to be approved at the August C-RAC meeting. The approved dates can be found on the residency website.

Residents must discuss the wellness days with their preceptors at the beginning of each learning experience. Wellness days count toward a maximum of 37 days away from residency and 20% time away from an individual rotation and should be factored in when requesting PTO.

Residents are excused from residency related activities on wellness days. The only exception is for those completing a required teaching assignment at the College of Pharmacy during a wellness day. These residents will need to work with their rotation preceptor to identify an alternate wellness day for that month. Individual resident or preceptor requests to move wellness days are strongly discouraged. Maintaining standardized wellness day dates allows residents to attend group activities organized by the Wellness Committee. Unused wellness days may not be converted to PTO for future use.

Residents scheduled for code blue coverage on a wellness day must notify the clinical pharmacist assigned code coverage, preferably the day before or the morning of the wellness day. The clinical pharmacist assignment can be found in the electronic scheduling software.

CHIEF RESIDENTS

DESCRIPTION

The Chief Pharmacy Residents are two pharmacy residents (a PGY1 and a PGY2) who coordinate the activities of all concurrent pharmacy residents.

QUALIFICATIONS

The following are minimum criteria that should be considered to qualify for a Chief resident position:

- Must be a pharmacy resident for the full fiscal year for which they will serve as Chief Resident
- Demonstrate following qualifications through interview, previous accomplishments as documented on the curriculum vitae, letters of recommendations and/or previous evaluations:
 1. Leadership skills
 2. Excellent communication skills
 3. Ability to work with others and coordinate activities
 4. Ability to manage time efficiently
 5. Expressed interest in the positions

NOMINATION & SELECTION

The RPM will solicit nominations in mid-July. Residents may self-nominate or be nominated by a resident colleague. The RPM will organize a vote, and all residents will be invited to participate. PGY1 residents will nominate & vote for the PGY1 Chief and PGY2 residents will nominate & vote for the PGY2 Chief. The PGY1 and PGY2 nominees with the most votes will be awarded the positions.

CHIEF RESIDENT RESPONSIBILITIES

- PGY1 and PGY2 chiefs will attend all C-RAC meetings
 - Chiefs will communicate issues/feedback from residents to RPM and present resident- issues/proposals at C-RAC meetings
 - Chiefs will disseminate information/decisions from C-RAC meetings to all residents at monthly resident meetings. The RPM will model during Q1 meetings.
 - The PGY1 chief will sit on the Clinical Practice Committee (CPC) and PGY1 RAC
 - The PGY2 chief will sit on the Pharmacy Practice Council (PPC)
- Work with the RPM and RPA to develop and disseminate a schedule for the following residency activities:
 - Seminar presentations (research protocol, CE, and final research presentations)
 - Others, as needed
- Schedule monthly meetings in conjunction with the department administration assistant for the following meetings:
 - Professional development meetings monthly with all residents (leadership series, research series, and other miscellaneous topics)
 - Residents-only meeting (required for all residents to attend)
 - Create an agenda for the meeting
 - Discuss issues to go to C-RAC, upcoming trips, committee updates, etc.

- Regularly gather feedback on case conference, code response, staffing, teaching activities, resident wellness etc.
 - RPM – Chief meetings with both chiefs at least monthly in Q1 and Q2 and then quarterly thereafter
- Residency Committees
 - In July/August, organize the residents into committees based on their preferences
 - Follow-up with committees to make sure they are on task throughout the year
- Work with RPM on important date list annually to ensure residents understand program- wide due dates
 - Early commitment
 - Development plan due dates
 - Deadlines on Great Lakes/Midyear research requirements
- Plan agenda/activities if another residency program comes to visit U-M Health residency program
- Delegate scheduling of additional activities

BENEFITS OF THE CHIEF RESIDENT ROLES

Due to the additional responsibilities of the Chief Pharmacy Resident, this individual will be entitled to the following benefits and/or relief from standard resident obligations:

- Opportunity to develop/refine leadership skills
- More direct involvement in residency program and larger opportunity to help shape the program
- Role on resident run committees and projects limited to oversight and supervision of activities
- Opportunity to go to a State/National Leadership Conference

EARLY COMMITMENT PROCESS

(ASHP Standard 1.1.f)

The decision regarding participation of each PGY2 residency program in the early acceptance process will be left up to the individual programs. See [Appendix F](#) for the early commitment process diagram.

The PGY2 program and position must be registered for the Match. The PGY1 resident does not need to be registered for the Match.

RESIDENT RESPONSIBILITY

The resident should contact the RPD of the program(s) of interest to discuss the program, the resident's goals, the application and interview process, deadlines, etc. The resident should send a formal statement of intent to the program director(s) of the program(s) for which the resident would like to apply. A resident may apply to more than one PGY2 program.

Residents must notify PGY2 RPDs of their interest / intention to apply for early commitment by October 1st to facilitate interview scheduling.

PRE-MIDYEAR AND POST-MIDYEAR EARLY COMMITMENT OPTIONS

There are two timeline options for the early commitment process for which each PGY2 RPD will decide how to proceed for their respective programs. If there are multiple interested

candidates, it is also up to the discretion of the PGY2 RPD to offer early commitment to the resident(s) versus attending ASHP Midyear to recruit further.

An interview must be conducted to evaluate the PGY1 resident's candidacy. An assessment of each applicant's candidacy must be documented in writing. PGY2 RPDs should also discuss candidate performance with the PGY1 RPD and/or RAC Mentor and/or associated preceptors and factor the information into the evaluation process.

- **Pre-Midyear Early Commitment Procedure**
 - PGY1 resident to contact PGY2 RPD to express interest on or before October 1st
 - RPDs and program preceptors will conduct interviews of eligible PGY1 resident(s) during October and/or November.
 - PGY2 RPD may provide an early commitment offer to a resident between the 3rd Friday of October and 3rd Wednesday of November.
 - If offered, the resident must accept the early commitment offer on or before the 3rd Friday of November.
 - Residents that receive & accept an early commitment offer prior to Midyear do not need to participate in the personnel placement service (PPS).

- **Post-Midyear Early Commitment Procedure**
 - PGY1 resident to contact PGY2 RPD to express interest on or before October 1st
 - PGY2 RPDs have the option of interviewing eligible PGY1 resident(s) in prior to Midyear, but still attend Midyear to recruit. This also allows the PGY1 resident(s) to participate in Midyear recruitment opportunities [i.e.: residency showcases, PPS, etc.).
 - PGY2 RPD must offer early commitment to the resident no later than Monday after ASHP Midyear Meeting.
 - If offered, the resident must accept the early commitment offer on or before the Tuesday after Midyear meeting by the end of the business day.

ACTIONS WITH ACCEPTING OR DECLINING EARLY COMMITMENT

- Early commitment is offered and accepted by RPD and Resident
 - An early commitment agreement must be completed electronically by the PGY2 RPD and Resident. The PGY2 RPD may access the program early commitment agreement by logging into the NMS Match System. **PGY2 RPDs and Residents must complete this step by the NMS/ASHP deadline.**
 - The annual deadline varies but is generally the second Friday of December.
 - The PGY2 program must pay a non-refundable fee for each position committed via the early commitment process. RPDs should submit the invoice to the RPM and RPA for payment as soon as the agreement is signed.
 - Once early commitment agreements are signed and a fee is paid, the program should automatically be closed to future applications. The RPD will verify this step has been completed.
 - RPD will contact RPM to update residency website to indicate the position(s) were filled via early commitment.
 - Full details and instructions for program and residents can be found on the [National Matching Services website](#).

- The resident should also sign a U-M Health residency program offer letter. PGY2 RPDs should contact the RPM to obtain the offer letter template that can be modified for individual programs. The PGY2 RPD should upload the signed offer letter to the resident’s PharmAcademic files tab shortly after beginning the PGY2 program.
- Resident declines OR is not offered the early commitment offer
 - The PGY2 RPD may make an offer to another PGY1 resident who was also deemed an appropriate candidate for the early commitment program and who completed the interview process for that program.
- If a PGY1 resident is not offered or declines an early acceptance position, the resident will be permitted to apply to a U-M Health PGY2 program through the formal application process without prejudice or bias.
 - Additionally, should a PGY1 resident who did not participate in the early commitment program decide to apply to a U-M Health PGY2 program, their candidacy will also be considered without prejudice or bias.

COMMITTEES

NON-RESIDENT RUN

All residents will participate in at least one (1) non-resident run committee (either local, state, or national) to develop essential leadership skills. They have the responsibility of determining committee involvement with the assistance of preceptors and their mentors during orientation.

RESIDENT RUN

PGY1 residents are expected to be involved in two (2) resident -run committees, while PGY2 residents are expected to be involved in at least one resident-run committee. Residents will rank committees based on areas of interest and final committee assignments will be made by the Chief Residents. Most committees have a resident chair and preceptor liaison to facilitate and act as a support system. Restructuring of committees and responsibilities is done by the Chief Residents in conjunction with the RPM. Committee responsibilities should be split amongst members and all residents are expected to be actively engaged. Any concerns should be escalated to the committee’s preceptor liaison.

Below is a brief description of the available committees. Full descriptions of each committee, including key activities/responsibilities and membership can be found in the “Committees > Resident-Run” folder on Dropbox.

CASE CONFERENCE COORDINATOR

- Purpose
 - The coordinator will facilitate case conference report scheduling for the PGY1 residents and PGY2 backups
 - The coordinator helps ensure appropriate preceptor attendance and mentorship at each case conference
- Responsibilities
 - Create case conference schedule
 - Contact preceptors to obtain availability for report
 - Send Outlook invitations with room locations for each conference
 - Track attendance of PGY1 residents and report to RPD as needed
 - Troubleshoot any logistic issues with scheduling

COLLEGE OF PHARMACY / TEACHING SERIES COMMITTEE

- Purpose
 - To organize and communicate the requirements and responsibilities for all interested residents to achieve the teaching certificate offered by U-M Health, potentially including VA and St Joe's residents.
- Responsibilities
 - Organize teaching series lectures, including topics, schedule, location, etc.
 - Create resident roster with contact information
 - Ensure all requirements are met for all residents to earn certificate
 - Communicate with College of Pharmacy faculty to resolve issues and plan lectures and other teaching certificate responsibilities

COMMUNICATIONS COMMITTEE

- Purpose
 - To run the resident Instagram page (@umichrxresidency)
- Responsibilities
 - Highlight residency program, residents, and preceptors/RPD/RPCs and other program staff
 - Advertise recruitment events and materials
 - Organize resi-takeovers of resident Instagram page
 - Create and present "resi-rewind", end of year video or similar for the End of Year Banquet

EMERGENCY PREPAREDNESS CODE PAGER (EPCP) COMMITTEE

- Purpose
 - Plan and manage the resident code pager responsibilities throughout the year as well as provide emergency preparedness training and communication as needed
- Responsibilities
 - Organize the resident code pager schedule
 - Must avoid scheduling code pager coverage when residents are on rotations off-site, required teaching responsibilities at the College of Pharmacy, or in C&W. This includes rotations in the ambulatory care clinics. If unsure, contact the rotation preceptor to clarify the work location.
 - Update residents on emergency preparedness measures specific to Michigan and U-M Health
 - Facilitate any emergency preparedness training or communication that occurs during the year

END-OF-YEAR BANQUET (EOYB) COMMITTEE

- Purpose
 - Plan and host the end of the year banquet in mid-late June to honor all residents completing the residency program and thank preceptors for their support of the program
- Responsibilities
 - Identify venue & work with leadership to determine budget for the banquet
 - Select menu for the banquet

- Determine guest list – Residents, RPDs, RPCs, RAC Mentors, Chosen Mentors, others as space/budget allows etc.
- Work with RPM and RPA to develop event invitation (RPM or RPA to send the invitation on behalf of U-M Health residency programs)
- Work with RPM and RPA to create event agenda, including annual preceptor of the year address
- Purchase gifts for key leaders of residency & Residency Trip preceptors
- Purchase gifts/favors for residents

GREAT LAKES PHARMACY RESIDENT CONFERENCE COMMITTEE (GLPRC)

- Purpose
 - Plan the GLPRC trip to Purdue University
- Responsibilities
 - Inform residents of the deadlines for registration, abstracts and presentation slide submission, travel authorization forms
 - Provide PowerPoint template for consistency of U-M Health resident presentations
 - Identify 2-3 preceptors to attend & serve as presentation moderators
 - Coordinate Resident & Preceptor dinner & send out invitation to all attendees
 - Provide list of who will be sharing rooms (amongst residents) & driving to Kisha
 - Create & disseminate a schedule overview/travel itinerary with key events
 - Provide list of expectations to residents (dress code, attendance, etc.)
 - Develop schedule of U-M Health resident presentations with assigned U-M Health preceptor moderators for each presentation & distribute to all attendees
 - See full planning guide in Dropbox

LEGACY COMMITTEE

- Purpose
 - To maintain documentation of resident activities throughout the year through the use of multi-media in a history committee book and to keep resident alumni informed of annual residency events (e.g. Annual Report)
- Responsibilities
 - Maintain alumni roster – current job and contact information etc.
 - Update alumni roster each May/June with residents' post-residency plans and personal email addresses
 - Works with communications committee to compile pictures from various social and residency events/activities
 - Communicate upcoming residency key events to alumni (i.e., residency anniversary celebrations, awards, etc.)

MIDYEAR COMMITTEE

- Purpose
 - This committee handles everything that deals with the ASHP Midyear Clinical Meeting. I.e., working with the RPA to organize group registration and book of group travel, Vizient poster session, event planning,

coordination of attendance at the Residency Showcase/PPS booths, and providing instructions on re-imbursement, etc.

- Responsibilities
 - Send out reminders preparing for Midyear
 - Approved budget/resident & what is included in budget
 - Registration instructions & deadline
 - Poster/abstract deadlines
 - Pre-travel authorization forms + per diem worksheet instructions & deadlines
 - Re-imbursement instructions & deadlines
 - Coordinate room sharing amongst residents
 - Provide poster template & instructions for how to print posters
 - Plan the Resident & Preceptor dinner while at Midyear
 - Arrange PPS booth facilitator assignments
 - Share [Harvey AK Whitney award website](#) with residency class & instruct residents to read current recipient's lecture prior to Midyear
 - Create master itinerary (all required and strongly encouraged events) - send to residents and preceptor attendees
 - Work with RPA to organize Residency Showcase/PPS booth materials & have shipped to Midyear & back to Ann Arbor
 - Create & disseminate a schedule overview/travel itinerary with key events
 - Communicate information for expense reports/re-imbursement

ORIENTATION & TRAINING COMMITTEE

- Purpose
 - The committee works with the residency manager to ensure feedback from previous year(s) is constructively incorporated into next year's orientation and to streamline training for new residents
 - The purpose is to serve as a guide for PGY1s and incoming PGY2s through direct mentorship and by providing resources
- Responsibilities
 - Participate in orientation debrief
 - Provide consultation to RPM & RPA on the orientation schedule (residency program manager will create schedule)
 - Communicate with new residency class regarding NAPLEX materials, resources and deadlines
 - Provide information on housing in Ann Arbor
 - Coordinate garage sale with outgoing and incoming residents
 - Organize resident office seating chart, share with RPM & label desks for incoming residents
 - Hosting tours during orientation
 - Organize resi-buddies
 - Organize an incoming-outgoing resident welcome event in June

PUBLICATIONS COMMITTEE

- Purpose
 - The Publications Committee submits one article for publication in the December issue of the MSHP Monitor (MSHP = Michigan Society of Health-

System Pharmacists, a publication of the Michigan Pharmacists Association). The Committee also develops the annual residency yearbook that is distributed to the department.

- Responsibilities
 - Develop and submit a MSHP Monitor article to MPA by November 1st
 - Create and distribute end of year alumni yearbook by **June 1st**

RESIDENCY TRIP (RESI-TRIP)

- Purpose
 - To coordinate the annual residency exchange program
 - To organize events to ensure the residency class spends time together outside of work
- Responsibilities
 - Coordinate the annual residency exchange (year-long activity) which includes planning/organizing the following:
 - Site
 - Budget
 - Dates
 - Transportation
 - Food
 - Social
 - Lodging
 - 2-3 preceptors to attend
 - Draft and present a ResiTrip proposal for the November C-RAC meeting
 - Draft and present a final ResiTrip report at the August C-RAC meeting.
 - See full planning guide in Dropbox

TREASURER

- Purpose
 - To manage the Resi Bank, used to fund activities throughout the year
- Responsibilities
 - Collect dues from each resident at the beginning of the year (\$20)
 - Manage and budget funds throughout the year for various activities

WELLNESS & COMMUNITY SERVICE COMMITTEE

- Purpose
 - To assist with coordinating and facilitating the RAC wellness initiative
- Responsibilities:
 - Propose dates for wellness days for approval at August C-RAC meeting.
 - 3 dates in the Fall and 2 dates in the Spring
 - The first wellness day will be the 3rd Friday of August each year. The committee will submit the other dates for C-RAC approval.
 - Day of the week should vary (i.e., wellness days should not always fall on Fridays)
 - Work with RPM to have wellness dates added to the internal residency website
 - Schedule and coordinate programming for resident wellness days + PRN events

- Two of the five wellness day activities MUST be community-service based that may be used to fulfill the required community service requirement.
 - **Reminder: PGY1 Pharmacy, PGY1 Community-Based, PGY1 Community-Based (Specialty Pharmacy setting), PGY1 HSPAL, PGY1 IDRP and PGY2 Ambulatory Care residents are required to participate in the student-led free clinic, and participation counts toward the required community service component. Other residents are welcome to participate as desired.**
- Act as liaison between wellness preceptors and resident class

CORRECTIVE ACTION AND DISMISSAL

(ASHP STANDARD 2.6)

Pharmacy residents are expected to perform and behave in a manner consistent with the expectations of all other U-M Health employees. If a resident breaches these expectations, the situation and resident will be managed in the same manner as any other U-M Health employee, which may include dismissal. Residents who are dismissed from the program will not receive a certificate of completion.

Preceptors should review the *Escalation Guidance for Pharmacy Resident Performance Concerns* document in [Appendix G](#). The document provides framework for intervention and support that promotes the resident’s growth and development while ensuring accountability within the pharmacy residency program. All level 3 concerns require involvement of the pharmacy department Human Resources Business Partner.

At a minimum, the following areas will be monitored and are subject to escalating corrective action:

- Attendance and time away from residency
- Unprofessional behavior, including, but not limited to
 - Failure to practice in accordance with state and federal drug laws
 - Failure to practice in accordance with the policies and procedures of the institution
 - Failure to communicate or collaborate with colleagues and/or preceptors when such is required for optimal patient care
- Learning experience evaluations and progression on goals and objectives
 - Failure to progress can be identified through quarterly evaluations, residency leadership or preceptor evaluations
 - Failure to make satisfactory progress in achieving the goals and objectives of the residency training program includes receiving a score of “needs improvement” on an objective more than 2 times
 - Preceptors should notify the RAC Mentor and RPD as soon as possible regarding any performance issues that arise during learning experiences
- Writing project (see responsibilities and deadlines in writing project section)
- Research project (see responsibilities and deadlines in in research project section).
- Theft and moral turpitude, including, but not limited to, the following:
 - Conviction for theft of a controlled substance or a felony is subject to immediate residency termination and dismissal.
 - Any inappropriate use of or access to patient information in the electronic health record system is subject to immediate resident termination and dismissal.

- Licensure
 - Corrective action will begin from 60-days of hire if pharmacist/controlled substance licensure is not obtained. Residents that are not licensed within 60 days are required to complete a licensure remediation plan (see [Appendix A](#) for template).
 - The resident will be dismissed from the program if licensure is not obtained by deadlines outlined in the licensure section.

SUPPLEMENTAL RESIDENCY EXPERIENCES

Residents may pursue longitudinal supplemental experiences that enhance their residency training, including certificate programs, elective coursework, and participation in grant-funded initiatives. These activities may be proposed by the resident, a preceptor, or the Residency Program Director (RPD) as part of individualized professional development planning.

Examples of Qualifying Experiences:

Eligible experiences may include enrolling in formal certificate or coursework not included in the core residency curriculum, applying for internal or external educational grants, etc.

Experiences Not Considered Supplemental:

The following are not considered supplemental experiences:

- Routine or expected components of the residency program (e.g., delivering an additional lecture, volunteering for a community service event, or participating in standard institutional service initiatives)
- Attendance at professional or specialty conferences (e.g., a PGY1 resident attending a specialty conference to present research or fulfill committee responsibilities) as these follow an existing approval process for funding and business travel.

Only elective activities that extend beyond established graduation should follow the supplemental opportunity approval process outlined below.

Approval Process:

All proposed supplemental experiences must undergo a formal review process to help ensure alignment with residency goals, support for professional growth, compliance with program and ASHP Standards and availability of sufficient resources.

To initiate the process, the proposing individual must complete the [Supplemental Opportunity Proposal and Approval Form](#), review it with the resident, and submit it to the next approving authority as outlined in Section 4 of the form.

VISITING RESIDENTS

Pharmacy residents from outside institutions may seek learning experiences at Michigan Medicine when such opportunities are not available at their home residency program.

Requests must follow the [Visiting Pharmacy Resident Learning Experience Procedure](#), with the Michigan Medicine Host (RPD or RAC-approved preceptor) submitting a formal proposal to the Colossal Residency Advisory Committee (C-RAC) at least six months in advance. Approval is based on capacity and prioritizes Michigan Medicine residents and University of Michigan College of Pharmacy students.

If approved, the U-M Host, Assistant Director of Education and Professional Development (or designee), RPM, RPA and DOPS Administrative Assistants/Liaisons will coordinate required agreements, onboarding, and training using the [Visiting Pharmacy Resident Learning Experience Procedure and Checklist](#) to document all necessary steps are completed.

Visiting residents must complete all institutional requirements and comply with Michigan Medicine policies. Visiting residents will not receive benefits such as salary and health benefits from U-M Health/Michigan Medicine during learning experience. Please refer to approved affiliation agreement for additional details. Experiences may be modified or terminated at any time by departmental or institutional leadership.

BENEFITS

SALARY

Each resident receives a competitive stipend. Residents will be paid the last working day of each month. Direct deposit can be set up through Wolverine Access.

HEALTH BENEFITS

The University of Michigan offers a menu of health benefit packages to pharmacy residents. Nominal fees may need to be paid to enroll in the residents' choice of a health plan.

Further details and answers to questions may be obtained from the U-M Shared Services Center.

JOB-INCURRED INJURIES

Residents must inform the RPM and RPD of work-related injuries as soon as possible after the incident and a report must be filed with [U-M Occupational Health Services](#) describing the incident.

Injuries sustained in Ann Arbor should be treated at the University Hospital Emergency Suite. Injuries sustained outside the city should be treated at the nearest medical facility. The University will not be responsible for incurred costs if treatment can be obtained at University Hospital but the injured staff member elects to receive treatment at another medical facility.

MISCELLANEOUS BENEFITS

Additional benefits such as gymnasium passes, free city bus transportation, and discounts on other goods and services are available to residents as University of Michigan staff and Clinical Instructors at the College of Pharmacy. A list of MCard discounts can be found in Wolverine Access.

RESOURCES AND TECHNOLOGY

(ASHP STANDARD 2.12)

OFFICE SPACE

Residents will be provided office space in the Victor Vaughan House (VVH), or at primary worksite for residents in the PGY1 Managed Care and PGY1 Community (Specialty Pharmacy

setting) programs. Offices should be kept clean and at a reasonable noise level that allows for appropriate concentration and limited distractions or interruptions.

COMPUTERS & PRINTERS

Residents will be provided with a laptop computer and charger to be used when on-site or when working remotely. Residents are welcome to use network printers in VVH or pharmacy and patient care areas for hospital-related business.

The RPA/RPM will maintain an inventory and roster of assigned laptops. Laptops must be returned to the RPA/RPM by the last day of the residency program in working order. **Issues or concerns with laptop function should be escalated to the RPA and RPM prior to the resident opening a ticket with Health Information Technology & Service (HITS).** Residents must notify the RPM & RPA if their laptop was exchanged or replaced by HITS so the laptop inventory roster can be updated.

Residents will have electronic access to various clinical information systems, databases and references. Orientation to these resources will occur in June/July.

USE OF ARTIFICIAL INTELLIGENCE

The ASHP position on the use of artificial intelligence (AI) in pharmacy states “pharmacists are responsible for determining which aspects of medication use and management are best handled by pharmacists, by artificial intelligence (AI), or by pharmacists who receive advice from AI-based systems.” It is further highlighted that education about and exposure to AI is necessary throughout all domains of pharmacy practice.¹ In alignment with these positions, preceptors are encouraged to afford residents opportunities to evaluate and use these tools appropriately in their practice.

Accordingly, the following guidelines are provided to residents and preceptors related to the use of AI in fulfillment of any residency requirements:

- Residents should not assume that AI tools, including U-M GPT or other [UM AI resources](#), may be used to complete any part of learning experience assignments.
- AI use must never supersede professional judgment. If a resident utilizes AI, it is crucial that it is employed as a supplemental resource, rather than a replacement for clinical and professional judgement.
- Residents must discuss with each preceptor if and how they may use AI tools to prepare deliverables and assignments. In addition, guidance for the specific experiences listed below is provided:
 - **Patient care activities (i.e. rotations, clinical staffing, code response):** residents may not use AI tools to prepare deliverables and assignments, including but not limited to clinical/patient care, topic discussions, case presentations, and other deliverables unless explicitly discussed with and approved in advance by the preceptor or RPD. If approved, AI tools must only be used as a supplemental resource and all AI generated recommendations must be reviewed with a preceptor prior to sharing with other members of the healthcare team. A preceptor or RPD should indicate when use of AI is not allowed during the learning experience orientation.

- **Longitudinal activities** (i.e., case conference, teaching, etc.): residents should only use AI as a supplemental resource. All recommendations provided by AI tools must be critically evaluated and validated prior to implementation or sharing with other healthcare team members.
- **Manuscripts:** initial drafts of manuscripts for the mandatory writing and research projects must be done without the use of AI to allow the preceptor to evaluate the resident's independent work. Subsequent use of AI can be at preceptor discretion and must take journal submission requirements about the use of AI into consideration.
- All policies related to confidentiality must be followed; no patient information should ever be shared with an external AI platform.
 - To avoid plagiarism or inappropriate use of AI, residents must acknowledge all AI-generated work by using highlighting, comments, track changes, reference citations, or other method acceptable to the preceptor to clearly delineate the parts of the assignment that are generated by an AI tool and not the resident's original work.

¹Schutz et al. ASHP Statement on the Use of Artificial Intelligence in Pharmacy. *AJHP*, Volume 77, Issue 23, 1 December 2020, Pages 2015-2018. <https://doi.org/10.1093/ajhp/zxaa249>

PAGERS & PAGING

Each resident will be provided with a pager. The paging system can be accessed via the MM Clinical Home Page. Professional behavior is expected when utilizing the paging system.

During longitudinal ambulatory care activities, pagers should be switched to preceptor coverage during clinic hours if prompt response will not be possible to pages. The respective medical team should be notified of the temporary coverage changes. Fellow residents will cover the code pager when the resident is assigned code coverage and is off-site. The residents have responsibility of arranging this coverage.

Pagers must be returned to the RPM / RPA by the last day of the residency program in working order. Residents staying on in the department may keep their pager.

TELEPHONE SYSTEM

For local calls: Dial "971" and then the phone number if within the pharmacy at the hospital. To call locally from the Victor Vaughan Building, dial "9" and then the phone number.
Long distance calls: May not be made on office phones unless directly related to work.

FAX GUIDELINES

Facsimiles may be sent and should be restricted to business use only.

PHOTOCOPYING

Residents may use the photocopying machine in the B2 pharmacy or in the copier rooms in the Victor Vaughan building for hospital-related business.

PROFESSIONAL POSTERS

Campus Computing offers a free, pre-order service for residents to print professional posters. The RPA will coordinate resident printing accounts to facilitate the process. Posters can be picked up at the Angel Hall Computing Site (Fishbowl) on Central Campus or Pierpont Commons Tech Shop on North Campus. Location details can be found on the [Campus Computing website](#). See the poster template on the residency website for suggested poster format.

GUIDELINES FOR PHARMACIST DOCUMENTATION IN THE MEDICAL RECORD

Pharmacists within University of Michigan Health are authorized to write in the Progress Notes section (under Medication Management and Pharmacy Note templates) of the patient medical record in the following circumstances:

- Documentation of patient-specific clinical activities, including patient counseling and education
- Provision of patient-specific pharmaceutical information and drug therapy monitoring and detection of potential adverse drug reactions and drug interactions as the result of solicited or unsolicited consultations
- Pharmacokinetic and Anticoagulation Pharmacy provided service
- Entries in the patient medical record shall be made only by pharmacists licensed in the State of Michigan. Pharmacy students and unlicensed pharmacy residents may write in the medical record providing that a licensed pharmacist reviews and co-signs each notation.
- Notations by pharmacists shall be entered in the Progress Notes section of the medical record in an approved template.

APPENDICES

APPENDIX A: LICENSURE REMEDIATION PLAN TEMPLATE

Residents that are not licensed within 60-days from the program start date are required to develop a written action outlining how licensure will be obtained prior to the mandatory deadline. The plan should also include the reasons for delayed licensure, actions taken, impact on schedules and activities, expected timeframe and plan for RPD check-ins. Please see the UMH residency manual for complete licensure requirements and deadlines.

The resident must review the initial plan with their residency program director (RPD) and email the finalized plan to C-RAC and the RPM. The resident must meet with the RPD at least every other week to discuss progress and an updated plan must be submitted to C-RAC monthly.

If resident does not obtain licensure within the timeframe defined by written plan, discipline up to and including termination may occur.

Resident: _____
 Residency Program: _____
 Program Start Date: _____
 Residency Program Director: _____
 College/School of Pharmacy: _____
 Graduation Date: _____

	Exam #1		Exam #2		Exam #2	
	Date	Result	Date	Result	Date	Result
NAPLEX						

Reason(s) for delayed licensure:

Actions taken (or to be taken) to expedite licensure:

Impact to activities and schedules with planned resolutions:
(resolution must include a plan to make-up required weekend and/or holiday staffing shifts)

Schedule Type	Impact	Resolution
Orientation	▪	▪
Weekend/Holiday Staffing	▪	▪
Learning Experience	▪	▪

Anticipated timeline for licensure:

RPD check-in dates:
(Resident must schedule/initiate check-ins every other week (at a minimum) to ensure items addressed in the plan are completed)

Plan type:	Date of RPD review:	Date of C-RAC review:
<input type="checkbox"/> Initial		(RPM use only)
<input type="checkbox"/> Update		

APPENDIX B: OFF-SITE LEARNING EXPERIENCE REQUEST FORM

Instructions: For each new off-site LE and pre-existing off-site rotation LE, the RPD must fill out the following form and forward it to the C-RAC Chair. The RPD will present the request at the **August** C-RAC meeting. Note: the resident is responsible for all travel expenses to the host site.

Resident Name: _____
Residency Program: _____
RPD: _____

Information for Requested Off-Site LE:

Learning Experience Title: _____
Site / Location: _____
Preceptor Name: _____
New or Existing Off-Site LE Offering? * _____

*Existing = there is already an affiliation agreement between U-M Health and other site that has been approved by U-M Health legal team

<p>▪ Explain the rationale for the off-site LE vs. a U-M Health site:</p>
<p>▪ What options have been explored in the attempt to find a similar experience at a UMH site?</p>
<p>▪ What role will the resident have during the off-site LE (observer vs. active pharmacist)?</p>
<p>▪ How will the RPD evaluate the quality of preceptorship received at the off-site LE?</p>
<p>▪ Describe the impact on the resident’s other responsibilities if the off-site LE is approved (including but not limited to weekend/weekday staffing, on-call, case conference or code obligations)</p>

APPENDIX C: SEMINAR EVALUATION FORM

Evaluator Name: _____
Presentation Title: _____ **Date:** _____
Speaker: _____

Scale:
 Unacceptable Needs extensive improvement, does not meet expectations
 Needs improvement Meets some expectations, but often falls short
 Meets expectations Meets all expectations consistently
 Exceeds expectations Meets and exceeds most expectations
 Exceptional Exceeds all expectations

	Score	Comments
Presentation Skills		
Clear and well-paced speech (volume, pronunciation, articulation, pace)		
Natural delivery (spoken, no read; minimal filler words or distracting mannerisms)		
Effective presence (eye contact, non-verbal communication)		
Audience engagement (maintained interest and connection)		
Presentation Content		
Organization and flow (clear purpose and logical structure with smooth transitions, effective introduction and conclusion)		
Content quality (relevant, well-supported content tailored to audience and time; emphasized impact on patient care or organization)		
Subject mastery (demonstrated ownership and expertise; confidently and accurately addressed questions)		
Project value (provided meaningful insights with strong potential for improving care or organizational outcomes)		
Visuals (slides were clear, professional and enhanced understanding – visually appealing, error-free, appropriate use of visuals)		
Credibility (information was unbiased and properly referenced)		

APPENDIX D: TEACHING EVALUATION FORM (OPTIONAL)

Feedback on GSI and Fellow/Resident Course Performance

Instructor's Name: _____ Course Name: _____
 Lecture Title: _____ Date: _____

Direct Classroom Teaching				
The GSI/Fellow/Resident...	Done	Needs Improvement	Not Done	N/A
Demonstrates command of the classroom <ul style="list-style-type: none"> Effectively holds class attention Manages disruptive behavior constructively Manages classroom time efficiently Gives clear and concise directions 				
Uses attending behaviors effectively <ul style="list-style-type: none"> Good eye contact Employs an appropriate rate of speech Has a relaxed but attentive posture Moves about the room 				
Conducts self in a professional and confident manner <ul style="list-style-type: none"> Is enthusiastic and confident in explaining the subject matter Appears knowledgeable Tone is professional and academic 				
Answers questions clearly and effectively <ul style="list-style-type: none"> Repeats student questions so all can hear Checks for student understanding Provides clear and comprehensive explanations when required Tells the class that he/she will follow-up on questions if necessary 				
Creates an engaging environment where students openly ask questions and give their own ideas and opinions <ul style="list-style-type: none"> Creates an inclusive space for students to speak Ensures an effective balance between student discussion and faculty lecturing Prevents or terminates discussion monopolies Is sensitive to individual interests, abilities, and experiences 				
Contributes to a positive climate with students in the classroom <ul style="list-style-type: none"> Demonstrates patience in helping students understand difficult concepts Corrects student mistakes in a non-threatening manner and recommends additional information to benefit all learners 				
Ensures learning activities align with material being taught <ul style="list-style-type: none"> Coordinates learning content with instructional objectives 				
Logical Tasks				
The GSI/Fellow/Resident...	Done	Needs Improvement	Not Done	N/A
Is prepared for classroom lecture or activities <ul style="list-style-type: none"> Has necessary lecture materials ready at the beginning of the classroom session (e.g. PowerPoint presentations, lecture handouts, quizzes, etc.) Is prepared for recitation sessions 				

<ul style="list-style-type: none"> ▪ Is prepared for lab sessions 				
Demonstrates accountability <ul style="list-style-type: none"> ▪ Meets deadlines in grading ▪ Meets deadlines for content preparation ▪ Holds office hours, if required 				
Follows through with teaching tasks <ul style="list-style-type: none"> ▪ Responds to student questions in a timely manner ▪ Responds to faculty member and/or other instructors in a timely manner 				

List the major strengths of this GSI or fellow/resident:
List at least 2 areas where you feel the GSI or fellow/resident can improve:
Additional comments:

Observer's Signature _____ Date: _____

Observer's Printed Name: _____

APPENDIX E: PRECEPTOR DEVELOPMENT PLAN

Name & Credentials:		
Mentor Name*:		
PGY1 learning Experience(s) and program(s) to be precepted:		
PGY2 learning experience(s) and program(s) to be precepted:		
Other learning experiences to be precepted or role: (i.e., research project mentor, RAC mentor)		
Review of Preceptor Orientation Presentation (hosted by Preceptor Appointment Committee)	Date reviewed:	
Evaluations	<input type="checkbox"/> Modeled at least one verbal formative feedback session with Mentor	Date:
	<input type="checkbox"/> Completed at least one PharmAcademic evaluation with Mentor	Date:
Preceptor Eligibility	PGY1 Preceptors (select 1):	
	<input type="checkbox"/>	Completed an ASHP-accredited PGY1 residency program AND ≥ 1 year of pharmacy practice experience <u>in area precepted</u>
	<input type="checkbox"/>	Completed an ASHP-accredited PGY1 residency AND PGY2 residency program AND ≥ 6 months of pharmacy practice experience <u>in area precepted</u>
	<input type="checkbox"/>	At least 3 years of pharmacy practice experience <u>in area precepted</u> if have not completed an ASHP-accredited residency program (or if completed PGY2 program in area different from area precepted)
	PGY2 Preceptors (select 1):	
	<input type="checkbox"/>	Completed an ASHP-accredited PGY2 residency program AND ≥ 1 year of pharmacy practice experience <u>in area precepted</u>
	<input type="checkbox"/>	At least 3 years of pharmacy practice experience <u>in area precepted</u> if have not completed an ASHP-accredited residency program (or if completed PGY2 program in area different from area precepted)
Preceptor Qualifications: Please review and list examples of preceptor qualifications per the ASHP Standard. <i>See ASHP Standard and guidance document for allowable evidence & additional details.</i> <i>Evidence of qualifications must be:</i> <ul style="list-style-type: none"> ● AFTER licensure ● AFTER completion of residency training (exception: teaching certificate) ● WITHIN the last 4 years of practice 	Content knowledge/expertise in the area(s) of pharmacy practice precepted (ASHP Standard 4.6.a): <u>Evidence of qualifications (at least 1, more encouraged):</u> <ul style="list-style-type: none"> ● 	
	Contribution to pharmacy practice in the area(s) precepted (ASHP Standard 4.6.b): <u>Evidence of qualifications (at least 1, more encouraged):</u> <ul style="list-style-type: none"> ● 	
Preceptor Development Sessions	Attendance at Preceptor Development Session (at least 1 annually) <u>Presentations attended (topic/date):</u> <ul style="list-style-type: none"> ● 	

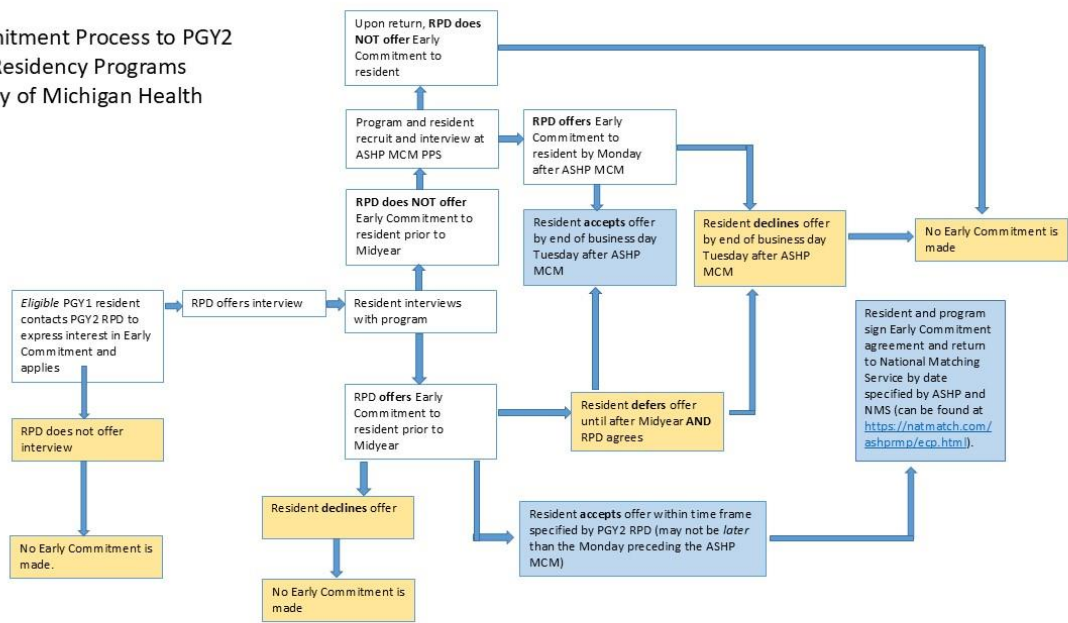
*Mentor = a RAC-approved preceptor in your area of specialty. If unable to find a mentor, contact the RPD of the program you'll precept in to assist.

	OPPORTUNITY #1	OPPORTUNITY #2	OPPORTUNITY #3
Opportunities for Growth (i.e., qualifications not met)			
Action Plan for Opportunities (i.e., activities to be completed, anticipated timeline)			
Progress Update			
Preceptor Self-Evaluation	Date:	Date:	Date:
	Comments:	Comments:	Comments:
Mentor Comments	Date:	Date:	Date:
	Comments:	Comments:	Comments:

Once all eligibility and qualifications criteria are met, the pharmacist should email the preceptor appointment committee (pharm-preceptorappoint@med.umich.edu) to begin the formal review process. See the Preceptor Appointment & Reappointment Procedure section for full details.

APPENDIX F: EARLY COMMITMENT WORKFLOW

Early Commitment Process to PGY2 Pharmacy Residency Programs at University of Michigan Health



* RPD – Residency Program Director

APPENDIX G: ESCALATION GUIDANCE FOR PHARMACY RESIDENT PERFORMANCE CONCERNS

The following steps are intended to provide a framework for intervention and support that promote the resident's growth and development while ensuring accountability within the pharmacy residency program.

Level 1: Initial Feedback and Support

Direct Preceptor Intervention

- **Purpose:** Address performance concerns promptly and constructively.
 - Example concerns: failure to meet project deadlines, insufficient work quality, unpreparedness for work, inability to cope with excess stress, poor time management skills.
- **Approach:** Conduct a private meeting with the resident to discuss observed performance issues.
- **Actions:**
 - Review specific examples highlighting areas for improvement.
 - Provide constructive feedback and specific strategies for improvement.
 - Offer additional resources, training, or mentorship
 - Schedule and facilitate frequent formative feedback sessions to assess for improvement. Sessions should include resident self-reflection on progress.
 - Document formative feedback provided to the resident in PharmAcademic.
 - Select resident, then click green "Provide Feedback to Resident" button

Level 2: Involvement of Residency Leadership

- **Involvement of RAC Mentor and/or RPD**
 - **Purpose:** Seek higher-level support and intervention if performance issues persist.
 - **Approach:** Discuss ongoing performance concerns with RAC Mentor and/or RPD
 - **Actions:**
 - Review performance concern(s), feedback provided and steps taken to date.
 - Collaborate on potential interventions and strategies.
 - Discuss program modifications or additional support mechanisms.
 - Develop written action plan to include to outline reason(s) for performance concerns, expected behaviors/performance, and timeline to address identified concerns.
 - Schedule weekly check-ins to monitor progress, offer support, and adjust the plan as needed

Level 3: Performance Improvement Plan (PIP)

- **Develop a Formalized Plan with Human Resources**
 - **Purpose:** Establish a structured roadmap for improvement
 - **Approach:** Develop written plan using PIP template (see internal website for template)

- **Actions:**
 - The resident, RAC mentor, affected preceptors/mentors, RPD and Human Resources will develop a Performance Improvement Plan (PIP) outlining:
 - Clear and achievable goals.
 - Defined timelines and benchmarks for improvement.
 - Specific actionable steps and strategies.
 - Schedule weekly check-ins to monitor progress, offer support, and update the plan.
 - If the resident does not demonstrate progressive improvement or if a more serious incident occurs during any portion of the performance improvement period, further disciplinary action could take place up to and including discharge.

[Additional Preceptor & Resident Resources](#)

ASHP Preceptor Toolkit

- *Podcast:* [Teaching to Teach: The 4 Preceptor Roles for Residents](#)
- *Article:* [Starring roles: The four preceptor roles and when to use them](#)
- *Infographic:* [Tips for Generational Learning](#)
- Additional resources available for ASHP Members (requires log-in)

ASHP Well-Being and Resilience Guide for Pharmacy Residency Programs

- Aims to support the mental health, wellness, and resilience of pharmacy residents.
- Offers guidance and strategies to help residency programs create environments that prioritize the well-being of their residents.

Mentoring Resources - ASHP (ashp.org)

- ASHP Mentoring Resources offer a platform designed to facilitate mentorship opportunities within the pharmacy profession.

Michigan Medicine Office of Counseling and Workplace Resilience

- Provides confidential, short-term counseling, consultation and support to all MM faculty and staff.
- Phone: 734-763-5409 or
- Email: counseling@med.umich.edu

PROGRAM SPECIFIC APPENDICES

PGY1 COMMUNITY-BASED PHARMACY

Program Director: Jennifer Baldrige, PharmD, BCACP, DPLA

Program Description

The PGY1 Community-Based Pharmacy Residency is a 12-month program designed to build knowledgeable, confident pharmacy practitioners equipped to deliver high quality patient care in the community and ambulatory care settings. The program is built to adapt to resident's future plans and current needs. The purpose of the program is to build upon Doctor of Pharmacy (PharmD) education and outcomes to develop pharmacist practitioners with knowledge, skills, and abilities as defined in the educational competency areas, goals, and objectives. Residents who successfully complete PGY1 residency programs will be skilled in diverse patient care, practice management, leadership, and education, and be prepared to provide patient care, seek board certification in pharmacotherapy (i.e., BCPS), and pursue advanced education and training opportunities including postgraduate year two (PGY2) residencies.

Graduation Requirements:

Please see the [PGY1 Community-Based Pharmacy Graduation Requirements Checklist](#) for a complete list of all graduation requirements and deliverables.

Rotations

The community pharmacy resident participates in a combination of required and elective rotations, customized to align with their interests in both content and duration. Most rotations follow a longitudinal format where the resident and preceptor typically meet weekly.; Rotations scheduled in a 4-week block generally include Orientation, Adult Internal Medicine, and Medication Use Policy. See the list of required and elective rotations below for recurring time commitment per rotation.

December is designated as Project Month—no rotations are scheduled during this time, but the resident is still required meet their staffing requirement during this month (see staffing responsibilities section below).

Required Rotations

- Orientation for Community Pharmacy Practice (1 month, July)
- Adult Internal Medicine (1 month, January)
- Ambulatory Care Administration (5 months, 4 hours per week)
- Ambulatory Care Clinic - Primary Care (4 months, 4 hours per week)
- Community Pharmacy Practice, Proposal, & Implementation (10 months, 4 hours per week)
- Community Pharmacy Staffing (12 months, 22 weekends rotated every other week)
- Health and Wellness (4 months, 4 hours per week)
- Immunization and Population Health (4 months, 2 hours per week)
- Medication Safety & Quality (3 months, 1 hour each week)
- Medication Use Policy (1 month, meets Monday, Tuesday and Wednesday)
- Michigan Collaborative for Type 2 Diabetes & Clinic (10 months, 4 hours per week)

- Professional Commitment - Organizations and Committees (10 months)
- Research Project (12 months)
- Teaching – College of Pharmacy (1 semester)
- Transitions of Care Clinic – Geriatrics (4 months, 4 hours per week)
- Writing Project (12 months)

Elective Rotations

- Ambulatory Care Clinic – Primary Care & BP (5 months, 4 hours per week)
- Anticoagulation/Cardiovascular Medicine (4 months, 4 hours per week)
- Medication Therapy Management (MTM) (5 months, 4 hours per week)
- Specialty Pharmacy (5 months, 4 hours per week)
- Teaching - College of Pharmacy Elective (1 semester)
- Transitions of Care – Practice Management (5 months, 4 hours per week)
- Transplant (Lung) (4 months, 4 hours per week)

Example longitudinal rotation schedule:

PGY1 Community-Based Resident Sample Schedule						
Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Community Pharmacy Staffing	Immunization and Community Wellness	Ambulatory Care Clinic	Teaching – College of Pharmacy	Ambulatory Care Administration	Staff every other weekend* 7:00 am – 5:00 pm	Staff every other weekend* 8:00 am – 4:00 pm
	Specialty Pharmacy	Pharmacy Administration	Transitions of Care Clinic - Geriatrics	Health and Wellness		

Staffing Responsibilities:

Community-based residents will provide a service component of, on average, two weekends per month, for a total of 22 weekends, with 2 training weekends practicing in a health-system community pharmacy. All residents are expected to work one minor holiday (Labor Day, Friday after Thanksgiving, or Memorial Day), one major holiday (Thanksgiving, Christmas, New Year’s Day), and two gap days between Christmas and New Year’s during their residency year. If the pharmacy is not open on the day of the holiday the resident can be scheduled before and/or after the holiday as needed. Resident may be scheduled for back-to-back weekends when a holiday falls near their regular weekend rotation.

Responsibilities while staffing include:

- Processing prescriptions
- Paging prescribers regarding dose recommendations, dose changes, or prior authorizations
- Filling prescriptions
- Checking prescriptions efficiently and accurately
- Counseling patients
- Following the legal and regulatory requirements of the pharmacy
- Managing the staff on shift, ensuring all positions are staffed appropriately
- Staffing independently and utilizing on-call backup plans as appropriate

Call-Off Procedure

If a resident is unable to report for their scheduled shift, they should first contact fellow residents assigned to the area to explore the possibility of switching shifts. If a switch cannot be arranged, the resident must notify the pharmacist they are scheduled to work with and call the Taubman Pharmacy internal line at 734-615-3931 to report their absence. The resident will contact the staffing preceptor the next business day for awareness of the call in or shift switch.

PGY1 COMMUNITY-BASED PHARMACY (SPECIALTY)

Program Director: Melissa Pleva, PharmD, MBA

Program Description

The PGY1 Community-Based Pharmacy Residency (Specialty) is a one-year program designed to build knowledgeable, confident pharmacy practitioners equipped to deliver high-quality patient care in the Health System Specialty Pharmacy setting. Graduates of this program will demonstrate the understanding, tools, and skills to build clinical practices in under/undeveloped sites. They will be well-positioned to enter practice as community or specialty pharmacy leaders or go on to complete ASHP PGY2 Specialty Practice Residencies in Ambulatory Care.

The program is built to adapt to the resident's future plans and current needs. The purpose of the program is to build upon the Doctor of Pharmacy (PharmD) education and outcomes to develop pharmacist practitioners with knowledge, skills, and abilities as defined in the educational competency areas, goals, and objectives. Residents who successfully complete the PGY1 Community-Based Pharmacy Residency (Specialty) will be skilled in diverse patient care, practice management, leadership, and education, and be prepared to provide patient care, seek board certification (i.e., BCPS, CSP), and pursue advanced education and training opportunities including postgraduate year two (PGY2) residencies.

Rotations

The PGY1 Community-Based Pharmacy (Specialty) resident will experience a mix of required and elective rotations tailored to their interest. Rotations are a mix of longitudinal and block experiences. See the list of available required and elective rotations at [this link](#).

The residency primary practice site is the UMH Pharmacy Joy Rd. Service Center, located at 7300 W. Joy Rd., Dexter, MI 48130, which houses the UMH Specialty Pharmacy. The Joy Rd. Service Center is 11 miles from the main medical center campus and offers ample free parking and is **not** accessible by public transportation.

Alternate sites for required or elective rotations:

Main Medical Campus (University Hospital/Pavillion/Children's and Women's [CW] Hospital/Cardiovascular Center [CVC]/Taubman Center/Rogel Cancer Center): 1500 E. Medical Center Dr. Ann Arbor, MI 48103

East Ann Arbor Health and Geriatrics Center: 4260 Plymouth Rd. Ann Arbor, MI 48109

U-M College of Pharmacy: 1007 E. Huron St., Ann Arbor, MI 48104 (walking distance from main medical campus)

Rotations at sites other than the Joy Rd. Service Center are designated in the [rotation list](#). Travel to alternative sites is not provided or reimbursed by the program.

Staffing Responsibilities

Community-based residents will provide a service component of, at a minimum, the equivalent of 38 days of live staffing. This will consist of 10 weekends in the UMH Community Pharmacies (4 hours at East Ann Arbor on Saturdays, 8 hours at Taubman on Sundays) and 18 weekdays in the UMH Specialty Mail Order Fulfillment Pharmacy (10-hour shifts).

All residents are expected to work one minor holiday (Labor Day or Memorial Day) and one major holiday (Thanksgiving, Christmas, New Year's Day) during their residency year. If the pharmacy is not open on the day of the holiday the resident will be scheduled on any weekend days associated with the holiday and may be scheduled on a weekday before and/or after the holiday as needed.

On Call Responsibilities

Specialty Pharmacists provide after-hours and weekend on-call coverage from home for questions from patients as part of our service requirements to meet Specialty Pharmacy accreditation requirements. The PGY1 resident will take call for a total of 2 weeks during the second semester of residency.

- A Specialty Pharmacist back-up will always be available to support the resident with any call they would like reviewed by a Specialty Pharmacist in the moment. The on call back up pharmacist will retrospectively review and provide feedback on all calls managed by the resident at a minimum.
- On call weeks will be scheduled in conjunction with staffing and rotation responsibilities in a manner that ensures the resident maintains at least one day in seven free of duty, when averaged over four weeks.
- Time spent responding to on call questions will be tracked and accounted for as duty hours.
- If on call responsibilities result in fatigue or sleep deprivation that impact the ability for the resident to safely perform responsibilities during duty hours, the resident can arrange an alternate schedule with the RPD on a case-by-case basis (e.g. take time off from rotation to sleep and offset rotation time missed at another time).

Graduation Requirements

Please see the [PGY1 Community-Based Pharmacy Residency \(Specialty\) graduation requirements checklist](#) for a complete list of all graduation requirements and deliverables.

PGY1 MANAGED CARE – UNIVERSITY OF MICHIGAN PRESCRIPTION DRUG PLAN (UMPDP)

Program Director: Stephen Lott, PharmD, MS

Introduction & Background

The PGY1 Managed Care Residency Program at the University of Michigan Prescription Drug Plan (PDP) offers a unique experience working in the pharmacy benefits world from a payer perspective. The PDP PGY1 residency program abides by the standards set forth by the ASHP Accreditation Standard for Postgraduate Residency Programs. The pharmacy benefit team interacts with world-renowned experts in the fields of medicine, pharmacy and managed care to achieve the best mix of state-of-the-art care and cost-effectiveness. In many instances, we work with subject matter experts within our organization who are pivotal in the drug research, development, and approval process. By collaborating with clinicians and academics, we obtain the unique perspective that only a few managed care residencies can offer.

The University of Michigan PDP manages and administers prescription drug benefits for university staff, faculty, retirees and dependents. The plan is self-administered by the Benefits Administration Office, which allows the university to closely manage an evidence-based quality prescription drug benefit in a fiscally responsible manner.

The PDP covers outpatient drugs for more than 124,000 members, including faculty, staff, retirees, and dependents, at three campuses and throughout Michigan Medicine. The PDP collaborates with University of Michigan Health, which includes pharmacies, hospitals, and clinics throughout Michigan. The PDP also collaborates with the University of Michigan's College of Pharmacy with didactic teaching opportunities, hands-on patient-care learning experiences, and research initiatives.

Purpose

The University of Michigan PDP PGY1 Managed Care Residency Program prepares the resident to be proficient in several areas of managed care pharmacy, including formulary management, pharmacy benefit design, clinical program development, drug use management and drug information communications.

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

Residents completing this program will be qualified and confident to practice as managed care pharmacists in a variety of managed care practice settings including, but not limited to, health plans, pharmacy benefit management organizations, pharmaceutical manufacturers, and consultants.

Mission

The mission of the University of Michigan's PDP PGY1 Managed Care Residency Program is to facilitate the pursuit of professionalism, personal excellence, and leadership resulting in managed care pharmacists that are competent and well prepared.

Program Structure

The PDP PGY1 Managed Care Residency Program is a 52-week program designed to allow the resident the ability to achieve every objective required for completion of the residency. The PGY1 Managed Care Residency Program takes place in a hybrid work environment, with a mix of on-site and off-site (remote) work. All on-site learning experiences (LEs) are completed at a University of Michigan location, including Michigan Medicine hospitals and clinics, the College of Pharmacy, and the Benefits Administration Office.

Required Learning Experiences

The managed care resident has a mix of concentrated and longitudinal required learning experiences (LEs), with two four-week blocks reserved for electives that will be determined based on the resident interests and preceptor availability.

Concentrated Learning Experiences

- Orientation and Managed Care Basics (1 month, 5 days per week)
- Pharmacy Networks and Vendor Relations (1 month, 4 days per week)
- Formulary Management and Business Analytics (1 month, 4 days per week)
- Quality Standards and Population Health (1 month, 4 days per week)
- Pharmacy Innovations and Partnerships (Concentrated) (1 month, 3 days per week)
- Clinical Program Development I: Traditional and Ambulatory Care Services (2 months, 4 days per week)
- Specialty Pharmacy (Concentrated) (1 month, 3 days per week)
- Clinical Program Development II: Specialty Pharmacy and Outcomes (2 months, 4 days per week)

Longitudinal Learning Experiences

- Academia (4 months, 0.5 days per week)
- Outpatient Pharmacy Operations (4 months, 0.5 days per week)
- Pharmacy Innovations and Partnerships (Longitudinal) (3 months, 0.5 days per week)
- Professional Development and Committee Involvement (12 months, 0.25 days per week)
- Specialty Pharmacy (Longitudinal) (3 months, 0.5 days per week)
- Research Project I (3 months, 0.25 days per week)
- Research Project II (4 months, 0.5 days per week)
- Research Project III (3 months, 0.25 days per week)
- Writing Project (11 months, 0.25 days per week)

Elective Concentrated Learning Experiences

- Oral Oncology (1 month, 3 days per week)
- Health-System Pharmacy Administration (1 month, 3 days per week)

Additional elective learning experiences may be generated pending UM Health PGY1 preceptor availability and resident interest.

Staffing and On-Call Responsibilities

While completion of the “Staffing Outpatient Pharmacies” longitudinal learning experience is required, with 0.5 days per week throughout the duration of the experience, there is no defined number of staffing days required for program completion. Likewise, the PDP PGY1 Managed Care pharmacy resident will not be required to participate in a traditional “on-call” program.

Holidays and Vacation

The PDP PGY1 managed care pharmacy resident is entitled to the seven official university holidays: Independence Day, Labor Day, Thanksgiving and the day following, Christmas Day, New Year’s Day and Memorial Day. The PDP PGY1 managed care pharmacy resident is not required to work on any university holidays. The PDP PGY1 managed care pharmacy resident is not entitled to the season days offered to campus faculty and staff. Vacation days may be used for residents who observe holidays other than official university holidays.

The PDP PGY1 managed care pharmacy resident may follow the vacation request procedures of the PDP team except during rotations at Michigan Medicine or the College of Pharmacy. During those LEs, the resident will follow the procedure described in the common Residency Program Manual. All vacation days and absences shall be reported to the RPD so that all duty hours can be tracked.

Travel Requirements

The PDP PGY1 managed care pharmacy resident will be able to attend up to three national conferences (ASHP Midyear, AMCP Nexus, or AMCP Annual Meeting), as well as a regional pharmacy residency conference. In years where the AMCP Annual Meeting is scheduled next to or during the regional pharmacy residency conference, the resident will attend the AMCP Annual Meeting pending approval to miss the regional pharmacy residency conference from the U-M Health’s Colossal Residency Advisory Committee (C-RAC)

Requirements for Program Completion

Please see the [PGY1 Managed Care \(UMPDP\) Graduation Requirements Checklist](#) for a complete list of all program requirements and deliverables.

Residency Advisory Committee

The RPD of the PDP PGY1 residency program participates in U-M Health’s Colossal Residency Advisory Committee (C-RAC). In addition to the C-RAC, the PDP PGY1 residency program has a program RAC (RAC-PDP). The preceptors and PDP RPD meet monthly, or more often if needed, to discuss matters directly related to the program. Issues that require attention from the C-RAC are included on their meeting agenda as requested. The typical monthly RAC-PDP meeting will consist of a 30-minute meeting with the pharmacy resident, resident, and RPD, followed by a 30-minute meeting with the preceptors and RPD. Meeting minutes will be documented following each RAC-PDP meeting.

PGY1 PHARMACY & PGY2 HEALTH SYSTEM PHARMACY ADMINISTRATION AND LEADERSHIP

Program Director: John Clark, PharmD, MS, BCPS, FASHP

Program Coordinators: Andrew Lucarotti, PharmD, MBA, DPLA; Lindsey Clark, PharmD, MBA, DPLA

Description of Program

This PGY1/PGY2 combined Health-System Pharmacy Administration and Leadership (HSPAL) residency program is designed to prepare residents to become successful pharmacy leaders by providing a wide array of experiences with leaders in pharmacy administration, renowned clinicians, and world class experts in research, education, and population health. Upon completion of the program, residents will be prepared to accept leadership positions in settings throughout the healthcare enterprise. After the 2-year residency, University of Michigan Health has implemented a third-year fellowship experience for those completing a dual MBA program (please see [HSPAL Fellowship Year Information](#)).

Requirements for Graduation

- Please see the [PGY1/PGY2 HSPAL](#) graduation requirements checklist for a complete list of all graduation requirements and deliverables.
- **PGY1 HSPAL residents are required to spend two thirds or more of the program in direct patient care activities.**

Due to the nature of some longitudinal administrative projects that HSPAL residents may undertake (i.e.: implementing and evaluating a program or service) the HSPAL resident projects may span a period of up to 2 years. A defined plan and timetable for the project must be established and the specific progress expected by the end of the first year must be determined by the project mentor. Otherwise, all other requirements for the project remain the same as for other residents as outlined in the manual.

Required and Elective Rotations

PGY1 Required and Elective Rotations		
Required		Longitudinal activities/projects
<u>1 month, unless otherwise noted</u>		Research project and presentation
Orientation	Critical Care	
Adult Internal Medicine	Medication Use Policy	
Ambulatory Care (some rotations are offered longitudinally, see list in the PGY1 program structure document)	Pharmacy Practice Management	
Professional writing project and pharmacist continuing education presentation		Weekly HSPAL topic discussion
Weekly HSPAL topic discussion		
Elective rotations (3 x 1 month each)		
Pharmacy Operations		<u>Attendance and participation on following committees, as time allows:</u> Pharmacy Management Team Pharmacy Enterprise Executive Council Professional Organization Involvement (<i>optional</i>)
Direct patient care electives		
Pharmacy Practice Management II		

PGY2 Required and Elective Rotations			
Required rotations		Longitudinal activities/projects	
<u>4 weeks</u>		Coursework for MBA (if enrolled) Weekly HSPAL Topic Discussions	
Acute Care Pharmacy Leadership I			
Ambulatory Care Pharmacy Leadership I			
Acute Care Pharmacy Leadership II			
Ambulatory Care Pharmacy Leadership II			
Executive Pharmacy Leadership			
Pharmacy Supply Chain			
Technology in Leadership			
Longitudinal rotations		<u>Attendance and participation on following committees*</u>	
<u>5-6 months</u>		Pharmacy Management Team	
Health System Education			
<u>12 months</u>		Pharmacy Enterprise Executive Council Medication Safety Committee	
Financial Management (budgeting & variance reporting)			
Human Resource Management		Pharmacy & Therapeutics Committee	
Departmental and Institutional Leadership and Personal and Professional Development			
Process Improvement		Clinical Practice Committee	
Staffing and On-Call Activities of the Residency (SOAR)		Medication Distribution Workflow Committee	
Committee Leadership		Professional Organization Involvement (optional)	
Medication Safety			
Elective rotations (2)			
<u>4 weeks</u>			
Adult Hospitals Leadership	Children and Women's Hospital Leadership	Emergency Services Leadership	Community Pharmacy Leadership
Specialty Pharmacy Leadership	Infusion Pharmacy Leadership	Home Infusion Leadership	Research Pharmacy Leadership
Medication Use Systems Leadership	Informatics Leadership	Compounding Compliance Leadership	Pharmacy Quality, Regulatory, Safety, and Compliance Leadership
Medication Safety	Pharmacy Analytics		

Staffing Requirements

	PGY1*	PGY2
Weekend Staffing	21 weekends	15 weekends

Holiday & Gap Day Staffing	<ul style="list-style-type: none"> ▪ 1 major holiday (5-day block) ▪ 1 minor holiday (3-day block) ▪ 2 days between Christmas and New Years (1 staffing, 1 project) 	<ul style="list-style-type: none"> ▪ 1 major holiday (5-day block) ▪ 1 minor holiday (3-day block) - Independence Day ▪ 2 days between Christmas and New Years (1 staffing, 1 project)
Required Operations	N/A (offered as an elective 4-week experience)	20 weekdays

*includes 2 training weekends

On-Call Requirements

PGY1	PGY2
None	<ul style="list-style-type: none"> ▪ Technician supervisor on-call pager – 1 week ▪ Administrator on-call pager – 3 x 1-week blocks (2 learning weeks and 1 live week) ▪ Acute Care Pharmacist Call-In Pager (up to 4 weeks)

Meeting Attendance

- Clinical Practice Committee* (PGY1 year – required during admin rotations)
- Medication Distribution Workflow Committee* (PGY1 year – required during admin rotations)
- Regulatory Readiness Policy Compliance Committee (optional in 1st year, required to attend 3 meetings in second year)
- Medication Safety (optional)
- Pharmacy & Therapeutics (optional)
- Management team (optional)
- Pharmacy Enterprise Executive Council^ (required in PGY2 year)
- Professional Society Committee Involvement (optional)
- HSPAL Topic Discussions and Coffee Talks& (required)

*Co- Chair during PGY2 for six months in each Clinical Practice Committee and Medication Distribution Workflow Committee. Residents switch half-way through the year.

^Rotating secretary in PGY2

&Scheduled by PGY2 residents

Conference/Travel Support

- PGY1
 - ASHP Midyear Clinical Meeting - December - 5 days
 - Great Lakes Pharmacy Resident Conference - April - 3 days (Present Research Project)
 - Residency Trip - May – 2-3 days
- PGY2
 - Pharmacy Administrative Resident Exchange- July/August - 3 days (If meeting occurs)
 - ASHP Leaders Conference - Oct - 3 days
 - ASHP Midyear Clinical Meeting - December - 5 days

- Great Lakes Pharmacy Resident Conference - April - 3 days (Present Improvement Project)
- Fellowship Year
 - Requests similar to other manager, as appropriate

PGY1/2 Requirements and Expectations to Coordinate

- HSPAL All Quarterly Meetings
- HSPAL Site Visits
- On-site interview scheduling/coordination
- Participation in HSPAL program recruitment, including application review and interviews

PGY1/2 Hospital Site Visits

Format

- PGY1 Residents handle the scheduling and communication
- Both PGY1 and PGY2 residents participate in all visits
- Residents should assure that a rotation of pharmacy leaders, including technician leaders, also participate
- Requires a formal agenda/list of things to see
- Residents write a brief report on the visit identifying differences between U-M Health and other sites
- Residents include recommendations for improvement at U-M Health

Even Years

- Sparrow health system – summer or fall
- Detroit area hospital – winter or spring

Odd Years

- UMH-West – winter or spring
- MyMichigan – summer or fall

Other

At 1 HSPAL RAC meeting per year, there will be a preceptor development topic on the four preceptor roles to ensure all preceptors are aware of and utilizing the four roles appropriately.

HSPAL Fellowship Year Information

The following provides details about the third year of this combined program. The third year is called a fellowship year, for lack of a better term. If it was technically labeled a PGY3 year then there would need to be specific goals and objectives included in PharmAcademic and accredited by ASHP as a PGY1-3 residency. This is neither the intent nor the case.

Background

- It is the goal of the U-M Health pharmacy department to provide our HSPAL residents with the best possible learning experience and to provide them with the best academic training available so that they can be successful in future careers as pharmacy leaders in complex health systems.
- Another goal is to be recognized as one of the top 5 combined HSPAL/Master's degree programs in the country. Oversight of pharmacy services in complex health systems requires years of practice and management experience. It also requires skills and in-depth understanding of operations, hospital and pharmacy finances, strategic planning, personnel management, innovative thinking and continuous improvement.
- The MBA is chosen over an MHA or MPA because pharmacists already have a sound knowledge of healthcare and healthcare systems. The MBA focuses more on the business side of management, which are critical skills in the jobs for which this program intends to train residents. Also, the MBA is a more universally applicable degree than an MHA.
- The Ross MBA is the best graduate training program at the University of Michigan to prepare these future pharmacy leaders to fulfill those responsibilities. We want our graduates to have the best chance of competing for the best positions and to be successful in those positions, as they represent the University of Michigan.
 - The Ross Business School is rated as a top 5 business school by Financial Times.
- Both the residency program and MBA are designed to be 2 years in length. They are concurrent, but separate programs. The on-line MBA can be completed over more than 2 years as it is not a lock-step program like the weekend MBA program.
- Tuition for the on-line MBA program from the UM Ross business school costs approximately \$115,000-125,000. Michigan Medicine employees do not receive a discount on tuition.
- Michigan Medicine competes with about 30 other HSPAL/Master programs for the best resident candidates.
- All other training programs either waive Master degree tuition for their residents or the cost is minimal.
- In order for the tuition to be affordable to the resident, and for Michigan Medicine to attract trainees, we agree to cover approximately 80% of tuition costs by supplementing salaries.
- In order to justify the additional salary supplement residents are required to spend a third year working at Michigan Medicine, referred to as a fellowship year.

Fellowship year

- This year is intended to provide the resident with an additional year of experience under the guidance of U-M Health pharmacy leaders.

- The year has the following goals:
 - To have the fellow serve as either an interim manager in an area without a manager or to serve in a leadership role supporting the Department as follows:
 - To manage personnel and an aspect of pharmacy operations
 - To complete a project or projects of importance and need to the department or health system
- During the course of the year the fellow will be assessed for potential as a manager for a permanent role at Michigan Medicine.
- Upon completion of the third year the fellow completes their obligation to Michigan Medicine.
- If the resident does not complete the third year they are required to re-pay U-M Health \$30,000 of the salary supplement paid to them over the year.
- Since the fellowship positions are classified in the Michigan Medicine HR system as pharmacy residents (not managers) they will continue with the same health benefits they had during the first 2 years.
- Paid time off will accrue the same as a starting pharmacist (16 hours/month).
- Compensation - salary the third year will be \$105,000 or as per the letter of acceptance.
- Manager positions occasionally become open due to vacancy or newly created positions.
 - If a manager position becomes available during the PGY2 or fellowship year the PGY2 resident or fellow can apply for the position (along with any other applicants), however there is no guarantee that they will get that job. This is the same process that is followed for all positions.
 - If a PGY2 resident or fellow does get the manager job, then their salary the first year as a manager will be \$105,000.
- Attendance at, and support for, professional development conferences will be handled the same as for other managers. There is neither a requirement nor expectation that the fellow will attend the same conferences that they did as a resident.
- The fellow will participate in HSPAL Residency Advisory Committee meetings. They will also support the topic discussions and coffee talks as any other manager.

PGY1 PHARMACY & PGY2 INVESTIGATIONAL DRUGS AND RESEARCH (IDRP) PHARMACY

Program Director: Kim Redic, PharmD

Program Coordinator: Yihan Sun, PharmD, BCPS

Description of Program

This two-year specialty residency training program in Investigational Drugs & Research Pharmacy (IDRP) is designed to provide the resident with a wide array of experiences in clinical drug research while affording opportunities for collaboration with renowned clinicians and world class experts in research, education, and population health. The program is designed to provide a strong clinical foundation while developing analytical, leadership, teaching, and writing skills. It will also provide experiences in clinical trial research and research pharmacy staffing experiences. The first year is aligned with the PGY1 pharmacy program, with elective and longitudinal experiences in research-related areas. The PGY2 year provides specialized experiences in clinical research. Upon completion of the program, the resident will be prepared to secure a specialized pharmacist position in a variety of clinical research, regulatory, and drug development settings, including industry, academia, and research pharmacy practice.

Graduation Requirements

The completion requirements are reviewed at the initial development plan meeting and each quarterly update meeting thereafter. Changes to the program will be made at that time if the resident is not progressing towards completion.

Please see the [PGY1 & PGY2 IDRP Graduation Requirements Checklist](#) for a complete list of all graduation requirements and deliverables.

Separate certificates will be issued upon successful completion of each year. Residents must successfully complete the PGY1 program as a pre-requisite to starting the PGY2 residency program.

Required and Elective Learning Experiences for PGY1 Year

[Per PGY1 Pharmacy residency program structure](#)

Required Learning Experiences for PGY2 Year

Learning experiences are defined as units equal to 20 rotation days to allow flexibility in scheduling. Experiences are scheduled as blocks (7-8 weeks) or as longitudinal experiences across multiple months (5 months for 0.5 unit LE or 10 months for 1 unit LE).

Required Block Learning Experiences

- MICHR IND/IDE Assistance Program (1 unit)
- Orientation: IRB and On-line training and on-boarding (2 Units)
- Outpatient Research Clinic (1 unit)

Required Longitudinal Learning Experiences

- Human Subject Protection and IRBMED (1 unit)
- Practice Management I: Managing a Research Pharmacy Team (0.5 unit)
- Practice Management II: Leading a Research Pharmacy Service (1 unit)
- Quality and Safety I: Foundations and Principles (0.5 unit)
- Quality and Safety II: Applications to Research Pharmacy Practice (0.5 unit)
- Research Pharmacy Services: Operations (1 unit)
- Study Management I: The Role of the Lead Pharmacist (0.5 unit)
- Study Management II: Advanced Topics (0.5 unit)

- Writing project and CE (0.5 unit)
- Research or Quality Project (0.5 unit)
- Teaching Rotation for Residents (0.25 unit)

Elective Block Learning Experiences for PGY2 Year (*residents select 2*)

- Protocol Review Committee - Scientific Merit (1 unit)
- Compounding Compliance Management (1 unit)
- Infusion Pharmacy Research Operations (1 unit)
- Senior/Executive Leadership: Research Enterprise (1 unit)
- Additional opportunities for electives can be considered/explored based on resident interest and alignment with residency goals and objectives. Any new electives must be developed and approved by IDRAC.

Staffing Requirements

- PGY1: per PGY1 Pharmacy residency program
- PGY2: Staffing is an average of one research pharmacy (RP) dispensing shift per week beginning in August. These are 5-hour weekday shifts that occur during the prevailing research pharmacy hours of operation.
- The PGY2 resident will also staff a holiday block during their on-call major and minor holiday weeks, and two gap days between Christmas and New Year holidays, depending on the needs of the service. The major and minor holidays and gaps days are as defined previously in the manual. Holiday blocks staffed include up to five RP 5-hour dispensing shifts and may occur during the RP business days before or after the holiday.

On-Call Requirement

- PGY2: Residents participate in the Research Pharmacy on-call rotation, which is comprised of 1-week on call assignments. Residents provide an average of 6 weeks per year, which must include weeks with at least one major and one minor holiday.

Meeting Attendance

- Attendance at ASHP Midyear Clinical Meeting with poster presentation at Vizient poster session.
- Attendance at Regional Residency Conference (or alternate national meeting approved in advance by the IDRAC) with oral presentation of research project results.
- Attendance at Resi-Trip.

Recruitment and Selection

The IDRAC residency program will align with the recruitment, eligibility, screening, interview, and Phase II/Post-Match policy as outlined in the [Resident Recruitment & Selection](#) section of the manual, and as a combined PGY1/PGY2 program, will utilize the predetermined and standardized rubrics and tools developed and approved annually by the PGY1 Pharmacy program for screening and interview evaluation. In addition, there will be IDRAC-approved evaluation elements added related to PGY2, specifically around a candidate's interest in and experiences related to investigational drug services and clinical drug research and development. The voting membership of the IDRAC will comprise the selection committee.

PGY2 AMBULATORY CARE PHARMACY

Program Director: Emily Miretti, PharmD, BCPS, BCACP, CDCES

Description of Program

The PGY2 Ambulatory Care Pharmacy Residency is designed to provide a strong clinical foundation and help the resident further develop research, teaching, leadership, and writing skills. Clinical learning experiences are longitudinal in nature and include core and elective experiences that focus on direct patient care in the Patient Centered Medical Home (PCMH) and specialty clinics. Each resident is offered the opportunity to customize their elective learning experiences to their clinical interest(s), selecting from opportunities in chronic kidney disease, cystic fibrosis, hematology/oncology, hypertension, infectious disease stewardship, oral chemotherapy, palliative care, pharmacogenetics, solid organ transplant, specialty pharmacy, transitions of care – geriatrics and transitions of care – heart failure/cardiology. A multitude of teaching opportunities are available to the resident, who will receive a faculty appointment as an Adjunct Clinical Instructor at the University of Michigan College of Pharmacy.

Graduation Requirements

Please see the [PGY2 Ambulatory Care Graduation Requirements Checklist](#) for a complete list of all graduation requirements and program deliverables.

The completion requirements will be reviewed at the initial development plan meeting and each quarterly update meeting thereafter. Changes to the program will be made at that time if the resident is not progressing towards completion.

Required Learning Experiences

- Orientation (July) (month long block)
- Independent Patient Centered Medical Home (PCMH) Clinic (11 months, ½ day per week)
 - Primary PCMH Clinic (10 months, ½ day per week)
- Secondary PCHM Clinic (10 months, ½ day per week)
- Anticoagulation (4 months; ½ day per week)
- Administration (4 months; ½ day per week)
- Medication Optimization (5.5 months; ½ day per week)
- Psychiatry (3 months; ½ day per week)
- Transitions of Care – Ypsilanti Health Center (5.5-months; ½ day per week)
- Transitions of Care – Central (4 months; ½ day per week)
- Staffing (13-14 weekends per year)
- Research (11 months, longitudinal)
- Writing Project (11 months, longitudinal)
- Teaching (4 months, ½ day per week)

Elective Rotations (3 months, 1/2 day per week)

- Chronic Kidney Disease
- Cystic Fibrosis
- Hematology/oncology
- Hypertension
- Infectious Disease Stewardship
- Oral chemotherapy
- Palliative Care
- Pharmacogenetics

- Solid Organ Transplant
- Specialty Pharmacy
- Transitions of Care – Geriatrics
- Transitions of Care – Heart Failure/Cardiology

Staffing Requirements

Residents will participate in outpatient pharmacy staffing approximately 13-14 weekends per year (inclusive of one training weekend during July orientation), including one 3-day minor holiday block (Labor Day or Memorial Day) and one 5-day major holiday block (Thanksgiving, Christmas, or New Year's). Saturday shifts are 7am-5pm and Sunday shifts are 8am-4pm. The residents will also staff 2 "gap days" between Christmas and New Year's - one as a staffing day, and one as a project day. Residents will serve as the backup (on-call pharmacist) for a minimum of nine Sunday shifts (10am-4pm). Residents receive all minor and major holiday blocks off that they are not scheduled to staff. Resident feedback forms are not required to evaluate staffing.

Meeting Attendance

- Attendance at ASHP Midyear Clinical Meeting with poster presentation at Vizient poster session
- Attendance at Regional Residency Conference with presentation of research project results
- Attendance at Resi-Trip

PGY2 CARDIOLOGY PHARMACY

Program Director: Sabrina Dunham, PharmD, BCPS, BCCP

Description of Program

The PGY2 Cardiology Residency is an organized, directed postgraduate training program that focuses on the development of the knowledge, attitudes, and skills needed to provide pharmaceutical care in cardiovascular pharmacy practice. The program is structured in accordance with the ASHP Accreditation Standard and required competency areas, goals and objectives for PGY2 Cardiology Pharmacy Residencies.

Program Structure & Graduation Requirements

Please see the following for comprehensive program structure details, graduation requirements and program deliverables:

- [PGY2 Cardiology Residency Program Structure](#)
- [PGY2 Cardiology Graduation Requirement Checklist](#)

Required Rotations

- Cardiology Pharmacy Practice Orientation (1 month)
- General Cardiology I (1 month)
- General Cardiology II (1 month)
- Cardiac Intensive Care Unit (CICU) I (1 month)
- Cardiac Intensive Care Unit (CICU) II (1 month)
- Heart Failure/Transplant (HFT) I - Heart Failure Focus (1 month)
- Heart Failure/Transplant (HFT) II - Transplant Focus (1 month)
- Cardiovascular Intensive Care Unit (CVICU) (1 month)
- Ambulatory Care Cardiology (VA) (1 month)*
- Outpatient Anticoagulation Service/Cardiology (12 weeks, 4-hour block/week)

*The Ambulatory Care Cardiology (VA) learning experience is an off-site rotation at the LTC Charles S. Kettles VA Medical Center in Ann Arbor. Financial support for this rotation will not be provided by the residency program, but costs incurred by the resident are expected to be minimal (i.e., cost of travel). The VA site is located ~1.5 miles away from U-M Health.

Elective Rotations

- Anticoagulation and Transitions of Care – Cardiology/Heart Failure (Outpatient) (1 month)
- Pediatric Cardiology (1 month)
- Cardiovascular Intensive Care Unit (CVICU) II (1 month)
- Electrophysiology (EP) (1 month)
- Electrophysiology (EP) Clinic (2 weeks)
- Cardiology Consults (2 or 4 weeks)
- Heart Failure/Transplant (HFT) – Medical Ventricular Assist Device (VAD) Focus (1 month)
- Adult Emergency Medicine (1 month)
- Medical Intensive Care Unit (MICU) (1 month)

Meeting Attendance

Attendance at PGY2 cardiology specific conference with presentation of results of one research project (e.g., ACC) and ASHP Midyear Clinical Meeting.

- Any deviations from the attendance above must be approved by the RPD.

Staffing Requirements

Approximately every 3rd weekend for no more than 15 clinical weekends (8-hours per shift), one 3-day minor holiday and one 5-day major holiday block, and two gap days between Christmas and New Year holidays.

Independent Practice (ASHP Standard 4.8)

Readiness for independent practice within the cardiology program is defined as the resident's ability to function safely, professionally, knowledgeably, and effectively with minimal supervision when working with non-pharmacy preceptors. Readiness is demonstrated by the following criteria:

1. Designation occurs in Quarter 3 or Quarter 4 of the residency
2. No unresolved *Needs Improvement* on any PharmAcademic summative evaluation
3. Must achieve $\geq 70\%$ exposure to the required topics as listed in the COMPETENCY AREAS, GOALS, AND OBJECTIVES FOR POSTGRADUATE YEAR TWO (PGY2) CARDIOLOGY PHARMACY RESIDENCIES (CAGO) Appendix
4. Must achieve $\geq 60\%$ of direct patient care objectives outlined in Competency Area R.1

The resident must meet ALL four criteria to be deemed ready of Independent Practice. Readiness for independent practice will be documented in the resident's development plan **(ASHP Standard 4.8.a.1)**

PGY2 CRITICAL CARE PHARMACY

Program Director: Jim Miller, PharmD, BCCCP

ASHP Purpose Statement

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

Description of Program

The PGY2 Critical Care pharmacy residency at University of Michigan Health is a 12-month program designed to provide clinical, research, and teaching experiences for pharmacists in the care of critically ill and injured patients. The program accommodates one resident each year beginning on the first business day of July.

Program Structure

An orientation rotation in July is required unless the resident completed the PGY1 Pharmacy residency at University of Michigan Health during the preceding residency year. In that case, an abbreviated orientation will run concurrently with a July rotation block can be used as an additional clinical rotation.

Required and Elective Rotations

Required Rotations (1 month block)	Elective rotations (1 month block)
Orientation* - July	Infectious Diseases
Nutrition support – July	Solid Organ Transplantation
Critical Care Medicine Unit (CCMU)	Acute Pain Service
Surgical ICU (SICU)	Post-ICU Clinic**
Cardiovascular ICU (CVICU)	Others can be discussed with RPD
Cardiac ICU (CCU)	
Neurological ICU (NICU)	
Trauma/Burn ICU (TBICU)	
Research month (December)	
Emergency Medicine (AES) - January	

*A PGY2 resident who completed PGY1 at University of Michigan Health will complete an abbreviated residency program orientation with RPD.

**Post-ICU Clinic is a longitudinal, 11-month rotation to be scheduled with preceptor.

Graduation Requirements

Please see the [PGY2 Critical Care Graduation Requirements Checklist](#) for a complete list of all graduation requirements and program deliverables.

PGY2 EMERGENCY MEDICINE PHARMACY

Program Director: Andrea Setiawan, PharmD, BCPS

Program Coordinator: Elizabeth VanWert, PharmD, BCPS

Description of Program

The PGY2 Emergency Medicine (EM) Pharmacy Residency is an organized, directed postgraduate training program that focuses on the development of the knowledge, attitudes, and skills needed to provide pharmaceutical care in both adult and pediatric emergency medicine pharmacy practice. The program is structured in accordance with the ASHP Accreditation Standard and required competency areas, goals and objectives for PGY2 Emergency Medicine Pharmacy Residencies.

Graduation Requirements

Please see the [PGY2 Emergency Medicine Graduation Requirements Checklist](#) for a complete list of all graduation requirements and program deliverables.

Program Structure

Please see the [PGY2 Emergency Medicine Program Structure](#) document for a list of required and elective learning experiences.

Staffing Requirements

Approximately every 3rd weekend for no more than 15 weekends, 1 minor holiday, and 5-day major holiday block throughout the year, one gap day between Christmas and New Year holiday; location is in both adult and pediatric emergency department satellites.

Meeting Attendance

- Attendance at ASHP Midyear Clinical Meeting (MCM) with poster presentation at Vizient poster session
- Attendance at Great Lakes Pharmacy Residency Conference with presentation of results of one research project
- Attendance at PGY2 Emergency Medicine specific conference (e.g. ACCP, ACEP, SCCM, SAEM/AEMP)

PGY2 ONCOLOGY PHARMACY

Program Director: Madeleine Ochs, PharmD, BCOP

Program Coordinator: Martina Fraga, PharmD, BCOP

Description of Program

The U-M Health PGY2 Oncology Pharmacy Residency is designed to provide residents with a diverse set of experiences in hematology/oncology, while allowing collaboration with top experts at an NCCN-designated Comprehensive Cancer Center. The program will challenge residents to develop high-level clinical and literature evaluation skills through a wide variety of inpatient and outpatient experiences. The strong affiliation with the University of Michigan College of Pharmacy allows residents to hone educational skills through didactic lectures, round table discussions, and precepting of fellows, residents, students. Residents will become experts in academic performance through completion of high-level research and writing endeavors throughout the year. The program also affords the opportunity to work with experts in oncology practice management and design of unique services. Upon completion of the program, residents will be among the leaders and best in hematology/oncology practice, poised to secure a specialized pharmacist position in hematology/oncology.

Program Structure

Rotation experiences are tailored according to resident interests in conjunction with the residency program director and coordinator in July.

- **Block Rotations** – Required experiences are 1 month unless otherwise specified. Elective rotations can be taken for 2-4 weeks unless otherwise specified. Rotation hand-offs occur between block rotations.

Rotation	Required or Elective
Orientation	Required (July)
Adult Inpatient Hematology (MHE)	Required
Inpatient Hematology (MHP)	Elective
Inpatient Oncology (MON)	Elective
Inpatient Bone Marrow Transplant	Required
Pediatric Hematology/Oncology	Required
Oncology Administration	Required (2 weeks plus longitudinal leadership series)
Ambulatory Oncology GI/GU/Lung (Blue)	Required
Ambulatory Oncology GYO/Melanoma/Breast (Gold)	Required
Ambulatory Hematology (Lymphoma/Myeloma/Leukemia)	Elective
Hematology Consult Service	Elective
Ambulatory Bone Marrow Transplant	Elective
Infectious Diseases	Elective
Medical ICU	Elective
Teaching/Academia	Elective (4 weeks)

	<i>(Typically offered in November or January depending on academic scheduling – check with preceptor)</i>
Advanced Ambulatory Care, Advanced Inpatient, and Advanced IP/OP Hybrid	Elective

- **Longitudinal rotations** - Fall is considered August through December & Winter is considered January through May or February through June.

Rotation	Required or Elective
Ambulatory Hematology (Lymphoma)	Two required for longitudinal experience (4 hours per week; 5 months)
Ambulatory Hematology (Myeloma)	
Ambulatory Hematology (Leukemia)	
Ambulatory Bone Marrow Transplant	
Ambulatory Oncology (Gyn Onc)	
Ambulatory Oncology (Melanoma)	
Ambulatory Oncology (Breast)	
Ambulatory Oncology (Head and Neck)	
Ambulatory Oncology (GU)	
Ambulatory Oncology (GI)	
Ambulatory Oncology (Sarcoma)	
Ambulatory Oncology (Lung)	
Ambulatory Oral Chemotherapy	

- All required block rotations and longitudinal clinics take place at the UM Ann Arbor campus. Infusion orientation may be scheduled at UM satellite sites in SE Michigan (UM West Ann Arbor, UM Brighton). Residents are responsible for their own transportation to rotations and staffing.

Graduation Requirements

Please see the [PGY2 Oncology Graduation Requirements Checklist](#) for a complete list of all graduation requirements and program deliverables.

Meeting Attendance

The following meetings are required for PGY2 Oncology Residents. Residents will present a poster at the Vizient Pharmacy Resident Poster Session and the HOPA Annual Conference and present on their research project at the Great Lakes Conference.

- Vizient Pharmacy Resident Poster Session/Midyear Clinical Meeting
- HOPA Annual Conference
- Great Lakes Pharmacy Resident Conference
- Residency Trip

PGY2 PALLIATIVE CARE AND PAIN MANAGEMENT PHARMACY

Program Director: Jillian DiClemente, PharmD

Program Coordinator: Abbey Galligan, PharmD, BCPS

Description of Program

The PGY2 Pain Management and Palliative Care Pharmacy Residency is designed to provide the resident with a wide array of experiences in pain and symptom management, while affording opportunities for collaboration with renowned clinicians and world class experts in research and education. The program is designed to provide a strong clinical foundation while developing analytical, leadership, teaching, and writing skills. It will also provide experiences in pain pharmacy, palliative care, hospice, addiction medicine, and institutional policy around pain management. Upon completion of the program, the resident will be prepared to secure a specialized pharmacist position in pain management, palliative care, substance use, or hospice.

The residency program in pain management and palliative care is designed to develop clinician expertise in pain and symptom management pharmacotherapy in order to practice in the inpatient, outpatient, or hospice setting as a clinical pharmacy specialist.

Graduation Requirements

Please see the [PGY2 Pain Management & Palliative Care Graduation Requirements Checklist](#) for a complete list of all graduation requirements and deliverables.

Required Rotations:

- Orientation (1 month)
- Acute Pain Management (1 month)
- Addiction Consult Team (1 month)
- Adult Palliative Care I and II (1 month)
- Ambulatory Pain and Palliative Care (longitudinal –4-hour commitment once a week for a minimum of 12-week duration)
- Hospice I (longitudinal –4 hour commitment once a week for a minimum of 12-week duration)
- Pain Pharmacy Service (1 month)
- Psychiatry (1 month)
- Institutional Pain Management (2-4 hours per month for a 12-month duration)

Elective Rotations:

The program is flexible in design to offer three-to-four months of elective rotations targeted to the resident's interest. Any of the rotations listed above may be repeated or elective rotations can be tailored specifically to meet an individual resident's needs, not limited to:

- Academia (1 month)
- Acute Pain Management II (1 month)
- Addiction Consult Team II (1 month)
- Adult Heart Failure/Transplant (1 month)
- Adult Palliative Care III (1 month)
- Hospice II (1 month)
- Inpatient Medical Oncology (1 month)

- Opioid Stewardship (1 month)
- Pediatric Palliative Care (1 month)
- Pharmacogenomics (1 month)

PGY2 PEDIATRIC PHARMACY

Program Director: Erin Sullivan, PharmD, BCPPS

Program Coordinator: Kayla Rice, PharmD, BCPPS

Description of Program

The PGY2 pediatric residency is a twelve-month program based upon American Society of Health-System Pharmacists (ASHP) Accreditation Standard and Competency Areas, Goals and Objectives (CAGOs) for PGY2 Pediatric Pharmacy Residencies.

This residency focuses upon development of special competence in clinical therapeutics of pediatric patients, an introduction to clinical research, as well as introductory experiences in the management of sophisticated pharmacy service programs. It is required that the resident has already achieved a basic level of competence in institutional and clinical pharmacy practice. The specific program for each resident may vary in structure and area of emphasis based upon the resident's entering level of knowledge, skills, abilities and interests. In addition to meeting the requirements set forth in the ASHP Accreditation Standard, the resident must have previously completed an ASHP-Accredited Pharmacy Residency (PGY1). The resident must provide documentation of successful completion of an accredited PGY1 residency prior to beginning orientation.

The main goals of this residency program:

- Develop pediatric knowledge and build clinical skills required to practice as an independent pediatric practitioner.
- Emphasize the role of continuous professional development through literature evaluation, didactic lectures, discussions, self-learning, and self-reflection.
- Apply evidence-based guidelines and standards in tailoring treatment plans to optimize pediatric patient care and outcomes.
- Facilitate the development of leadership qualities through participation in committees, organizations, and other management opportunities.

Requirements for Graduation

Please see the [PGY2 Pediatric Pharmacy Graduation Requirements Checklist](#) for a complete list of all graduation requirements and deliverables.

Required Rotations

- Orientation (1 month)
- General Pediatrics or General Pediatrics: Pulmonary/Nephrology Focus (1 month)
- Neonatal Intensive Care (NICU) (1 month)
- Pediatric Cardiothoracic ICU and Congenital Heart Center (1 month)
- Pediatric Emergency Medicine (1 month)
- Pediatric Hematology/Oncology (1 month)
- Pediatric Critical Care (PICU) (1 month)
- Research (11 months)
- CORE – Clinical and Operational Residency Experience (11 months)
- Pediatric Pharmacy Practice Management (11 months)
- Pediatric Pulmonary Clinic - Cystic Fibrosis (11 months)
 - Clinic visits every Tuesday from 1300-1730

- Teaching Rotation (fall or winter semester (15 weeks) as assigned by College of Pharmacy)
- Writing Project/CE (11 months)

Elective Rotations

The program is flexible in design to offer four-to-five months of elective rotations targeted to the resident's interest. Any of the required clinical rotations listed above may be repeated and/or elective rotations can be tailored specifically to meet an individual resident's needs, not limited to:

- Child Psych Consults/Child Psych Emergencies in Child Emergency Services (CES)
- Pediatric Bone Marrow Transplant*
- Pediatric Clinical Academia
- Pediatric Hematology
- Pediatric Infectious Diseases for Pediatrics Specialty Residents
- Pediatric Medication Safety
- Pediatric Nutrition/Clinical Evenings
- Pediatric Oncology Ambulatory Care

*Residents with no previous oncology exposure must take oncology prior to considering BMT

Staffing Requirements

Approximately every 3rd weekend for no more than 15 weekends, 1 minor holiday, and 5-day major holiday block throughout the year. The resident will staff 8 clinical weekends (including one training) and 7 operational weekends (including one training).

Clinical weekend staffing will consist of pharmacokinetic and anticoagulation dosing and monitoring and renal dose adjustments. Operational staffing will consist of order verification, product checking, and code blue response.

Meeting Attendance

Attendance at a national meeting with poster or platform presentation

PGY2 PSYCHIATRIC PHARMACY

Program Director: Amy VandenBerg, PharmD, BCPP, FAAPP

Program Coordinator: Megan O'Connell, PharmD, BCPP

Description of Program

The PGY2 Psychiatric Pharmacy Residency at U-M Health is a one-year post-graduate training program designed to develop essential knowledge and skills for contemporary psychiatric pharmacy practice at a major academic medical center, community-based hospital or other mental health facility. The residency program provides flexibility to adapt to the resident's specific learning needs and goals. The training is provided through concentrated inpatient clinical rotations and longitudinal experiences including ambulatory clinic.

The program is structured in accordance with the ASHP Accreditation Standards and ASHP Educational Outcomes, Goals, and Objectives for a PGY2 Psychiatric Pharmacy residency and utilizes the Residency Learning System model.

Graduation Requirements

Please see the [PGY2 Psychiatry Graduation Requirements Checklist](#) for a complete list of all graduation requirements and program deliverables.

Program Structure

The resident will complete 12 one-month rotations including orientation, project month (December), 8 required clinical rotations and 2 elective rotations.

Required 1-month Clinical Rotations

- Adult Inpatient Psychiatry
- Advanced Adult Inpatient Psychiatry
- Consult Liaison Psychiatry
- Psychiatric Emergency Services
- Child Psychiatry Consult Service
- Addictions Consult Team
- Advanced Inpatient Practice (Precepting)
- PGY2 Psychiatry Combined Service Coverage

Elective 1-month Rotations

- General Inpatient Neurology
- Inpatient Child and Adolescent Psychiatry
- Psychopharmacology Stewardship
- Advanced Consult Liaison Psychiatry
- Academia Psychiatry/Neurology

Required Longitudinal Experiences

- Ambulatory Psychiatry Clinic (4 hours per week)
- Teaching Assignment
 - Residents will receive an appointment as Adjunct Clinical Instructor with the University of Michigan College of Pharmacy. Experience in precepting APPE and IPPE student rotations and co-precepting PGY1

resident rotations is widely available. In addition, the Resident will gain experience in didactic teaching, and team-based learning in the Pharm.D. curriculum at the College of Pharmacy.

- Residents will have opportunities to educate medical students, nursing staff, psychiatry residents throughout the year
- Writing/CE Seminar Project
- Research Project

Additional Clinical Teaching Experiences

- 1-3 seminar presentations to PGY4 Psychiatry Residents
- Participation in 6 or more monthly Psychopharm lunch and learn in-services for inpatient psychiatry
- Medication Education Groups (2 to 6 per month)

Staffing Requirements

Approximately 15 clinical weekends, one 5-day holiday block and one 3-day holiday block throughout the year. Clinical Weekend Coverage (anticoagulation, pharmacokinetics, parenteral nutrition, renal dosing).

Meeting Attendance

- ASHP Midyear Clinical Meeting with poster presentation at Vizient poster session
- American Association of Psychiatric Pharmacists Annual Meeting (or equivalent as approved by RPD) with presentation of results of one research project

PGY2 SOLID ORGAN TRANSPLANT PHARMACY

Program Director: Jennifer Hagopian, PharmD, BCPS, BCTXP

Program Coordinator: Haley Hixson, PharmD

Description of Program

The U-M Health PGY2 solid organ transplant residency prepares its graduates to assume positions in abdominal, cardiothoracic, or pediatric transplantation as clinical specialists employed by an institution or as a non-tenure track faculty member at a college of pharmacy. Graduates from this program will be proficient in the care of transplant recipients within all aspects of the transplant process, including pre-transplant, during the acute care phase of transplant, and ongoing post-transplant care. The program is structured in accordance with the ASHP Accreditation Standard and required competency areas, goals and objectives for PGY2 Solid Organ Transplant Pharmacy Residencies.

Learning Experience	Duration	Designation
Orientation (July)	1 month	Required
Surgery Transplant	1 month	Required
Surgery Transplant 2	1 month	Required
Lung Transplant	1 month	Required
Lung Transplant Clinic	1 month	Required
Heart Failure/Transplant	1 month	Required
Kidney Transplant Clinic	1 month	Required
Liver Transplant Clinic	1 month	Required
Transplant Infectious Disease	1 month	Required
Research Month (December)	1 month	Required – not evaluated
Electives Rotation ¹ (2)	1 month	Elective
Research	Longitudinal, 12 months	Required
CE / Writing Project	Longitudinal, 12 months	Required
Transplant Topic Discussion Series	Longitudinal, 12 months Cadence: ~1 per rotation	Required
Solid Organ Transplant Practice Management	Longitudinal, 12 months <ul style="list-style-type: none"> • Clinical staffing • Protocol development/updates • Committees • Academia • Medication management See residency manual and LED for further details in recurring time for each component.	Required

¹Elective options include Cardiovascular Intensive Care Unit, Surgical Critical Care/Nutrition Support, Pediatric Transplant, Medicine GI, Transplant Clinic (Abdominal), Transplant Nephrology or repeat of any required core organ experience (Kidney Transplant Clinic 2, Liver Transplant Clinic 2, Lung Transplant 2, Surgery Transplant 3). Other elective learning experiences may be developed based on resident interest and preceptor availability.

Graduation Requirements

Please see the [PGY2 Solid Organ Transplant Graduation Requirements Checklist](#) for a complete list of all graduation requirements and program deliverables.

Meeting Attendance

- Attendance at ASHP Midyear Clinical Meeting
- Attendance at PGY2 transplant specific conference (examples: ATC, ISHLT)
- Attendance at Great Lakes Pharmacy Resident Conference with presentation of research project results (optional if research presented at another conference)
- Attendance at AST Fellows Symposium is encouraged
- Residency Trip