

RESIDENCY MANUAL

Pharmacotherapy Residency Programs



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OVERVIEW

Wyckoff Heights Medical Center

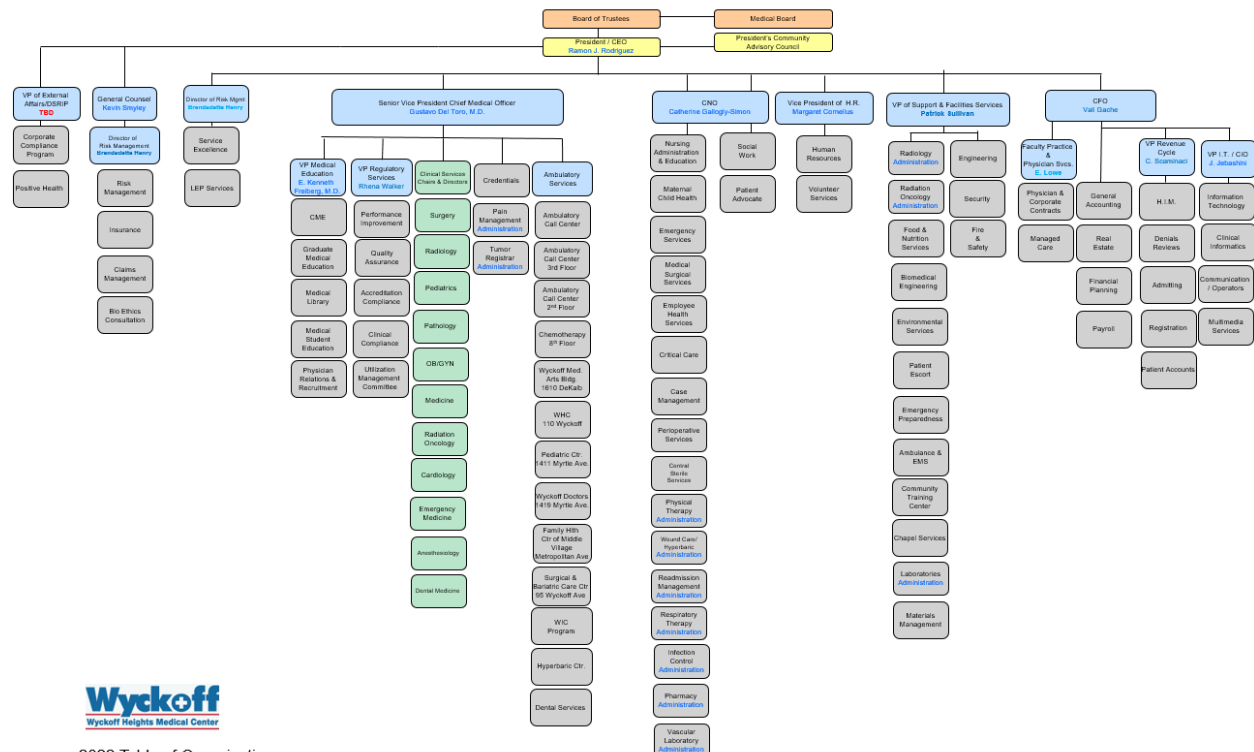
Wyckoff Heights Medical Center is a 350-bed teaching hospital located in an ethnically diverse residential neighborhood directly on the border of northern Brooklyn and western Queens in New York, NY. The medical center offers a variety of services, including adult and pediatric emergency departments, designated stroke center, internal medicine, intensive care, cardiology, surgery, physical therapy and rehabilitation medicine, obstetrics and gynecology, and ambulatory care. It has medical residency training programs in internal medicine, emergency medicine, dental medicine, OB/GYN, surgery, pediatrics, and podiatry.

Mission Statement: To provide a single standard of highest quality care to our community through prevention, education, and treatment in a safe environment.

Vision: To become the premier health care provider for the culturally diverse community we serve.

Values: Respect for the individual, Service Excellence, Integrity, Teamwork & Collaboration, Responsibility, Stewardship and Innovation.

Strategic Goals: Strategic Growth, Performance Excellence, People Development, Information Technology, and Innovation.

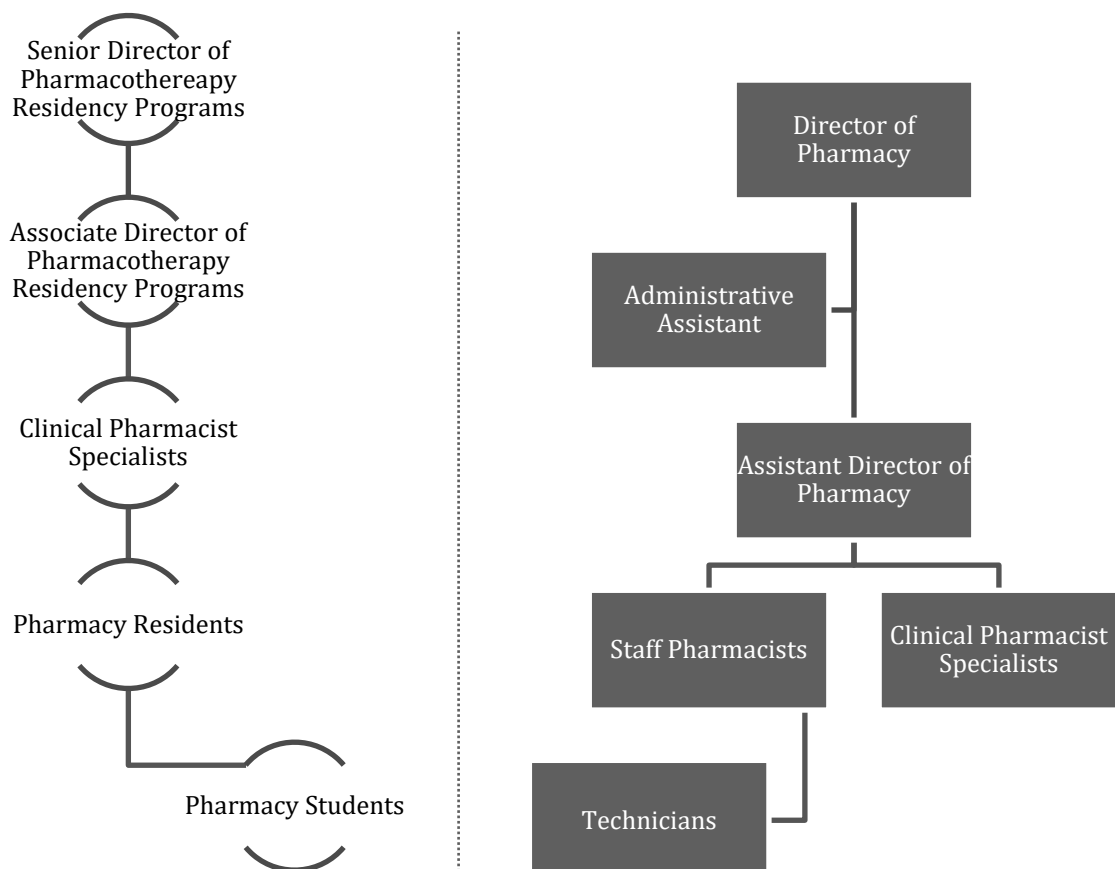


2022 Table of Organization

Pharmacotherapy Residency Programs

Wyckoff Heights Medical Center offers a PGY1 Pharmacy Residency and PGY2 Internal Medicine Pharmacy Residency. These residency programs are a 12-month postgraduate curriculum that offer training opportunities in internal medicine, acute care, ambulatory care, transitions of care, and pharmacy leadership. Residents will gain the necessary experience and develop critical thinking skills needed to be successful in the field of advanced pharmacy practice. The residency programs are designed to offer individualized training and development plans for each resident based on their career goals and interests as well as their incoming competencies. Residents are required to complete core rotations to ensure a well-rounded clinical knowledge base and have the opportunity to select elective rotations. Residents are also required to complete additional program requirements to ensure their development into a skilled and competent practitioner, including a major research project, medication use evaluation, patient education, teaching certificate program, and developing leadership and communication skills.

The Pharmacotherapy Residency Programs work in collaboration with the Department of Pharmacy, under the advanced direction of the Chief Nursing Officer.



RESIDENCY PROGRAM FACULTY

Henry Cohen, PharmD, MS, FCCM, BCPP, BCGP

Senior Director of Pharmacotherapy Residency Programs, Wyckoff Heights Medical Center

Dean and Professor, Touro College of Pharmacy

- ❖ Pharm.D., St. John's University, Queens, NY
- ❖ M.S., LIU Arnold & Marie Schwartz College of Pharmacy and Health Sciences, Brooklyn, NY
- ❖ B.S. Pharm, LIU Arnold & Marie Schwartz College of Pharmacy and Health Sciences, Brooklyn, NY

Evan Sasson, PharmD, BCPS

Associate Director of Pharmacotherapy Residency Programs, Wyckoff Heights Medical Center

Clinical Pharmacist Specialist – Cardiology

Residency Program Director, PGY1

- ❖ PGY2 Internal Medicine Pharmacy Residency, Kingsbrook Jewish Medical Center, Brooklyn, NY
- ❖ PGY1 Pharmacy Residency, Kingsbrook Jewish Medical Center, Brooklyn, NY
- ❖ Pharm.D., Touro College of Pharmacy, New York, NY
- ❖ B.A. Economics, SUNY University at Albany, Albany, NY

Kendra Nielsen, PharmD, BCPS

Clinical Pharmacist Specialist – Internal Medicine

Residency Program Director, PGY2

- ❖ PGY2 Internal Medicine Pharmacy Residency, Kingsbrook Jewish Medical Center, Brooklyn, NY
- ❖ PGY1 Pharmacy Residency, Kingsbrook Jewish Medical Center, Brooklyn, NY
- ❖ Pharm.D., SUNY University at Buffalo, Buffalo, NY
- ❖ B.S. Biology, University of Michigan, Ann Arbor, MI

Joseph Rumore, MS, RPh

Director of Pharmacy

- ❖ M.S., St. John's University, Queens, NY

John Masi, MBA, RPh

Assistant Director of Pharmacy

- ❖ MBA Finance, St. John's University, Queens, NY
- ❖ B.S. Pharmacy, St. John's University, Queens, NY

Roman Fazylov, PharmD, BCPS

Clinical Pharmacist Specialist – Ambulatory Care, Wyckoff Heights Medical Center

Assistant Professor of Pharmacy Practice, Touro College of Pharmacy

- ❖ PGY2 Internal Medicine Pharmacy Residency, Kingsbrook Jewish Medical Center, Brooklyn, NY
- ❖ PGY1 Pharmacy Residency, Kingsbrook Jewish Medical Center, Brooklyn, NY
- ❖ Pharm.D., LIU Arnold & Marie Schwartz College of Pharmacy, Brooklyn, NY

RESIDENCY PROGRAM FACULTY (cont.)

Hector Garcia, PharmD, BCPS

Emergency Medicine Pharmacist

- ❖ PGY1 Pharmacy Residency, Waterbury Hospital, Waterbury, CT
- ❖ Pharm.D., University of Saint Joseph School of Pharmacy, Hartford, CT
- ❖ B.S. Biology, Long Island University, Brooklyn, NY

Michelle Jakubovics (Friedman), PharmD, BCPS, BCGP

Clinical Pharmacist Specialist – Internal Medicine, Wyckoff Heights Medical Center

Associate Professor of Pharmacy Practice, Touro College of Pharmacy

- ❖ PGY2 Internal Medicine Pharmacy Residency, Kingsbrook Jewish Medical Center, Brooklyn, NY
- ❖ PGY1 Pharmacy Residency, Kingsbrook Jewish Medical Center, Brooklyn, NY
- ❖ Pharm.D., Touro College of Pharmacy, New York, NY
- ❖ B.S. Biology, Touro University, Brooklyn, NY

Tony Jung, PharmD

Clinical Pharmacist Specialist – Critical Care

- ❖ PGY1 Pharmacy Residency, VA Boston Healthcare System, Boston, MA
- ❖ Pharm.D., St. John's University, Queens, NY

James McCracken, PharmD, BCIDP, AAHIVP

Clinical Pharmacist Specialist – Infectious Diseases

- ❖ PGY2 Infectious Diseases Pharmacy Residency, SUNY Downstate, Brooklyn, NY
- ❖ PGY1 Pharmacy Residency, St. Joseph's University Medical Center, Paterson, NJ
- ❖ Pharm.D., Duquesne University School of Pharmacy, Pittsburgh, Pennsylvania

Rochel Preiserowicz, PharmD

Clinical Pharmacist Specialist – Geriatrics

- ❖ PGY2 Geriatric Pharmacy Residency, James J. Peters Veterans Affairs Medical Center, Bronx, NY
- ❖ PGY1 Pharmacy Residency, Kingsbrook Jewish Medical Center, Brooklyn, NY
- ❖ Pharm.D., LIU Arnold & Marie Schwartz College of Pharmacy, Brooklyn, NY
- ❖ B.S. Biology, Touro College, Brooklyn, NY

RESIDENCY DESCRIPTIONS

PGY1 Pharmacy Residency

Program Purpose

The purpose of the PGY1 pharmacy residency programs build on Doctor of Pharmacy (Pharm.D.) education and outcomes to contribute to the development of clinical pharmacists responsible for medication related care of patients with a wide range of conditions, eligible for board certification, and eligible for postgraduate year two (PGY2) pharmacy residency training. The program provides residents with many opportunities to function as independent practitioners. Residents will gain extensive experience in pharmacotherapy, pharmacokinetics, drug-induced diseases, and medication safety. The program emphasizes teaching in a layered learning model and presentation scholarship.

Program Description

The PGY1 Pharmacy Residency at Wyckoff Heights Medical Center will develop the graduate into a clinical pharmacist with the ability to function within a health system. The resident will rotate through 12 months of inpatient and ambulatory patient care experiences to foster independent clinical decision making through established collaborative drug therapy management agreements. Residents will have the opportunity to obtain a teaching certificate through an affiliated school of pharmacy. They will have a faculty appointment at Touro College of Pharmacy, with opportunities to teach small group didactic academic sessions. Residents will complete at least one longitudinal research project, and present the results at a peer reviewed professional meeting.

Eligibility Requirements

Applicants must meet the following requirements to be eligible for a PGY1 residency:

- ❑ Graduated from ACPE-accredited Doctor of Pharmacy (PharmD) program [or have a Foreign Pharmacy Graduate Equivalency Committee (FPGEC) certificate from the National Boards of Pharmacy (NABP)]
 - Official academic transcripts required as part of application process (Minimum GPA 3.0)
- ❑ Eligible for licensure in New York State
 - See also: Failure to Obtain Licensure Policy
- ❑ Apply through PhORCAS, including curriculum vitae, letter of intent, three letters of recommendation (at least one from APPE preceptor)

Program Structure

The PGY1 Pharmacy Residency at Wyckoff Heights Medical Center is structured in a manner that supports residents in achieving the aforementioned purpose and the required educational goals and objectives relating to patient care, advancing practice, leadership and management, and teaching and education. The experiential rotations include:

Required Learning Experiences

- Internal Medicine I
- Internal Medicine II
- Cardiology

- Infectious Disease
- Ambulatory Care
- Critical Care
- Emergency Medicine

Elective Learning Experiences

- 1-2 Elective Rotations
- Research

Longitudinal Learning Experiences

- Faculty Appointment at Touro College of Pharmacy
- Pharmacotherapy grand rounds Presentations
- Research Project
- Medication use evaluation (MUE)
- Hospital Committee Involvement
- Clinical/staffing coverage
- Teaching Certificate

**PGY1 Pharmacy Residency
Graduation Requirements**

Requirement	Date Completed	Achieved
1. Complete Orientation Checklist		<input type="checkbox"/>
2. 12-month residency, $\geq \frac{2}{3}$ of which was licensed in NYS		<input type="checkbox"/>
3. Completion of all learning experiences I. Rotational learning experiences + orientation II. Longitudinal learning experiences (Clinical/staffing coverage, Academia, Pharmacotherapy Grand Rounds presentations, Personal Professional Development, Pharmacy Administration)		<input type="checkbox"/>
4. Achieved for residency (ACHR) $\geq 80\%$ of all goals & objectives		<input type="checkbox"/>
5. One longitudinal research project I. Obtain IRB approval II. Conduct research III. Present results at regional meeting (NYSCHP, Eastern States, etc.) IV. Submit acceptable manuscript (reviewed by preceptor)		<input type="checkbox"/>
6. Completion of one: Medication Use Evaluation, Case Report, or Retrospective QI		<input type="checkbox"/>
7. Completed all assigned evaluations in PharmAcademic		<input type="checkbox"/>
8. Uploaded all projects, presentations, evaluations, etc. to PharmAcademic		<input type="checkbox"/>
9. Teaching or Leadership Certificate at Touro College of Pharmacy		<input type="checkbox"/>

Resident Name (Print) **Date**

Sr. Director of Pharmacotherapy **Date**

Resident (Signature) **Date**

Residency Program Director **Date**

RESIDENCY DESCRIPTIONS

PGY2 Internal Medicine Pharmacy Residency

Program Purpose

PGY2 pharmacy residency programs build on Doctor of Pharmacy (Pharm.D.) education and PGY1 pharmacy residency programs to contribute to the development of clinical pharmacists in specialized areas of practice. PGY2 residencies provide residents with opportunities to function independently as practitioners by conceptualizing and integrating accumulated experience and knowledge and incorporating both into the provision of patient care or other advanced practice settings. Residents who successfully complete an accredited PGY2 pharmacy residency are prepared for advanced patient care, academic, or other specialized positions, along with board certification, if available.

Program Description

The PGY2 Internal Medicine Pharmacy Residency at Wyckoff Heights Medical Center is designed to develop the resident into a highly-trained, independent pharmacotherapy specialist with advanced expertise in internal medicine. Through core internal medicine and subspecialty learning experiences, the resident will receive comprehensive and individualized training in countless aspects of internal medicine from passionate and expert pharmacy faculty. Various longitudinal experiences will focus on professional development, helping the resident build skills in leadership, communication, and clinical research.

Primary clinical responsibilities of the resident include rounding with assigned teams, performing pharmacokinetic monitoring, validating pharmacy orders, performing medication reconciliation, ensuring appropriate transitions of care, and providing patient education. Ultimately, the resident is responsible for providing comprehensive medication therapy management for internal medicine patients by designing, recommending, and monitoring therapeutic regimens that incorporate evidence-based medicine. The resident is expected to work professionally and respectfully and to build relationships with each multidisciplinary team.

Through its affiliation with Touro College of Pharmacy, the PGY2 residency program offers advanced training in academia. The resident will receive a faculty appointment at TCOP, facilitate recitation courses throughout the year, and complete a Teaching or Leadership Certificate program. The PGY2 resident will participate in a layered-learning model at the medical center with PGY1 residents and/or pharmacy students under the advanced direction of pharmacy residency faculty.

Program Structure

The PGY2 Internal Medicine Pharmacy Residency at Wyckoff Heights Medical Center is structured in a manner that supports residents in achieving the aforementioned purpose and the required educational goals and objectives relating to patient care, advancing practice, leadership and management, and teaching and education. This is a twelve-month, full-time training program consisting of eight six-week learning experiences (rotations) in addition to several longitudinal experiences.

Required Learning Experiences

- Orientation* (3 weeks)
- Internal Medicine I (6 weeks)
- Internal Medicine II – Geriatrics (6 weeks)
- Internal Medicine III – Subspecialty selections** (6 weeks)
- Internal Medicine IV (6 weeks)
- Cardiology (6 weeks)
- Infectious Diseases (6 weeks)

Elective Learning Experiences (2)

- Ambulatory Care (6 weeks)
- Cardiology II (6 weeks)
- Critical Care (6 weeks)
- Emergency Medicine (6 weeks)

Required Longitudinal Learning Experiences

- Clinical/staffing coverage
- Hospital committee participation
- One medication use evaluation (MUE)
- One research project
- Pharmacotherapy Grand Rounds
- Teaching/academia***

*Returning residents (i.e. early commit residents) may be excused from selected scheduled sessions.

**Options include Gastroenterology, Pulmonology, Neurology, Nephrology, Surgery.

***The resident will earn a faculty appointment at Touro College of Pharmacy. Teaching responsibilities at the college will include facilitating recitation courses and completing a Teaching or Leadership Certificate program. Teaching responsibilities at the medical center will include assisting in the preceptorship of pharmacy students and PGY1 pharmacy residents.

Learning experience descriptions and associated educational goals and objectives can be found in PharmAcademic.

PGY2 Internal Medicine Pharmacy Residency (cont.)

Eligibility Requirements

Applicants must meet the following requirements to be eligible for a PGY2 residency:

- Graduated from ACPE-accredited Doctor of Pharmacy (PharmD) program [or have a Foreign Pharmacy Graduate Equivalency Committee (FPGEC) certificate from the National Boards of Pharmacy (NABP)]
 - Official academic transcripts required as part of application process
- Successful completion of ASHP-accredited PGY1 pharmacy residency program
 - One letter of recommendation in application process must be from the applicant's PGY1 Residency Program Director
 - Matched/accepted resident must email copy of PGY1 certificate to this PGY2 Residency Program Director immediately upon graduation
- Eligible for licensure in New York State
 - See also: Failure to Obtain Licensure Policy
- Apply through PhORCAS, including curriculum vitae, letter of intent, three letters of recommendation

**PGY2 Internal Medicine Pharmacy Residency
Graduation Requirements**

Requirement	Date Completed	Achieved
Orientation		<input type="checkbox"/>
12-month residency, $\geq \frac{2}{3}$ of which was licensed in NYS		<input type="checkbox"/>
Completion of all learning experiences		<input type="checkbox"/>
Achieved for residency (ACHR) $\geq 80\%$ of all goals & objectives		<input type="checkbox"/>
One longitudinal research project Obtain IRB approval Conduct research Present results at regional meeting (NYSCHP) Submit acceptable manuscript		<input type="checkbox"/>
One Medication Use Evaluation		<input type="checkbox"/>
Pharmacotherapy Grand Rounds presentations		<input type="checkbox"/>
Completed all assigned evaluations in PharmAcademic		<input type="checkbox"/>
Uploaded all projects, presentations, etc. to PharmAcademic		<input type="checkbox"/>
Teaching or Leadership Certificate at Touro College of Pharmacy		<input type="checkbox"/>

Resident Name (Print)

Residency Program Director (Print)

Resident Signature

Residency Program Director Signature

Date

Date

RESIDENT DUTIES AND RESPONSIBILITIES

Professional Conduct

It is the responsibility of all residents of Wyckoff Heights Medical Center and the profession of pharmacy to uphold the highest degree of professional conduct at all times. The resident will display an attitude of professionalism in all aspects of his/her daily practice.

Professional Dress

All residents are expected to dress in an appropriate professional manner whenever they are in the institution or attending any function as a representative of the program. Clean, pressed white lab coats of full length should be worn during patient care activities, when appropriate. The Wyckoff Heights Medical Center's dress code policy is applied to residents in the program and must be adhered to. The complete policy can be found on the hospital Infonet or from Human Resources department; key points include: fingernails must be kept clean and neat with their length less than ¼ inches beyond the fingertip, in accordance with Infection Control practices; hair must be clean and neatly groomed; crop shirts, casual t-shirts, tank tops, halter-tops, sweats, capri pants, and shorts are not permitted; open toe footwear is not permitted; clean sneakers are acceptable. Scrubs are only permitted in the setting of the emergency department rotation.

Identification Badges

It is hospital policy that all employees are required to wear identification badges ("ID badge") at all times while on Medical Center property in order to safeguard the Medical Center, its employees and property, to identify employees, medical staff, volunteers, and students to the general public, and assist in rapid mobilization in the event of an emergency or disaster. Personnel must wear their ID badges above the waist and so that their names, departments, and photos are clearly visible. ID badges must also be used to record work time in order to generate time and pay records. ID badges are issued by the Human Resources Department. The replacement fee for a lost/misplaced badge is \$10. The ID badge must be surrendered upon termination of employment.

Patient Confidentiality

Patient confidentiality will be strictly maintained by all residents. Any consultations concerning patients will be held in privacy with the utmost concern for patients' and families emotional and physical well-being.

Attendance

Residents are expected to attend all functions as required by the Pharmacotherapy Residency Programs. The residents are responsible for their assigned pharmacy practice duties and for assuring their service commitments are met in the event of an absence. All leave requests should be discussed in advance with the involved preceptor and residency program director -- refer to the Attendance Policy.

Accreditation Standards

Residents are expected to comply with the obligations to the residency program as set forth by the American Society of Health-System Pharmacists (ASHP) in the Accreditation Standards. The Accreditation Standards can be found on the ASHP website: <https://www.ashp.org/professional-development/residency-information/residency-program-resources>

RESIDENT DUTIES AND RESPONSIBILITIES

Communication

Effective and professional communication is necessary in order to conduct patient care as well as manage the administrative duties required of pharmacy residents. This applies to verbal and electronic methods of communication. Residents should adhere to the following recommendations when interacting with their preceptors, patients, and other healthcare professionals.

Verbal Communication

To facilitate prompt and appropriate communication, use the SBAR technique.

- **S**ituation (a concise statement of the problem)
- **B**ackground (pertinent and brief information related to the situation)
- **A**ssessment (analysis and considerations of options – what you found/think)
- **R**ecommendation (action requested/recommended – what you want)

Electronic Communication (e-mail)

- Only discuss public matters
- Be concise
- Introduce yourself for outside recipients
- Use complete grammar/spelling
- Avoid emoticons, ALL CAPS, all lowercase
- Avoid emotional messages (i.e. don't email angry)
- Be mindful of HIPAA
- Respond in a timely manner
- Send confirmation message when assigned a task
- Ensure subject line matches message (i.e. don't hijack another email for distribution list)
- CC others on need to know basis
- Include your signature

ORIENTATION

Wyckoff Heights Medical Center

As a condition of employment, all selected applicants are required to complete the following prior to a commitment to hire:

1. Agree to a criminal background check.
2. Be screened and determined acceptable by our Employee Health Service to fulfill the requirements of the specific job. Drug testing is part of this examination.
3. Provide acceptable proof of authorization to work in the United States as required by the Department of Homeland Security.
4. Attend an orientation program conducted by the Human Resources Department

Pharmacotherapy Residency Programs

The first learning experience of the residency year for all residents* is orientation. Residents will be oriented to the residency program by the Residency Program Director and preceptors.

Orientation includes:

- Residency's purpose, practice environment, and design
- Residency policies, terms, and conditions
- ASHP's accreditation standards, competencies, goals, and objectives
- Description of learning experiences
- Explanation of evaluation strategy (PharmAcademic)
- Requirements for graduation
- Introduction to residency research and statistics
- Lectures from clinical pharmacists on key pharmacotherapy topics such as infectious diseases, emergency medicine, anticoagulation, etc.
- BLS/ACLS/PALS training
- Staffing/main pharmacy training

*Returning residents (i.e. early commit residents) may be excused from selected scheduled sessions.

EVALUATIONS

Initial Assessment

At the beginning of the residency, the Residency Program Director will assess each resident's entering knowledge and skills related to the residency program educational goals and objectives, primarily via two evaluations in PharmAcademic – Entering Interests Form and Entering Objective-based Self-Evaluation. The results of these initial assessments will be documented in each resident's development plan (see below) by the end of the orientation period and taken into consideration when determining residents' learning experiences, learning activities, evaluations, and other changes to the program's overall plan.

Formative Assessment

Formative assessment is ongoing, regular feedback that a preceptor provides to residents about how they are progressing and how they can improve. It is immediate, specific, and constructive, but its frequency may vary based on residents' progress and time of year. Formative feedback can be verbal or written. Residents' learning activities may be adjusted by preceptors in response to information obtained through day-to-day informal observations, interactions, and assessments.

Residents should also undergo regular self-assessment, as it will improve learning and support becoming independent and self-regulating learners.

Summative Evaluations

At the end of each learning experience, residents will receive and discuss with their preceptor(s) verbal and written assessment on the extent of their progress toward achievement of the assigned education goals and objectives. PharmAcademic is an ASHP-approved online database used to manage the residency program and its corresponding evaluations. There are four required assessments associated with each learning experience. *These evaluations are to be completed by no later than seven days after the last day of the learning experience.*

- Summative evaluation: Preceptor completes about the resident.
- Self-evaluation: Resident completes about him/herself.
- Preceptor evaluation: Resident completes about the preceptor.
- Learning experience evaluation: Resident completes about the rotation.

If more than one preceptor is assigned to a learning experience, one preceptor should be identified as the primary preceptor, and all preceptors must provide input into the resident's evaluation. For learning experiences greater than or equal to 12 weeks in length, a documented summative evaluation must be completed at least every three months.

The following criteria should be used when evaluating ratings:

Rating	Definition
Needs Improvement (NI)	<i>Resident is not performing at an expected level at this time; significant improvement is needed.</i> <ul style="list-style-type: none">● Deficient in knowledge/skills in this area● Often requires assistance to complete the objective● Unable to complete activities on time and/or required continued significant preceptor oversight● Unprofessional behavior was noted
Satisfactory Progress (SP)	<i>Resident is performing and progressing at a level that would eventually lead to mastery of the goal/objective.</i> <ul style="list-style-type: none">● Adequate knowledge/skills in this area● Sometimes requires assistance to complete the objective● Able to ask appropriate questions to supplement learning
Achieved (ACH)	<i>Resident can perform associated activities independently for this learning experience.</i> <ul style="list-style-type: none">● Fully accomplished the ability to perform the objective● Rarely requires assistance to complete the objective● Minimum supervision required
Achieved for Residency (ACHR)	<i>Resident can perform associated activities independently across the scope of pharmacy practice.</i> <ul style="list-style-type: none">● Performed at the achieved level with consistency, independence, and professionalism

The following elements should be used when writing qualitative comments:

- Specific and actionable
- Use criteria related to specific educational objectives
- Recognize resident's skill development
- Focus on how resident may improve their performance

Development Plan and Quarterly Assessment

Each resident will have a development plan documented by the Residency Program Director or designee. The purpose of the resident development plan is to provide a tool for monitoring, tracking, and communicating about residents' overall progress throughout the residency. It can be used to modify the program to address each resident's unique learning needs and interests.

The development plan includes strengths, areas of improvements, learning interests, career goals, resident progress, and changes to program. Upon completion of the initial assessments of each resident by the RPD, the development plan is created within the first 30 days of the residency, then updated each quarter (every 90 days) throughout the residency year. The development plan is uploaded to PharmAcademic by the RPD and shared with all preceptors.

A quarterly review by the RPD of residents' progress in achieving the competencies, goals, and objectives of the program will occur in conjunction with the development plan quarterly updates.

PHARMACOVIGILANCE

Adverse Drug Events

An adverse drug event (ADE) is defined as harm experienced by a patient as a result of exposure to a medication. The severity of ADEs is not well defined, but the following offers a grading scale adapted from clinical trials:

1. Asymptomatic or mild symptoms; clinical or diagnostic observations only; no intervention indicated
2. Moderate; minimal, local or noninvasive intervention indicated; limiting age-appropriate instrumental ADL
3. Severe; or medically significant but not immediately life threatening; hospitalization or prolongation of hospitalization indicated; disabling; limiting self-care ADL
4. Life threatening; urgent intervention indicated
5. Death related to an AE

For each rotation, residents are required to report a minimum of five (5) adverse drug events (or as otherwise specified in the learning experience description). The resident is to report ADEs in a timely manner using the designated hospital system. Any adverse drug event identified as severe needs to be reported to the Director of Pharmacy and Associate Director of Pharmacotherapy Residency Programs within 24 hours. A decision should then be made whether to report the event to the FDA MedWatch

(<https://www.accessdata.fda.gov/scripts/medwatch/index.cfm?action=reporting.home>).

Medication Errors

A medication error is defined as any preventable event that may cause or lead to inappropriate medication use or patient harm while the medication is in the control of the healthcare professional, patient, or consumer. The National Coordinating Council for Medication Error Reporting and Prevention (NCC MERP) categorizes medication errors by the following scale (index found in Pharmacotherapy shared drive and at <https://www.nccmerp.org/sites/default/files/indexColor2001-06-12.pdf>):

- A. Circumstances or events that have the capacity to cause error
- B. An error occurred but the error did not reach the patient
- C. An error occurred that reached the patient but did not cause patient harm
- D. An error occurred that reached the patient and required monitoring to confirm that it resulted in no harm to the patient and/or required intervention to preclude the harm
- E. An error occurred that may have contributed to or resulted in temporary harm to the patient and required intervention
- F. An error occurred that may have contributed to or resulted in temporary harm to the patient and required initial or prolonged hospitalization
- G. An error occurred that may have contributed to or resulted in permanent patient harm
- H. An error occurred that required intervention necessary to sustain life
- I. An error occurred that may have contributed to or resulted in the patient's death

For each rotation, residents are required to report a minimum of five (5) medication errors (or as otherwise specified in the learning experience description). The resident is to report medication errors in a timely manner using the designated hospital system. Any medication error identified as a "Level D" or greater in severity needs to be reported to the Director of Pharmacy and Associate Director of Pharmacotherapy Residency Programs within 24 hours. A decision should then be made whether to report the error to the Institute for Safe Medication Practices (ISMP; <https://www.ismp.org/report-medication-error>).

PHARMACOVIGILANCE

Clinical Interventions

For each rotation, residents are required to report a minimum of fifty (50) clinical interventions (or as otherwise specified in the learning experience description). Clinical interventions are to be entered regularly using the designated hospital system. Each intervention has to be unique and patient-specific with at a patient identifier entered.

At the conclusion of each learning experience, preceptors should review the adverse drug events, medication errors, and clinical interventions reported by their resident to ensure they have met these requirements. A summary report should then be uploaded by the resident into their PharmacAcademic as a portfolio artifact associated with that learning experience.

PHARMACOTHERAPY GRAND ROUNDS

Teaching, education, and dissemination of knowledge is a core competency area when completing a pharmacy residency. Selecting and critically evaluating literature is one key component of that. Additionally, public speaking and presentation skills are necessary in the development of the resident as an effective communicator. The resident will gain experience presenting in multiple format settings.

Presentation Type	Presentation Duration	Q&A Duration	Description
Clinical Pearl	12-15 min.	5 min.	A small and straightforward piece of clinical advice, that would not be considered common knowledge <ul style="list-style-type: none"> Applying existing evidence (often times scant) to a unique clinical anecdote
Patient Case	20-25 min.	5-10 min.	Demonstration of a learner's knowledge and skills related to the management of disease states and drug therapies through application to an actual patient case <ul style="list-style-type: none"> An interesting patient case accompanied by evidence to support recommended management strategies
CE Type	40-45 min.	5-15 min.	Intended to support the continuing development of pharmacists, by promoting problem-solving and critical thinking applicable to the practice of pharmacy <ul style="list-style-type: none"> Presentation is worthy of ACPE accreditation for CE via TCOP
Journal Club	25-30 min.	5-10 min.	A critical discussion of clinical applicability of an article from a medical journal <ul style="list-style-type: none"> A thorough analysis and critique of a landmark clinical trial
Research Platform	12-15 min.	5 min.	Presentation of the residents longitudinal research project <ul style="list-style-type: none"> Preparation for upcoming professional conferences

Pharmacotherapy Grand Rounds are held once weekly. The residents will each rotate the role of the presenter, and may occasionally include student or faculty presenters. A schedule with each individual resident's presentation schedule will be created by the Residency Program Director at the beginning of the year, distributed, and posted in the shared drive. If the resident wants to reschedule a presentation date, they must obtain approval from the preceptor for the presentation and from their RPD. If the change is approved, the resident(s) must then update the schedule in the share drive, to reflect the change.

Residents are expected to meet with their RPD at least four weeks prior to their scheduled presentation to finalize the presentation topic. For journal clubs, the article must be sent out to Clinical Pharmacists/Pharmacy Residents at least one week in advance. The resident is to provide a draft of their presentation to the RPD for feedback no later than the Monday preceding the presentation date.

The presenting resident must bring to their presentation: an attendance sheet, an adequate number of printed copies of their presentation, an adequate number of evaluation forms, and presentation in electronic format (e.g. PowerPoint). Residents are expected to attend all Pharmacotherapy Grand Rounds sessions, unless otherwise excused by their preceptor and Residency Program Director.

RESEARCH

Residents will develop, implement, and complete a year-long research project. Requirements include submitting a research project protocol to the Pharmacotherapy Research Committee, obtaining approval from the Institutional Review Board (IRB), undergoing training in biomedical research (CITI Program), presenting final data at a professional event, and preparing a final manuscript suitable for publication.

The incoming residents will receive a list of proposed projects from the clinical faculty within the first month of the residency year. The resident will then have two weeks to decide which project they would like to pursue and contact the research advisor to see if they are available. Upon approval from the research advisor, the resident will then be responsible for the development of the study which entails the following:

- Study hypothesis
- Study purpose
- Literature review
- Population to be studied
- Primary and secondary outcome measures
- Inclusion/exclusion criteria
- All other information required for Institutional Review Board (IRB) application

Projects must follow a strict timeline of deadlines, which will be created by the Pharmacotherapy Research Committee. The timeline will be disseminated to the residents and posted in the shared drive, and will be updated throughout the year as needed.

Medication Use Evaluation

Each resident is also required to participate in and complete a Medication Use Evaluation (MUE). An MUE is a performance improvement method that focuses on evaluating and improving medication-use processes with the goal of optimal patient outcomes. Topics may be pertaining to direct patient care, quality improvement, fiscal oversight, or others. The MUE may be used to develop a new policy and procedure or revise an existing one.

Residents and preceptors are encouraged to review the research-related resources available in the Pharmacotherapy shared drive.

CONFERENCE ATTENDANCE

Residents are required to participate in multiple professional meetings throughout the year as part of their professional development and as an opportunity to present their research project.

PGY1 Pharmacy residents are required to attend the following conferences:

- ASHP Midyear Clinical Meeting (December)
- Eastern States Conference for Pharmacy Residents and Preceptors (April)

PGY2-Internal Medicine Pharmacy resident is required to attend the following conferences:

- ASHP Midyear Clinical Meeting (December) *or* ACCP Annual Meeting (October)
- NYSCHP Annual Assembly and Residency Research & Practice Forum (April)

Conference attendance as required by the program does not count against a resident's personal days. The program allows five (5) days per year for professional leave. Reimbursement for travel expenses incurred as part of conference attendance will be provided. Additional conference travel requests will require approval from the Residency Program Director and Senior Director of Pharmacotherapy Residency Programs.

PROFESSIONAL DEVELOPMENT

Participation in professional organizations is necessary in the development of the pharmacy resident as part of their project management, networking building, and professional growth that will benefit them throughout their career. As a component of their professional development, all residents are required to join a local/regional professional pharmacy organization and to attend six (6) professional meetings/activities throughout the residency year. Documentation of these activities (including date, location, and description) are to be submitted to the Residency Program Director.

The New York State Council of Health-system Pharmacists (NYSCHP) - Royals and/or NYC chapter - is the preferred organization. Membership is \$50 for pharmacy residents. <https://www.nyschp.org/>

HOSPITAL COMMITTEE INVOLVEMENT

Residents will gain valuable experience and understanding of hospital quality assurance/performance improvement, policy development, and survey preparedness as part of their participation in hospital committee assignments.

Assignment to the Pharmacy and Therapeutics (P&T) Committee will be split equally among the residents over the course of the year. The resident will work in support of the Director of Pharmacy and Clinical Services Pharmacist to help prepare for the quarterly meeting.

Responsibilities may include:

- Preparing and/or presenting a drug monograph for a requested medication addition to hospital formulary
- Evaluating and/or presenting reported medication errors, adverse drug events, and pharmacy clinical interventions
- Documenting meetings minutes
- Distributing meeting packet
- Ensuring attendance sheet is assigned

Additional hospital committee involvement opportunities include: Code Cart, Stroke, Infection Control, Infusion, and Environmental Care.

TEACHING CERTIFICATE PROGRAM

All PGY1 residents (and any PGY2 resident who did not already complete one) are to participate in an academic development program facilitated by the Touro College of Pharmacy. This Teaching Certificate program is designed to introduce residents to various roles of a pharmacy educator, provide insight into a career in academic pharmacy, and allow residents to advance their presentation skills and develop their teaching styles.

The residents will gain exposure to academia in various environments:

- Monthly seminars focused on principles of teaching and student development
- Participating in class moderation as a teaching assistant
 - Work alongside faculty in facilitating student activities during recitation course or skills lab at Touro College of Pharmacy
- Direct student precepting
 - Work under the direction of Touro faculty onsite to meet with pharmacy students and provide guidance and feedback during their clinical APPE rotations

Residents are expected to manage their teaching certificate duties as well as their WHMC residency duties independently. Since the class moderation activity will require residents to be off-campus, the resident is required to notify the preceptor at the beginning of their learning experience of their absence.

LEADERSHIP CERTIFICATE PROGRAM

All PGY2 residents, who completed a Teaching Certificate program during their PGY1 Pharmacy residency, are to participate in an academic development program facilitated by the Touro College of Pharmacy. This Leadership Certificate program is designed to familiarize and enhance residents' knowledge and skills pertaining to the practice of in leadership. It serves to fulfil the ASHP competency area R3 with the goal to demonstrate leadership skills for successful self-development in the provision of care for patients in the advanced practice area” and competency area E5 with the goal to “exhibit additional skills of a practice leader.”

The residents will gain exposure to academia in various environments:

- Ten evening seminars focused on principles of leadership
- Participating in class moderation as a teaching assistant
 - Work alongside faculty in facilitating student activities during recitation course or skills lab at Touro College of Pharmacy
- Direct student precepting
 - Work under the direction of Touro faculty onsite to meet with pharmacy students and provide guidance and feedback during their clinical APPE rotations

Residents are expected to manage their leadership certificate duties as well as their WHMC residency duties independently. Since the class moderation activity will require residents to be off-campus, the resident is required to notify the preceptor at the beginning of their learning experience of their absence.

CHIEF PHARMACY RESIDENT

The Chief Resident is responsible for but not limited to the following tasks. As Chief Resident, one is expected to serve as a liaison between program directors/faculty and residents. The Chief Resident is encouraged to create and further develop new ideas, concepts, and projects that will benefit as well as enhance all the residents' education development.

- I. Scheduling
 - a. Weekend clinical coverage
 - b. ED satellite staffing
 - c. Holiday coverage
 - d. Teaching (adjustments)
- II. Assigning Residents
 - a. Health fairs
 - b. Nursing education
 - c. Nursing unit inspections
 - d. Pharmacy student tours
 - e. P&T monographs/meeting minutes
- III. Recruitment Activities
 - a. ASHP Midyear Meeting
 - b. Coordinate ASHP Midyear resident coverage of interviews
 - c. Interview schedules for residents participating in on-site interviews
- IV. Resident Representative/Liaison
 - a. Attend Residency Advisory Committee meeting for monthly report
 - i. Resident issues/concerns/problems (5-10 minutes)
 - b. Liaison between residents and faculty
 - c. Serve as a mentor to PGY1 co-residents
 - d. Serve as a representative for the resident class to other departments
 - e. Work closely with preceptors on an individual basis for any issues/concerns
- V. Social Events/Activities
 - a. Coordinate events between faculty and residents
 - i. Game nights, dinners, birthdays, etc.
 - b. Pharmacy Week
 - c. Graduation Dinner

Procedure

There will be one one-year Chief Resident for the Pharmacotherapy Residency Programs. The role of the Chief Resident automatically defaults to the PGY2 Internal Medicine Pharmacy resident. If the PGY2 resident is not interested in the position, he/she must discuss their concerns with their Residency Program Director during orientation. The role would then be offered to the PGY1 residents. Interested PGY1s are to submit to the Residency Program Director their curriculum vitae and a letter of intent. The selection shall be made by the Residency Advisory Committee.

EMERGENCIES/CODE RESPONSE

Patient Emergencies

Residents will become certified in Basic Life Support (BLS), Advanced Cardiovascular Life Support (ACLS), and Pediatric Advanced Life Support (PALS) during residency orientation.

Residents should respond to emergency codes on their respective units during the regular workday. On evenings, weekends, and holiday shifts, the covering resident should respond to emergency codes on any/all units.

- Code Blue (cardiac arrest)
- Rapid Response Team
- Stroke Alert
- Sepsis Alert

Responsibilities of residents responding to codes, particularly Code Blue, may include:

- Supply and preparation of medications
- Provision of drug information and pharmacotherapy treatment recommendations based on ACLS algorithms
- Calculation of dosages and administration rates
- Contacting central pharmacy to obtain medications/drips which are not stocked in the cart

Wyckoff Wyckoff Heights Medical Center	AMBER– Child Abduction	DIAL 44 Then SECURITY at 45
	PINK– Infant Abduction	DIAL 44 Then SECURITY at 45
	STROKE ALERT– Medical Emergency	DIAL 44
	TEAL– E.D. Overcrowding	DIAL "O"
	BLUE– Cardio-Pulmonary Arrest	DIAL 43
	SILVER– Weapons Emergency	DIAL 44
	THREAT OF PHYSICAL HARM/DISRUPTION OF CARE	DIAL 44
	RAPID RESPONSE TEAM– Unstable Patient Emergency	DIAL 44
	SEPSIS ALERT	DIAL 44

Environment Emergencies

Please refer to the WHMC Orientation Manual for more information regarding emergency management.

Wyckoff Wyckoff Heights Medical Center	R A C E				LISTEN FOR OVERHEAD ANNOUNCEMENT FOR FIRE LOCATION	
	RESCUE	ALARM	CONFINE	EXTINGUISH		
	KNOW YOUR CODES			P	A	S S
	CODE 99 = FIRE	DIAL x 44	PULL	AIM	SQUEEZE	SWEEP SIDE-TO-SIDE
	YELLOW– Preparation for Disaster					DIAL 44
	ORANGE– Activate Disaster Plan					DIAL 44
	ORANGE "DECON"– Quarantine Situation					DIAL 44
	CONDITION "H"– Maternal Hemorrhage					DIAL 44

RESIDENT WORK SPACE AND RESOURCES

Residents are provided a designated work space on the 8th floor, which includes individual desks, telephones, computers and IT access, and hospital email. Information technology support can be reached at 718-963-7777.

LexiComp is the primary electronic drug resource available (includes mobile access).

Medical Library

All employees are invited to use the medical library which is located on the fifth floor. The library provides current materials for each profession and occupational group represented by the Medical Center. The library has an extensive collection of books, periodicals, and an on-line database for immediate access to reference information. The Medical Library offers the following resources:

1. Access Medicine (Remote Access Included): an online reference and practice resource providing access to more than 85 medical titles, thousands of images, integrated drug database, diagnostic tools, multimedia, patient education, and more, all on a comprehensive search platform and accessible on a mobile device.
2. Access Surgery (Remote Access Included): a comprehensive online surgery resource that enhances medical knowledge and delivers quick answers to surgical inquiries – all in one place. Access Surgery provides medical students with a variety of resources needed to excel in their surgery clerkship; assists residents in gaining instant access to videos, self-assessment, and leading surgical textbooks that will establish an important foundation for learning; and allows practicing surgeons to brush up on their medical knowledge when studying for their Maintenance of Certification Exam.
3. AHA Books: BLS, ACLS, PALS
4. DOAJ - Directory of Open Access Journals: a community-curated online directory that indexes and provides access to high quality, open access, peer-reviewed journals.
5. EBSCO: one of the leading providers of evidence-based clinical decision support solutions, decision-making resources, health care business intelligence and peer-reviewed medical research information. Discovery Service provided by Metro New York Library Council; EBSCO host search in Nursing and Clinical Collections and in Academic Medical Journals.
6. Gale Group Database: a public online information network that creates a "library without walls." Provides a gateway to a vast array of electronic books and journals. Access provided by Metropolitan Library Council of New York.
7. OVID: one of the world's leading information search solutions, providing access to selected premium online journals.
8. PubMed: a free resource supporting the search and retrieval of biomedical and life sciences literature. PubMed was developed and is maintained by US National Library of Medicine and contains more than 32 million citations and abstracts of biomedical literature.
9. R2 Book Collection: collection of selected Medical and Nursing books; provides access to full-text of the selected eBooks; offers integrated and searchable medical, nursing and allied health source book content.
10. Stat!Ref: a cross-searchable medical information database for healthcare professionals, integrating core full-text biomedical and nursing books with evidence-based resources and innovative tools in one site
11. Trip Database: a free tool for finding evidence based content to support clinical practice. Designed to be as easy to use as Google but with evidence-based results from reliable resources.
12. UpToDate: an "all-in-one-spot" medical application that contains up-to-date management recommendations for most medical conditions.
13. Journals in print and in electronic format.

WYCKOFF HEIGHTS MEDICAL CENTER POLICY AND PROCEDURE MANUAL

CATEGORY: Pharmacotherapy Residency Programs

SUBJECT: Pharmacy Resident Attendance

AUTHOR(S): Kendra Nielsen, PharmD, PGY2 Pharmacy Residency Program Director; Evan Sasson, PharmD, PGY1 Pharmacy Residency Program Director

EFFECTIVE DATE: June 21, 2022

SUPERSEDES: N/A

REVIEW DATE: _____

REVIEWER SIGNATURES: _____

POLICY:

Residents are scheduled to work Monday to Friday 8 am to 5 pm (some learning experiences may have modified times). Residents will use the hospital time-clock system to track attendance/duty hours. Residents are expected to clock-in within 5 minutes of their expected start time and are not allowed to clock-out until their designated end-of-day time. Any significant delay or need to leave early will require notification to the rotation preceptor or the Residency Program Director with an expected arrival time and/or approved justification for leaving early.

Residents are also required to work weekend shifts and weeknight shifts. A resident will be scheduled to provide weekend coverage as frequently as every other weekend days and weeknight coverage as frequently as one night per week. Resident coverage may be less frequent as approved by the Residency Program Director. A schedule will be made in advance by the Residency Program Director or Chief Pharmacy Resident. These “staffing shifts” help the resident develop an understanding and gain experience in various aspects of pharmacy practice, including medication distribution, validation procedures, procurement, medication safety, and leadership.

Vacation Eligibility

Each resident is allotted twenty (20) personal days, inclusive of vacation, sick, holidays, interviews, non-approved conference, and any other days off from work.

Professional Leave

Each resident is required to attend two professional pharmacy conferences during the residency year. Conference attendance as required by the program does not count against a resident's personal days. The program will allow for five (5) days per year. All conference travel requests will require advance approval from the Residency Program Director and Senior Director of Pharmacotherapy Residency Programs.

Bereavement

Each resident is granted five (5) days off for the death of family members, in accordance with the hospital Bereavement Leave policy.

Extended Leave

Residents shall be afforded extended leaves of absences consistent with the Family and Medical Leave Act. Residents opting for this leave of absence must comply with all Hospital Center policies regarding leaves of absence. Such absences will not count as time accumulated towards completion of the residency program, and residents must return to the program for an equivalent duration of time to successfully complete the program and receive a certificate of completion. If the Residency Program Director deems that remedial work is necessary due to changes in the program during such leave of absence, the resident shall undertake the additional training without compensation.

PROCEDURE:

- Personal (vacation, holiday, etc.): Resident must obtain advance approval via email from the Residency Program Director and the preceptor of the corresponding rotation.
- Illness: Resident must contact the rotation preceptor and Residency Program Director and alert them of their need for a sick day.
- Professional: Resident must obtain advance approval to attend any conference or professional event from the Residency Program Director and Senior Director of Pharmacotherapy Residency Programs.
- Extended Leave: Resident should contact the Human Resources Department.

APPROVED BY:

Henry Cohen, PharmD
Senior Director of Pharmacotherapy Residency Programs

WYCKOFF HEIGHTS MEDICAL CENTER POLICY AND PROCEDURE MANUAL

CATEGORY: Pharmacotherapy Residency Programs

SUBJECT: Discipline and Dismissal

AUTHOR(S): Kendra Nielsen, PharmD, PGY2 Pharmacy Residency Program Director; Evan Sasson, PharmD, PGY1 Pharmacy Residency Program Director

EFFECTIVE DATE: June 22, 2022

SUPERSEDES: N/A

REVIEW DATE: _____

REVIEWER SIGNATURES: _____

POLICY:

All residents are required to conduct themselves in a professional and ethical manner and to strictly adhere to the policy and procedures, rules and regulations of the Pharmacotherapy Residency Programs, Department of Pharmacy, Wyckoff Heights Medical Center, and the College of Pharmacy. If at any time a resident does meet these or the academic requirements of the residency program, disciplinary action will be taken.

PROCEDURE:

Work Performance

- I. Failure of a pharmacy resident to maintain satisfactory work performance standards can constitute good cause for disciplinary action including dismissal.
- II. The preceptor is to notify the Residency Program Director (RPD), Associate Director of Pharmacotherapy Residency Programs, and Senior Director of Pharmacotherapy Residency Programs of any incident of negligent clinical practice or if the resident fails to meet criteria for passing a learning experience. Negligent practice will be treated in the same manner as unacceptable behavior (see below).
- III. Residents who do not pass their learning experience will be placed on academic probation and meet with the preceptor and RPD to develop a corrective action plan, which may include repeating the failed learning experience, meeting regularly with the RPD for assessment of progress, and/or extending the residency year without compensation.

- IV. Criteria for learning experience failure include but are not limited to:
- Inability to meet resident progress expectations as outlined in the learning experience description
 - Consistent lack of preparedness for patient presentation, topic discussion, or any educational activity
 - Poor communication with preceptor(s), co-residents, pharmacy staff, or any other pertinent healthcare staff in the capacity of patient care
 - Failure to meet with preceptor at specific time or any act of insubordination/procrastination/avoidance that delays or impedes patient care
 - Lack of regard or earnest effort to rectify deficits after two meetings with preceptor addressing resident's lack of progress
 - Majority score of Needs Improvement (NI) on evaluated objectives
- V. Residents who fail subsequent learning experiences are subject to dismissal from the program at the discretion of the Residency Program Director.

Remediation (PGY1)

- The resident will be placed on remediation with an Activities/Improvement plan to address each goal and objective with a Needs Improvements (NI) if the resident has:
 - Two (2) consecutive NIs in multiple objectives, or in a patient care objective
 - A grade of NI in $\geq 20\%$ of residency objectives at the end of the first quarter
 - A grade of NI in $\geq 30\%$ of residency objectives at the end of the second quarter
- The period of probation will be determined at the program's discretion
 - At least 50% of the objectives with NIs must improve to satisfactory progress by midpoint of the period of probation
 - At least 80% of the objectives with NIs must improve to satisfactory progress by the end of the period of probation

Remediation (PGY2 Internal Medicine)

- The resident will be placed on remediation with an Activities/Improvement plan to address each goal and objective with a Needs Improvements (NI) if the resident has:
 - Five (5) NIs in any objectives at any one point in time or two (2) consecutive NIs on multiple objectives
- The period of probation will be determined at the program's discretion
 - At least 50% of the objectives with NIs must improve to satisfactory progress by midpoint of the period of probation
 - At least 80% of the objectives with NIs must improve to satisfactory progress by the end of the period of probation

Misconduct and Unacceptable Behavior

- I. All residents are expected to maintain standards of conduct suitable and acceptable to the work environment. Disciplinary action, including dismissal, may be imposed for unacceptable conduct. Examples of unacceptable conduct include, but are not limited to:
 - a. Falsification of time sheets, personnel records, or other institutional records;
 - b. Neglect of duties;
 - c. Bringing intoxicants or drugs onto the premises of the institution, using intoxicants or drugs, having intoxicants or drugs in one's possession, or being under the influence of intoxicants or drugs on the premises at any time;
 - d. Creating or contributing to unhealthy or unsanitary conditions;
 - e. Violations of safety rules or accepted safety practices;
 - f. Failure to cooperate with the RPD, Clinical Coordinators, or co-residents;
 - g. Disorderly conduct, harassment of other hospital employees (including sexual harassment) or use of abusive language on the premises;
 - h. Fighting, encouraging a fight or threatening, attempting or causing injury to another person on the premises;
 - i. Neglect of duty or failure to meet a reasonable and objective measure of efficiency and productivity;
 - j. Theft, dishonesty or unauthorized use of institutional property including records and confidential information;
 - k. Creating a condition hazardous to another person on the premises;
 - l. Destroying or defacing institutional property or records or the property of any hospital employee;
 - m. Insubordination of a resident to follow instructions or to perform designated work that may be required in the course of the residency program or refusal to adhere to established rules and regulations;
 - n. Repeated tardiness or absence, absence without proper notification to a supervisor or without satisfactory reason or unavailability for work;
 - o. Any violation of NYS law or regulation pertaining to the practice of pharmacy;
 - p. Failure to obtain NYS pharmacist licensure within 90 days of the start of residency;
- II. The Residency Program Director (RPD) and involved preceptor will meet with the resident to devise a plan of action in order to correct the behavioral discrepancy. The RPD will verbally counsel the resident and document the incidence, plan for corrective action, and the outcome. The corrective action plan will be signed by the resident and RPD and documented in the resident's personnel file by the RPD. If the incidence or disciplinary action affects the Hospital or College, the Senior Director of Pharmacotherapy Residency Programs and the Director of Pharmacy shall be notified.
- III. If the resident fails to correct the behavioral discrepancy within the designated time, the RPD and preceptor will counsel the resident. A second corrective action with specific goals and timeline will be created, signed by the resident and RPD, and placed in the resident's

personnel file. The resident will be informed that if the behavioral discrepancy is not corrected, the resident is subject to dismissal from the program.

- IV. If the resident has failed to correct the behavioral discrepancy after two verbal counseling sessions and corrective action plans, the resident is subject to termination from the program.

APPROVED BY:

Henry Cohen, PharmD
Senior Director of Pharmacotherapy Residency Programs

WYCKOFF HEIGHTS MEDICAL CENTER POLICY AND PROCEDURE MANUAL

CATEGORY: Pharmacotherapy Residency Programs

SUBJECT: Pharmacy Resident Duty Hour Requirements

AUTHOR(S): Kendra Nielsen, PharmD, PGY2 Pharmacy Residency Program Director; Evan Sasson, PharmD, PGY1 Pharmacy Residency Program Director

EFFECTIVE DATE: June 21, 2022

SUPERSEDES: N/A

REVIEW DATE: _____

REVIEWER SIGNATURE: _____

POLICY:

The Pharmacotherapy Residency Programs at Wyckoff Heights Medical Center comply with the duty hour requirements for pharmacy residencies set forth by the American Society of Health-Systems Pharmacists (ASHP)¹, the Accreditation Council for Graduate Medical Education (ACGME)², and New York City Rules and Regulations (NYCRR) Part 405.4 (b) and (f)³. This policy helps ensure optimal conditions for patient care, education, and resident well-being.

- Duty hours must be limited to 80 hours per week, averaged over a four-week period.
 - *Duty hours* are defined as all scheduled clinical and academic activities related to the pharmacy residency program. This includes inpatient and outpatient care; in-house call; administrative duties; and scheduled and assigned activities, such as conferences, committee meetings, and health fairs that are required to meet the goals and objectives of the residency program. Duty hours do not include: reading, studying, and academic preparation time for presentations and journal clubs; travel time to and from conferences; and hours that are not scheduled by the residency program director or a preceptor.
- Residents must have a minimum of one day in seven days free of duty (when averaged over four weeks). At-home call cannot be assigned on these free days.

- Residents must have at a minimum 8 hours between scheduled duty periods.
 - *Scheduled duty* is defined as assigned duties, regardless of setting, that are required to meet the educational goals and objectives of the residency program. These duty periods are usually assigned by the residency program director or preceptor and may encompass hours which may be within the normal work day, beyond the normal work day, or a combination of both.
- Continuous duty periods of residents must not exceed 24 hours, with an additional period of up to two hours permitted for transitions of care or educational activities.
- Residents must have at least 14 hours free of duty after the 24 hours of in-house duty.
- Residents must not be scheduled for in-house call more frequently than every third night (when averaged over a four-week period).
- Residents are **prohibited from moonlighting** outside of the Wyckoff Heights Medical Center's residency training program. In extenuating circumstances, the Residency Program Director may approve limited moonlighting; the approval and plan must be documented in writing. If granted, the RPD reserves the right to revoke such permission if it interferes with the ability of the resident to achieve the educational goals and objectives of the residency program or if the resident's performance otherwise warrants such action.
 - *Moonlighting* is defined as any 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. Moonlighting hours count towards all duty hours rules and regulations.
- All residents shall be monitored by licensed pharmacists. Licensed pharmacists are available in-house 24 hours per day at Wyckoff Heights Medical Center, and licensed residency program faculty are available 24 hours per day by cell phone.

PROCEDURE:

It is the joint responsibility of the resident, residency program director, and preceptors to meet these requirements and to ensure that the resident is fit to provide services that promote patient safety.

Residents will use the hospital time-clock system to track duty hours. The duty hours will be reviewed by the Associate Director of Pharmacotherapy Residency Programs or the Assistant Director of Pharmacy on a bi-weekly basis, corresponding to the payroll schedule.

APPROVED BY:

Henry Cohen, PharmD
Senior Director of Pharmacotherapy Residency Programs

REFERENCES:

1. Duty-Hour Requirements for Pharmacy Residencies. ASHP. 8 Mar 2020.
<https://www.ashp.org/-/media/assets/professional-development/residencies/docs/duty-hour-requirements.ashx>
2. Common Program Requirements (Residency). ACGME. 2 Feb 2020.
<https://www.acgme.org/globalassets/PFAssets/ProgramRequirements/CPRResidency2021.pdf>
3. Part 405 – Hospitals—Minimum Standards. New York Codes, Rules, Regulations.
<https://regs.health.ny.gov/volume-c-title-10/content/part-405-hospitals-minimum-standards>

WYCKOFF HEIGHTS MEDICAL CENTER POLICY AND PROCEDURE MANUAL

CATEGORY: Pharmacotherapy Residency Programs

SUBJECT: Early Commitment Process

AUTHOR(S): Kendra Nielsen, PharmD, PGY2 Pharmacy Residency Program Director; Evan Sasson, PharmD, PGY1 Pharmacy Residency Program Director

EFFECTIVE DATE: June 27, 2022

SUPERSEDES: N/A

REVIEW DATE: _____

REVIEWER SIGNATURES: _____

POLICY:

Current PGY1 Pharmacy Residents may have the opportunity to commit to the PGY2 Internal Medicine Pharmacy Residency Program at Wyckoff Heights Medical Center in advance of the matching process. The PGY2 residency would take place in the consecutive year following the PGY1 residency. The following procedure formalizes a process for early commitment, adhering to the guidelines set forth by the American Society of Health System Pharmacists (ASHP) and the National Matching Service (NMS).

PROCEDURE:

- The PGY2 Residency Program Directory (RPD) will announce in October if early commitment will be offered that year. If so, the following procedure applies.
 - If early commitment is not offered, the PGY1 resident is welcome to apply for the PGY2 position during the traditional interview process through PhORCAS and NMS.
- The PGY1 pharmacy resident must be in good standing with the residency program and hospital to be considered for early commitment to the PGY2 pharmacy residency program. Residents who are currently in the midst of any disciplinary action and/or under probation are ineligible.
- The PGY1 resident should meet with the PGY2 RPD in October to discuss their interest and learn more about the program.

- The PGY1 resident must submit their curriculum vitae and letter of intent to the PGY2 RPD by November 1.
- The interview process will occur in early November and will include interviewing with the PGY2 RPD, Senior and Associate Directors of Pharmacotherapy Residency Programs, PGY2 residency preceptors, and current PGY2 resident.
- The PGY2 RPD will inform the PGY1 resident candidate of the final decision prior to Thanksgiving
- If the PGY1 resident is selected for the position and wishes to accept, he/she will have up to five days to sign and return the residency program's offer/acceptance letter to the PGY2 RPD.
- The PGY2 RPD will then sign the Early Commitment Program Agreement on the NMS Match System. The resident must accept and sign the offer by following the link provided in the email from the NMS Match System prior to ASHP Midyear Clinical Meeting in December. In signing this form, the resident agrees to the following:
 - The resident will not register for upcoming Match.
 - If already registered, the resident will withdraw from the Match and will not submit a Rank Order List for the Match.
 - The resident will not make any commitments to or contracts with any other program for PGY2 training in the following residency year.
- Candidates who are not selected or who do not accept the offer are permitted to reapply for the PGY2 position during the traditional interview process through PhORCAS and NMS, if the position is still available.

APPROVED BY:

Henry Cohen, PharmD
Senior Director of Pharmacotherapy Residency Programs

REFERENCES:

1. Early Commitment Process. National Matching Services Inc.
<https://natmatch.com/ashprmp/ecp.html>

WYCKOFF HEIGHTS MEDICAL CENTER POLICY AND PROCEDURE MANUAL

CATEGORY: Pharmacotherapy Residency Programs

SUBJECT: New York State Licensure for Pharmacy Residents

AUTHOR(S): Kendra Nielsen, PharmD, PGY2 Pharmacy Residency Program Director; Evan Sasson, PharmD, PGY1 Pharmacy Residency Program Director

EFFECTIVE DATE: June 21, 2022

SUPERSEDES: N/A

REVIEW DATE: _____

REVIEWER SIGNATURES: _____

POLICY:

In order for pharmacy residents to have a robust residency training experience and learn to perform autonomously as pharmacists, they must achieve New York State pharmacist licensure. **In accordance with ASHP Accreditation Standards, the pharmacy resident needs to be fully licensed as a pharmacist within 90 days after the start date of the residency, and must complete a minimum of two-thirds of their residency as a licensed pharmacist.** The following licensure procedure must be followed in order to maximize the pharmacy resident's experience during the one-year residency training program (PGY1 or PGY2).

PROCEDURE:

1. The pharmacy resident should submit the licensure application and all appropriate documentation to the New York State Education Department¹ as soon as possible after learning they have matched at this residency program.
2. The pharmacy resident ensures that all examinations for New York State licensure (NAPLEX² and MPJE^{3,4}) are completed prior to or within the first 60 days of starting the program.

- a. Special exceptions may be made in cases of delayed Approvals to Test (ATT) that are outside the resident's control.
3. The pharmacy resident must inform the Residency Program Director at all times of the status of when each licensure examination has been scheduled, passed, or failed.
4. **Passing of the New York State Licensure Examinations:** The Residency Program Director must be informed immediately by the pharmacy resident when he/she receives the passing scores of each NYS licensure examination and when he/she is granted NYS Pharmacist Licensure.
5. **Failure to Pass the New York State Licensure Examinations:** If a resident fails to pass their initial licensure examination(s) and is required to take a reexamination, the deadline for licensure remains 90 days from starting the program.
 - a. The Residency Program Director must be informed immediately by the pharmacy resident when he/she receives a failing score of each NYS licensure examination.
 - b. The pharmacy resident must schedule a date to retake the examination(s) and inform the Residency Program Director of the scheduled date(s), as soon as possible.
6. **Failure to Obtain Licensure within 90 Days:** If the resident is not fully licensed as a pharmacist in New York State within 90 days of starting the residency program, the resident will be dismissed from the program.
 - a. In extenuating circumstances, the Residency Program Director may consider allowing an extension.
 - i. If an extension is granted, the resident's program may have to be adjusted (e.g. time made up) to ensure the resident completes two-thirds of a 12-month residency as a licensed pharmacist.
 - ii. Any extension will be documented in the resident's Development Plan.
 - b. If the resident is not licensed by 180 days from starting the program, then the resident will be dismissed from the program for failure to obtain pharmacist licensure.

APPROVED BY:

Henry Cohen, PharmD
Senior Director of Pharmacotherapy Residency Programs

REFERENCES:

1. License Requirements. NYSED Office of the Professions.
<http://www.op.nysed.gov/prof/pharm/pharmlic.htm>
2. North American Pharmacist Licensure Examination (NAPLEX). National Association of Boards of Pharmacy. <https://nabp.pharmacy/programs/examinations/naplex/>
3. Multi-State Pharmacy Jurisprudence Examination (MPJE). National Association of Boards of Pharmacy. <https://nabp.pharmacy/programs/examinations/mpje/>
4. Licensure Requirements, MPJE Study Guide. NYSED Office of the Professions.
<http://www.op.nysed.gov/prof/pharm/pharm-mpjestudy.htm>