

# RESIDENCY MANUAL

## Pharmacy Residency Programs



Department of Pharmacotherapy Residency Programs

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# OVERVIEW

## Wyckoff Heights Medical Center

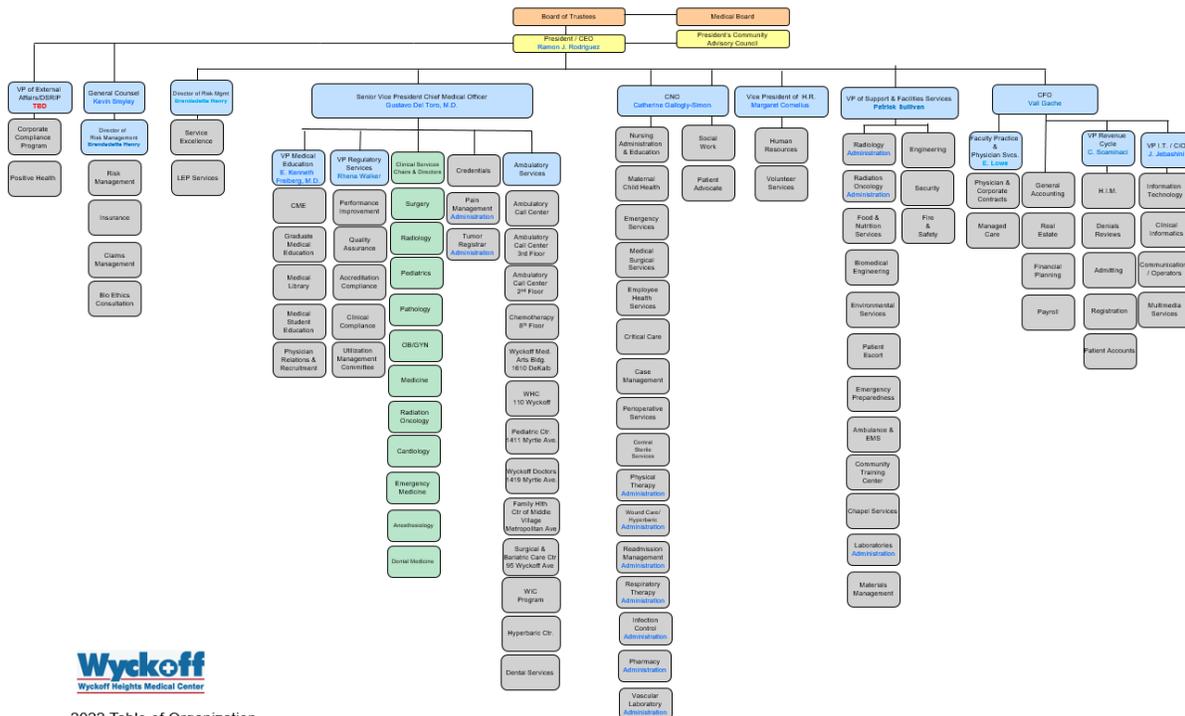
Wyckoff Heights Medical Center is a 324-bed teaching hospital located in an ethnically diverse residential neighborhood directly on the border of northern Brooklyn and western Queens in New York, NY. The medical center offers a variety of services, including adult and pediatric emergency departments, 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.

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



**Wyckoff**  
Wyckoff Heights Medical Center  
2022 Table of Organization

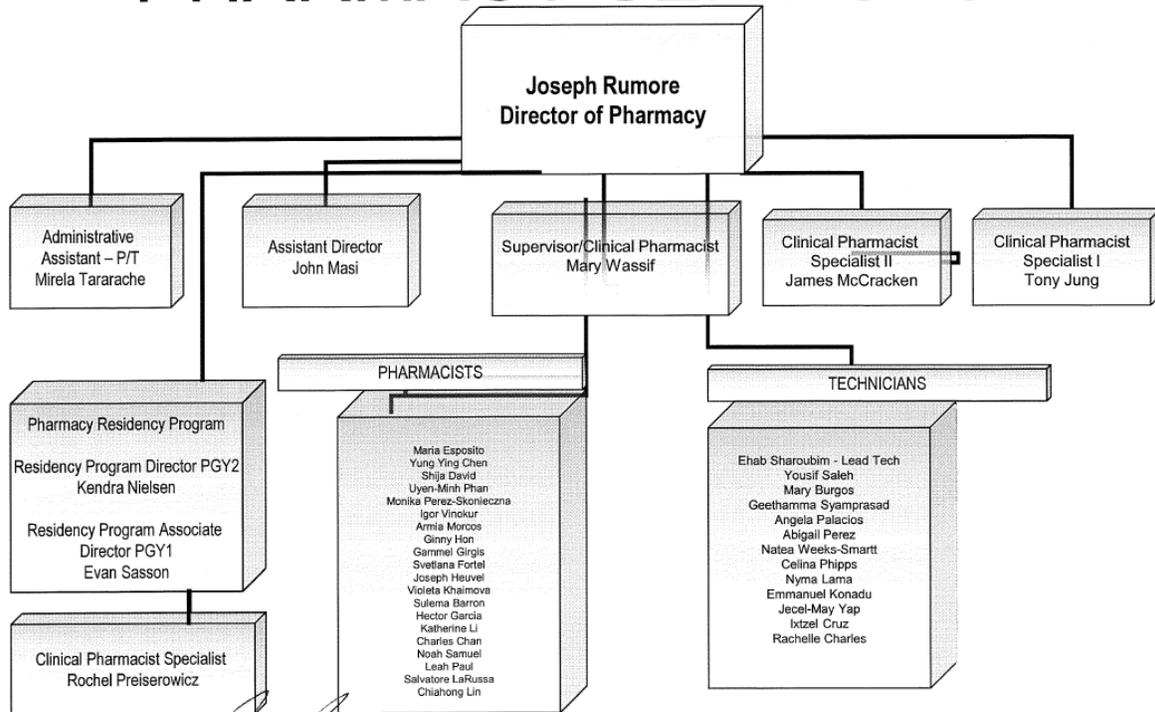
374 Stockholm Street | Brooklyn, NY | 11237  
718-963-7272  
<https://whmcny.org/>

**Department of Pharmacy**

The Department of Pharmacy at Wyckoff Heights Medical Center follows a central distribution model servicing five inpatient acute care units, two critical care units, adult and pediatric emergency departments, and surgery and recovery rooms. The scope of care provided by Pharmacy Services is designed to meet the needs of its various customers, e.g. patients, nurses, physicians, allied health professionals. Assessment of medication therapy includes consideration of the age of the patients, with special emphasis placed on the neonatal, pediatric, and geriatric population, medication reconciliation for patients admitted through the Emergency Department, as well as antibiotic stewardship, anticoagulation therapy, hospice, oncology and parenteral nutrition patients. Medication distribution utilizes automated dispensing machines, electronic medical record, formulary system, and automated and manual narcotic control. Hours of operation are 24 hours per day, 7 days a week. A satellite pharmacy provides direct coverage to the Emergency Departments seven days a week from 7am-11pm. The department is staffed by a director, assistant director, nineteen staff pharmacists, six clinical pharmacist specialists, two college of pharmacy faculty, three pharmacy residents, eleven pharmacy technicians, a purchasing & inventory coordinator, and an administrative assistant.

The Pharmacy Department’s mission and commitment to provide quality pharmaceutical care at the lowest possible cost to all members of the community, shall allow the department to progress with the evolution in modern pharmacy practice. With this evolution, we shall become the premier pharmaceutical care provider.

# PHARMACY SERVICES



Reviewed by: *Joseph Rumore*  
Joseph Rumore

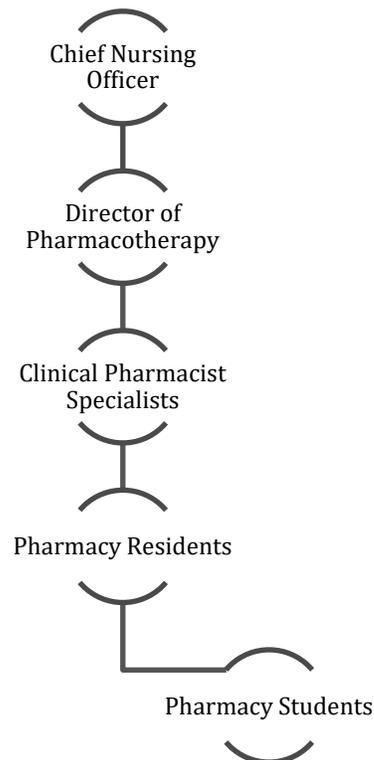
Date: March 2, 2023

## Department of Pharmacotherapy Residency Programs

The Department of Pharmacotherapy Residency Programs is a vital component of the hospital's multidisciplinary care team, dedicated to optimizing medication use and improving patient outcomes through evidence-based pharmacologic management. The team of approximately ten clinical pharmacist specialists operates under collaborative drug therapy management (CDTM) agreements in partnership with physicians, to provide direct patient care services across multiple inpatient units and outpatient clinics, contributing to therapeutic decision-making, managing complex drug regimens, and supporting transitions of care. Our clinical pharmacist specialists possess advanced training and board certifications in various specialties such as internal medicine, cardiology, infectious diseases, critical care, and ambulatory care. Beyond direct patient care, the Department participates in research and scholarly activity, policy and protocol development, quality and safety initiatives, and professional leadership and committee involvement. Additionally, the Department of Pharmacotherapy plays an integral role in education and professional development. It serves as a training site for pharmacy students and residents, offering structured experiential rotations and mentorship. Preceptors foster the development of critical thinking, clinical judgment, and interprofessional collaboration skills.

The Department of Pharmacotherapy Residency Programs at Wyckoff Heights Medical Center offers a PGY1 Pharmacy Residency and PGY2 Internal Medicine Pharmacy Residency. These residency programs are a one-year postgraduate curriculum that offer training opportunities in internal medicine, acute care, ambulatory care, transitions of care, and pharmacy leadership. In this program, residents build their knowledge, skills, and confidence by working under passionate and expert pharmacy faculty in a multidisciplinary team, providing comprehensive medication therapy management across a broad spectrum of medicine populations.

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



## RESIDENCY PROGRAM FACULTY

### Directors:

#### **Evan Sasson, Pharm.D., BCPS, BCCP**

*Director of Pharmacotherapy, Wyckoff Heights Medical Center*

*Clinical Pharmacist Specialist – Cardiology*

*Residency Program Director, PGY1*

Preceptor: Cardiology (PGY1 & PGY2)

- ❖ 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, Pharm.D., BCPS**

*Clinical Pharmacist Specialist – Internal Medicine*

*Residency Program Director, PGY2*

*Residency Program Coordinator, PGY1*

Preceptor: Internal Medicine I (PGY1 & PGY2); Internal Medicine III and IV (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, M.S.**

*Director of Pharmacy*

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

#### **John Masi, M.B.A.**

*Assistant Director of Pharmacy*

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

## RESIDENCY PROGRAM FACULTY (cont.)

### Preceptors:

#### **Sulema Barron, Pharm.D., BCPS**

*Emergency Medicine Pharmacist*

Co-Preceptor: Emergency Medicine (PGY1 & PGY2)

- ❖ PGY1 Pharmacy Residency, Moses Taylor Hospital, Scranton, PA
- ❖ Pharm.D., Touro College of Pharmacy, New York, NY
- ❖ B.S. Molecular Environment Biology, University of California Berkley, Berkeley, CA

#### **Roman Fazylov, Pharm.D., BCPS**

*Clinical Pharmacist Specialist – Ambulatory Care, Wyckoff Heights Medical Center*

*Assistant Professor of Pharmacy Practice, Touro College of Pharmacy*

Co-Preceptor: Ambulatory Care (PGY1 & PGY2); Coumadin Clinic (PGY2)

- ❖ 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

#### **Michelle Jakubovics (Friedman), Pharm.D., BCPS, BCGP**

*Clinical Pharmacist Specialist – Internal Medicine, Wyckoff Heights Medical Center*

*Associate Professor of Pharmacy Practice, Touro College of Pharmacy*

Preceptor: Academia (PGY1 & PGY2); Co-Preceptor: Internal Medicine (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.S. Biology, Touro University, Brooklyn, NY

#### **Youn Sung (Tony) Jung, Pharm.D.**

*Clinical Pharmacist Specialist – Critical Care*

Preceptor: Critical Care (PGY1 & PGY2)

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

#### **Esther Kanner Pharm.D.**

*Clinical Pharmacist Specialist – Infectious Diseases*

Preceptor: Infectious Diseases/Antimicrobial Stewardship (PGY1 & PGY2)

- ❖ PGY2 Infectious Disease Pharmacy Residency, Northwell Health, New Hyde Park, NY
- ❖ PGY1 Pharmacy Residency, James J. Peters Veterans Affairs Medical Center, Bronx, NY
- ❖ Pharm.D., LIU Arnold & Marie Schwartz College of Pharmacy, Brooklyn, NY

## **RESIDENCY PROGRAM FACULTY (cont.)**

### **Susan Mirzakandov, Pharm.D.**

*Clinical Pharmacist Specialist – Ambulatory Care*

Preceptor: Ambulatory Care (PGY1 & PGY2); Coumadin Clinic (PGY2)

- ❖ PGY2 Ambulatory Care Pharmacy Residency, The Brooklyn Hospital Center, Brooklyn, NY
- ❖ PGY1 Pharmacy Residency, Lenox Hill Hospital, New York, NY
- ❖ Pharm.D., LIU Arnold & Marie Schwartz College of Pharmacy, Brooklyn, NY

### **Dominick Panzera, Pharm.D., M.B.A**

*Clinical Pharmacist Specialist – Acute Care Medicine, Wyckoff Heights Medical Center*

*Assistant Professor of Pharmacy Practice, Touro College of Pharmacy*

Preceptor: Emergency Medicine (PGY1 & PGY2)

- ❖ PGY2 Internal Medicine Pharmacy Residency, Wyckoff Heights Medical Center, Brooklyn, NY
- ❖ PGY1 Pharmacy Residency, Wyckoff Heights Medical Center, Brooklyn, NY
- ❖ Pharm.D./M.B.A, Farleigh Dickinson University School of Pharmacy, Florham Park, NJ
- ❖ B.S. Biotechnology, Rutgers University, New Brunswick, NJ

### **Paul Schifani, Pharm.D., M.B.A**

*Emergency Medicine Pharmacist*

Co-Preceptor: Emergency Medicine (PGY1)

- ❖ PGY1 Pharmacy Residency, Maimonides Medical Center, Brooklyn, NY
- ❖ Pharm.D., University of Tennessee Health Science Center, Memphis, TN
- ❖ M.B.A, University of Memphis Fogelman College of Business and Economics, Memphis, TN
- ❖ B.S. Biology, Rhodes College, Memphis, TN

## RESIDENCY CLASSES

### Current Class

#### 2025-2026



**Jessica Lessard, Pharm.D.**

*PGY1 Pharmacy Resident*

Temple University School of Pharmacy, Philadelphia, PA



**Kevin Carreto, Pharm.D.**

*PGY1 Pharmacy Resident*

St. John's University College of Pharmacy and Health Science, Queens, NY



**Kevin Pham, Pharm.D.**

*PGY1 Pharmacy Resident*

SUNY University at Buffalo School of Pharmacy & Pharmaceutical Sciences, Buffalo, NY

### Previous Classes

#### 2024-2025



**Vera Bulakhova, Pharm.D.**

*PGY1 Pharmacy Resident*

Touro College of Pharmacy, New York, NY

*First Position:* PGY2 Oncology Pharmacy Residency, Memorial Cancer Institute, Hollywood, FL



**Dominick Panzera, Pharm.D., M.B.A.**

*PGY2 Internal Medicine Pharmacy Resident*

Farleigh Dickinson University School of Pharmacy and Health Sciences, Florham Park, NJ

PGY1 Pharmacy Residency, Wyckoff Heights Medical Center, Brooklyn, NY

*First Position:* Assistant Professor of Pharmacy Practice, Touro College of Pharmacy, New York, NY

#### 2023-2024



**Dominick Panzera, Pharm.D., M.B.A.**

*PGY1 Pharmacy Resident*

Farleigh Dickinson University School of Pharmacy and Health Sciences, Florham Park, NJ

*First Position:* PGY2 Internal Medicine Pharmacy Residency, Wyckoff Heights Medical Center, Brooklyn, NY



**Timothy Stock, Pharm.D.**

*PGY2 Internal Medicine Pharmacy Resident*

Binghamton University School of Pharmacy and Pharmaceutical Sciences, Binghamton, NY

PGY1 Pharmacy Residency, VA New York Harbor Healthcare System, Brooklyn, NY

*First Position:* Clinical Pharmacy Manager-Transitional Care, Montefiore Medical Center, Bronx, NY

**2022-2023**



**Abigail Radoncic, Pharm.D.**

*PGY1 Pharmacy Resident*

St. John's University College of Pharmacy and Health Science, Queens, NY

*First Position:* PGY2 Infectious Diseases Pharmacy Residency, Scripps Memorial Hospital La Jolla Hospital, San Diego, CA



**Giovanna Salimeni, Pharm.D.**

*PGY2 Internal Medicine Pharmacy Resident*

LIU Arnold & Marie Schwartz College of Pharmacy and Health Science, Brooklyn, NY

PGY1 Pharmacy Residency, The Brooklyn Hospital Center, Brooklyn, NY

*First Position:* Clinical Pharmacy Manager–Internal Medicine, NYP Lower Manhattan Hospital, New York, NY

## RESIDENCY DESCRIPTIONS

### **PGY1 Pharmacy Residency**

#### **Program 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.

#### **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 (July 1 through June 30) 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:

- Graduate or candidate-for-graduation 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
  - <https://www.op.nysed.gov/professions/pharmacist/license-requirements>
  - 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)

#### **Benefits**

- Stipend: \$55,000
- Medical, dental, vision insurance
- Commuter benefits
- Vacation/sick/personal leave (20 days)
- Reimbursement for professional meeting attendance

## **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, practice advancement, leadership, and teaching and education. The experiential rotations include:

### Required Learning Experiences

- Orientation (3 weeks)
- Ambulatory Care (6 weeks)
- Cardiology (6 weeks)
- Critical Care (6 weeks)
- Emergency Medicine (6 weeks)
- Infectious Diseases (6 weeks)
- Internal Medicine I (6 weeks)
- Internal Medicine II (6 weeks)

### Elective Learning Experiences

- 1 Elective Rotation\* (6 weeks)

### Longitudinal Learning Experiences

- Introduction to Academia\*\* (10 months)
- Personal Professional Development (49 weeks)
- Practice Management (49 weeks)
- Research\*\*\* (52 weeks)
- Staffing & Clinical Coverage (49 weeks, 1 weeknight and every 2-3 weekend)

\*Options include Infectious Disease, Cardiology, Ambulatory Care, Critical Care, or Emergency Medicine .

\*\*The resident will earn a faculty appointment at Touro College of Pharmacy. Teaching responsibilities at the college will include facilitating recitation courses (1 half-day per week) and completing a Teaching Certificate program (9 evening seminars). This learning experience requires travel to an alternative site; TCOP is located approximately 7 miles from WHMC and is easily accessible by NYC MTA (35 minutes). Additional financial support for travel is not provided by the organization.

\*\*\*The longitudinal research project is presented at a local conference and a manuscript must be submitted prior to graduating. The medication-use evaluation (MUE) will be presented at P&T. The case report will be presented as a poster at ASHP Midyear.

**PGY1 Pharmacy Residency  
Graduation Requirements**

<b>Requirement</b>	<b>Date Completed</b>	<b>Achieved</b>
52-week residency, $\geq \frac{2}{3}$ of which licensed in NYS		<input type="checkbox"/>
Completion of all learning experiences, including orientation		<input type="checkbox"/>
Achieved for residency (ACHR) $\geq 80\%$ of all goals & objectives, with no Needs Improvements (NI) at end of residency year		<input type="checkbox"/>
Longitudinal learning experiences: Personal Professional Development and Clinical/Staffing Coverage as scheduled		<input type="checkbox"/>
Pharmacotherapy Grand Rounds presentations (minimum of 10)		<input type="checkbox"/>
One longitudinal research project Obtain IRB approval; Conduct research; Present results at regional meeting; Submit acceptable manuscript		<input type="checkbox"/>
One medication use evaluation		<input type="checkbox"/>
One case report		<input type="checkbox"/>
One drug monograph, treatment guideline, protocol, or order set		<input type="checkbox"/>
Deliverables, uploaded to PharmAcademic Develop and document care plans - notes from EMR (1.1.3, 1.2.3) Medication event reporting (1.3.2) Drug monograph, treatment guideline, protocol, order set (1.4.2) Medication use evaluation (2.1.2, 2.1.6) Research protocol (2.1.2), platform presentation and manuscript (2.1.6) Presentations, Written education (4.1.2, 4.1.3) Grand Rounds Evaluation forms (4.1.4)		<input type="checkbox"/>
Completed all assigned evaluations in PharmAcademic		<input type="checkbox"/>
Teaching Certificate at Touro College of Pharmacy		<input type="checkbox"/>

\_\_\_\_\_  
Resident Name (Print)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Resident (Signature)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Residency Program Director

\_\_\_\_\_  
Date

## **RESIDENCY DESCRIPTIONS**

### **PGY2 Internal Medicine Pharmacy Residency**

#### **Program Purpose**

PGY2 residency programs build upon Doctor of Pharmacy (Pharm.D.) 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.

#### **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 Benefits**

- Stipend: \$60,000
- Medical, dental, vision insurance
- Commuter benefits
- Vacation/sick/personal leave (20 days)
- Reimbursement for professional meeting attendance

## 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, education, and dissemination of knowledge. This is a twelve-month (July 1 through June 30), full-time training program consisting of eight six-week learning experiences (rotations) in addition to several longitudinal experiences. Learning experience descriptions and associated educational goals and objectives can be found in PharmAcademic.

### Required Learning Experiences

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

### Selective Required Learning Experiences (1)

- Critical Care (6 weeks)
- Emergency Medicine (6 weeks)

### Elective Learning Experiences (1)

- Ambulatory Care (6 weeks)
- Cardiology II (6 weeks)

### Required Longitudinal Learning Experiences

- Academia\*\*\* (10 months)
- Coumadin Clinic (49 weeks, 2 days per month)
- Pharmacotherapy Grand Rounds (11 months)
- Research (52 weeks)
- Service Commitments (49 weeks, 1 weeknight and every 2-3 weekend)

\*Returning residents (i.e. early commit residents) complete one week of orientation followed by an extra two weeks of internal medicine experience.

\*\*Options include Gastroenterology, Hematology/Oncology, Pulmonology, Nephrology, Neurology, Psychiatry, and Surgery.

\*\*\*The resident will earn a faculty appointment at Touro College of Pharmacy. Teaching responsibilities at the college will include facilitating recitation courses (one half-day per week) and completing a Teaching or Leadership Certificate program (10 evening seminars). Teaching responsibilities at the medical center will include assisting in the preceptorship of pharmacy students and PGY1 pharmacy residents. This learning experience requires travel to an alternative site; TCOP is located approximately 7 miles from WHMC and is easily accessible by NYC MTA (35 minutes). Additional financial support for travel is not provided by the organization.

## **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
  - Matched/accepted resident to present PharmD Diploma during onboarding 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 present their PGY1 certificate of completion to this PGY2 Residency Program Director immediately upon graduation
    - Failure to verify completion of ASHP-accredited PGY1 pharmacy residency program within 30 days of the PGY2 start date will result in dismissal from the program
- Eligible for licensure in New York State
  - <https://www.op.nysed.gov/professions/pharmacist/license-requirements>
  - 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**

<b>Requirement</b>	<b>Date Completed</b>	<b>Achieved</b>
52-week residency, $\geq \frac{2}{3}$ of which licensed in NYS		<input type="checkbox"/>
Completion of all learning experiences, including orientation		<input type="checkbox"/>
Achieved for residency (ACHR) $\geq 80\%$ of all goals & objectives, with no Needs Improvements (NI) at end of residency year		<input type="checkbox"/>
Service commitments: all staffing shifts as scheduled		<input type="checkbox"/>
Pharmacotherapy Grand Rounds presentations (minimum of 10)		<input type="checkbox"/>
One longitudinal research project Obtain IRB approval; Conduct research; Present results at regional meeting; Submit acceptable manuscript		<input type="checkbox"/>
One medication use evaluation		<input type="checkbox"/>
One drug class review, monograph, treatment guideline, or protocol		<input type="checkbox"/>
Deliverables, uploaded to PharmAcademic Design and document care plans - notes from EMR (1.1.6, 1.1.8) Drug class review, monograph, treatment guideline, or protocol (2.1.1) Medication event reporting (2.1.2) Medication-use evaluation +/- system improvements (2.1.3) Research protocol (2.2.2), presentation and manuscript (2.2.6) Contributions to committee and department management (2.1.5, 3.2.1) Presentations, Written communication (4.1.1, 4.1.3) Grand Rounds evaluation forms (4.1.4)		<input type="checkbox"/>
All Appendix requirements (PGY2 IM), tracked in PharmAcademic		<input type="checkbox"/>
All assigned evaluations in PharmAcademic		<input type="checkbox"/>
Leadership or Teaching Certificate at Touro College of Pharmacy		<input type="checkbox"/>

\_\_\_\_\_  
Resident Name (Print)

\_\_\_\_\_  
Residency Program Director Name (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 Pharmacy 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

### **Pharmacy 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
- Residency Manual
- Strategies for well-being and resilience
- 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

## EVALUATIONS

### **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. The feedback functionality in PharmAcademic can be utilized to document feedback, especially if a resident is not progressing as expected. 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 themselves.
- Preceptor evaluation: Resident completes about the preceptor(s).
- Learning experience evaluation: Resident completes about the rotation.

If more than one preceptor is assigned to a learning experience, one preceptor is 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 is completed at evenly spaced intervals and at the end of the learning experience, with a maximum of 12 weeks between evaluations.

The following criteria should be used when evaluating ratings:

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

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

## **RESIDENT DEVELOPMENT PLAN**

Each resident will have a development plan documented by the Residency Program Director or designee. Residents' development plans are high level summaries of resident's performance and progress throughout the program. They support resident's practice interests, career development, and well-being and resilience. They help provide a tool for monitoring, tracking, and communicating about residents' overall progress throughout the residency. The plan is also used to modify the program to address each resident's unique learning needs and interests.

The development plan includes resident self-reflection (on career goals, practice, interests, and well-being) and self-evaluation (on skill level related to the program's competency areas); RPD assessment of resident's strengths and areas of improvements, progress towards completion of program requirements, and analysis of the effective of previous quarter's changes; and RPD documented planned changes to the resident's residency program for the upcoming quarter.

To start, the resident documents their initial self-assessment on the Entering Resident Self-Assessment Form in PharmaAcademic. The RPD performs an initial assessment of each resident and creates their development plan within the first 30 days of the residency. This initial assessment will also be taken into consideration when determining residents' learning experiences, learning activities, evaluations, and other changes to the program's overall plan. An update to the resident's self-assessment and to the development are completed each quarter (every 90 days from the start of the residency) throughout the residency year. The development plan is completed in PharmAcademic and shared with preceptors.

A quarterly review by the RPD of resident's progress in achieving the competencies, goals, and objectives of the program and meeting all other program requirements 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 (<https://clinicalmeasures.com/>). 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 (<https://clinicalmeasures.com/>). 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 (<https://clinicalmeasures.com/>). Each intervention has to be unique and patient-specific with a patient identifier entered.

During and 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.

## RESIDENT DELIVERABLES

**Deliverables<sup>1</sup>** are documents developed by residents that are related to educational objectives. Deliverables differ for each type of residency program but examples common to most/all residency programs include presentations; project manuscript; project presentation; examples of written communication to disseminate knowledge such as newsletters or written drug information; and examples of treatments protocols, guidelines, or drug monographs developed or revised by the resident.

**Directions<sup>2</sup>:** Residents are required to upload all deliverables into the resident Files tab within PharmAcademic. In the Files tab there is a “folder” for each competency area from the required CAGOs. Add the deliverable under the corresponding Competency Area heading. Please ensure the title of the document is named in a clear and appropriate manner that reflects content and related objective. There is also a miscellaneous folder for any other resident-specific files.

<b>PGY1 Pharmacy<sup>3</sup></b>		
<b>Competency Area</b>	<b>Objective</b>	<b>Deliverables</b>
<b>R1: Patient Care</b>	R1.1.3 Develop care plans R1.2.3 Document patient care activities	4 Altera notes total, 1 per quarter (de-identified)
	R1.3.2 Participate in medication event reporting	Clinical Measures report at year-end (interventions, adverse drug reactions, medication errors; de-identified)
	R1.4.2 Prepare or revise a drug class review, monograph, treatment guideline, treatment protocol, utilization management criteria, and/or order set	<i>At least 1 of:</i> <ul style="list-style-type: none"> <li>• drug class review</li> <li>• monograph</li> <li>• treatment guideline</li> <li>• treatment protocol</li> <li>• utilization management criteria</li> <li>• order set</li> </ul>
<b>R2: Practice Advancement</b>	R2.1.2 Develop a project plan	1. Research project protocol 2. Medication-use evaluation plan 3. Case report abstract and outline
	R2.1.6 Develop and present a final report	1. Research project platform presentation 2. Research project manuscript 3. MUE write up for P&T 4. Case report poster
<b>R3: Leadership</b>	N/A	N/A
<b>R4: Teaching and Education</b>	R4.1.1 Construct education activities R4.1.2 Create written communication to disseminate knowledge R4.1.3 Develop and demonstrate appropriate verbal communication	<i>At least 1 written:</i> <ul style="list-style-type: none"> <li>• Healthcare provider education</li> <li>• Patient education handout</li> </ul> <i>All verbal:</i> <ul style="list-style-type: none"> <li>• Grand Rounds presentations slides</li> </ul> *related to teaching small & large groups (not individual patient care or delivery of information to one person)
	4.1.4 Assess effectiveness of education	Grand Rounds Evaluation forms

<b>PGY2 Internal Medicine Pharmacy<sup>4</sup></b>		
<b>Competency Area</b>	<b>Objective</b>	<b>Deliverables</b>
<b>R1: Patient Care</b>	R1.1.6 Design safe and effective care plans R1.1.8 Document patient care activities	4 Altera notes total, 1 per quarter (de-identified)
<b>R2: Advancing Practice and Improving Patient Care</b>	R2.1.1 Prepare or revise a drug class review, monograph, treatment guideline or protocol	<i>At least 1 of:</i> <ul style="list-style-type: none"> <li>• drug class review</li> <li>• monograph</li> <li>• treatment guideline</li> <li>• treatment protocol</li> </ul>
	R2.1.2 Participate in medication event reporting	Clinical Measures year-end report (interventions, adverse drug reactions, medication errors; de-identified)
	R2.1.3 Identify opportunities for improvement in the medication-use system	Medication-use evaluation
	R2.2.2 Develop a plan or research protocol	Research project protocol
	R2.2.6 Develop and present a final project or research report	1. Research project platform presentation 2. Research project manuscript
<b>R3: Leadership and Management</b>	N/A	N/A
<b>R4: Teaching, Education, and Dissemination of Knowledge</b>	R4.1.1 Design educational activities	<i>All verbal:</i> <ul style="list-style-type: none"> <li>• Grand Rounds presentations slides</li> </ul>
	R4.1.2 Use presentation and teaching skills to deliver education	<i>At least 1 written:</i> <ul style="list-style-type: none"> <li>• Healthcare provider education</li> <li>• Patient education handout</li> </ul>
	R4.1.3 Use written communication to disseminate knowledge	*related to teaching small & large groups ( <i>not</i> individual patient care or delivery of information to one person)
	4.1.4 Assess effectiveness of education	Grand Rounds Evaluation forms

## References

1. ASHP Accreditation Standard for Postgraduate Pharmacy Residency Programs. ASHP. 2025. <https://www.ashp.org/-/media/assets/professional-development/residencies/docs/examples/ASHP-Accreditation-Standard-for-Postgraduate-Residency-Programs.pdf>
2. Adding Resident Files. PharmAcademic Help Center. <https://support.pharmacademic.com/article/159-adding-resident-files>
3. Required Competency Areas, Goals, and Objectives for Postgraduate Year One (PGY1) Pharmacy Residency Programs. ASHP. 2024. <https://www.ashp.org/-/media/assets/professional-development/residencies/docs/PGY1-Harmonized-CAGO-ASHP-BOD-Approved-April2024-Guidance-Update-Aug-2024.pdf>
4. Required Competency Areas, Goals, and Objectives for Postgraduate Year Two (PGY2) Internal Medicine Pharmacy Residencies. ASHP. 2017. <https://www.ashp.org/-/media/assets/professional-development/residencies/docs/pgy2-internal-medicine-pharmacy-residency-competency-areas-goals-objectives-2017.pdf>
5. The Communique. ASHP. Fall 2024; 27(2):17-19. <https://www.ashp.org/-/media/assets/professional-development/residencies/docs/2024-1119-ASHP-Communique-Fall-2024-02.pdf>

## 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.

<b>Presentation Type</b>	<b>Presentation Duration</b>	<b>Q&amp;A Duration</b>	<b>Description</b>
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"> <li>• Applying existing evidence (often times scant) to a unique clinical anecdote</li> </ul>
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"> <li>• An interesting patient case accompanied by evidence to support recommended management strategies</li> </ul>
CE Type	40–45 min.	10–15 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"> <li>• Presentation is worthy of ACPE accreditation for CE via TCOP</li> </ul>
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"> <li>• A thorough analysis and critique of a landmark clinical trial</li> </ul>
Research Platform	12–15 min.	5 min.	Presentation of the residents longitudinal research project <ul style="list-style-type: none"> <li>• Preparation for upcoming professional conferences</li> </ul>

Pharmacotherapy Grand Rounds are held once weekly. The residents will each rotate the role of the presenter, which 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 shared drive, to reflect the change.

Residents are expected to meet with their associated preceptor at least four weeks prior to their scheduled presentation to finalize the presentation topic. The resident is to provide a draft of their presentation to the preceptor for feedback by one week prior to the presentation date. For journal clubs, the article must be sent out to Clinical Pharmacists/Pharmacy Residents at least one week in advance and the template completed and shared by the resident.

The presenting resident is expected to create calendar invites for each of their presentations (at least one month in advance), share an electronic copy of their presentation (morning of), bring an adequate number of evaluation forms (day of), and follow up via email with responses to any unanswered questions (within 48 hours). Residents are expected to attend all Pharmacotherapy Grand Rounds sessions, unless otherwise excused by their preceptor and Residency Program Director.

**Presentation Resources:**

1. Planning an Education Session. ASHP. <https://www.ashp.org/meetings-and-conferences/get-involved-in-a-meeting/planning-an-ed-session>
2. How to Present a Patient Case. ASHP. <https://www.ashp.org/-/media/assets/pharmacy-practice/resource-centers/preceptor-toolkit/How-to-Present-a-Patient-Case.pdf>
3. Patient Case Presentation Guidelines. UGN 2018. <https://hivclinic.ca/wp-content/uploads/2019/10/a.-Case-Presentation-Guidelines.pdf>
4. Case Presentation: A Residents Guide. BC Pharmacy Residency Coordinators Committee. 2021. <https://static1.squarespace.com/static/51b156fee4b0d15df77a6385/t/60cd13daf7e35c6f11007cb4/1624052699403/BC+Case+Presentation+Resident+Guide+May+2021.pdf>
5. Tips for Delivering an Effective Continuing Education Presentation. Pharmacy Times. 2016. <https://www.pharmacytimes.com/view/5-tips-for-delivering-an-effective-continuing-education-presentation>
6. Journal club 101 for new practitioners. AJHP. 2004;61(18):1885-1887. <https://academic.oup.com/ajhp/article-abstract/61/18/1885/5143752?redirectedFrom=fulltext>

## RESEARCH

Residents will develop, implement, and complete a year-long research project. Requirements include writing a research project protocol, 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 week 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 Residency Program Coordinator. 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 and provided by ASHP (<https://www.ashp.org/pharmacy-practice/resource-centers/research-resource-center>).*

## 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)
- NYSCHP Annual Assembly and Residency Research & Practice Forum (April)
- Royals New York City Regional Pharmacy Residency Conference (June)

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)
- Royals New York City Regional Pharmacy Residency Conference (June)

Conference attendance as required by the program does not count against a resident's personal days. The program allows seven (7) days per year for professional leave. Reimbursement for travel expenses incurred as part of conference attendance will be provided (registration, airfare, hotel). Additional conference travel requests will require approval from the Residency Program Director and 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, network 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 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 fulfill 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 Pharmacy 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

	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.

	R   A   C   E	L I S T E N   F O R   O V E R H E A D
	R E S C U E   A L A R M   C O N F I N E   E X T I N G U I S H	A N N O U N C E M E N T   F O R   F I R E   L O C A T I O N
	K N O W   Y O U R   C O D E S	P   A   S   S
	C O D E   9 9   =   F I R E   D I A L   x   4 4	P U L L   A I M   S Q U E E Z E   S W E E P   S I D E - T O - S I D E
	Y E L L O W - P r e p a r a t i o n   f o r   D i s a s t e r	D I A L   4 4
	O R A N G E - A c t i v a t e   D i s a s t e r   P l a n	D I A L   4 4
	O R A N G E " D E C O N " - Q u a r a n t i n e   S i t u a t i o n	D I A L   4 4
	C O N D I T I O N " H " - M a t e r n a l   H e m o r r h a g e	D I A L   4 4

## RESIDENT WORK SPACE AND RESOURCES

Residents are provided a designated work space (office) on the 8th floor, which includes individual desks, telephones, computers and IT access, and hospital email. One laptop-on-wheels is provided to be equally shared among the residents for use on rounds.

Information technology support can be reached at x7777 or [ITHelpDesk@wyckoffhospital.org](mailto:ITHelpDesk@wyckoffhospital.org).

[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.

## **PRECEPTOR DEVELOPMENT POLICY**

WHMC will offer multiple educational opportunities for preceptors to improve their precepting skills. Annually, each preceptor will be given a personalized development plan to address areas of need. In addition, new preceptors and preceptors-in-training will be required to complete additional preceptor training. The residency program director (RPD), in conjunction with the residency advisory committee (RAC), will be responsible for the following on an annual basis:

- An assessment of preceptor needs
- Schedule of activities to facilitate development
- A periodic review of plans and processes

### **Assessment of Preceptor Development Needs:**

- All preceptors will complete a Preceptor Self-Assessment annually by June 1<sup>st</sup>.
- All preceptors will complete the Preceptor Development form, which will be reviewed the RPD annually in June.
- The RPD will review residents' evaluations of preceptors and learning experiences to identify potential areas for improvement.
- The RPD will solicit verbal feedback from residents periodically.
- The RPD will regularly check in with ASHP residency accreditation standards for potential areas of improvement.

### **Process for Annual Preceptor Development:**

- Preceptor development needs identified through the assessment process will be discussed at the June Faculty Council Meeting.
- The RPD and RAC will come to consensus for a preceptor development plan for the upcoming year during the July RAC. The schedule of activities created during this meeting can be found in the pharmacy share drive, to ensure accessibility to all.
- RPDs will develop personalized plans in addition to this as needed.

### **Annual Review of Previous Years Plan:**

- Preceptor development plans from the previous year will be reviewed at the July RAC meeting. Effectiveness of the plan will be based on resident and preceptor feedback.
- The results of this annual assessment will be used to develop the upcoming years plan.

### **Additional Training for New Preceptors and Preceptors in Training:**

- Read and discuss "Guidance Document for the ASHP Accreditation Standard for Post-Graduate Year One (PGY1) Pharmacy Residency Programs" with PGY1 RPD.
- Read and discuss "Guidance Document for the ASHP Accreditation Standard for Post-Graduate Year Two (PGY2) Pharmacy Residency Programs" with PGY2 RPD, if applicable.
- Review the WHMC Residency Manual with the RPD(s).

**Additional Requirements for Preceptors in Training:**

- RPD will develop, together with the preceptor in training, an individual plan to ensure the preceptor in training meets all ASHP requirements within 2 years.
- RPD will appoint a mentor to the preceptor in training.

**Other Opportunities for Preceptor Development:**

- Preceptors will be encouraged to participate in local (NYSCHP Royals Chapter and NYC Regional Pharmacy Residency Conference), regional (Eastern States or NYSCHP Annual Assembly), and national conferences (ASHP Midyear).
  - Conference registration and travel costs will be reimbursed by the medical center.
- Those who attend meetings will be encouraged to share pearls from CE's attended at upcoming RAC meetings.
- WHMC preceptors will be given Touro College or Pharmacy affiliation status. This will include but will not be limited to: medical library access, didactic lecture opportunities, precepting of APPE students.

# **PHARMACY RESIDENCY PROGRAMS POLICIES**

**WYCKOFF HEIGHTS MEDICAL CENTER  
POLICY AND PROCEDURE MANUAL**

**CATEGORY:** Pharmacotherapy Residency Programs

**SUBJECT:** Pharmacy Resident Attendance and Leave of Absence

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

**EFFECTIVE DATE:** June 30, 2024

**SUPERSEDES:** June 21, 2022

**REVIEW DATE:** \_\_\_\_\_

**REVIEWER SIGNATURES:** \_\_\_\_\_

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**POLICY:**

Residents are scheduled to work Monday to Friday 7 am to 4 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 five 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 (7 am to 4 pm) and weeknight shifts (4 pm to 8 pm). 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.

## **Personal Time Off**

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

## **Professional Leave**

Each resident is expected to attend two to three 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 seven (7) conference 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 (8.43).

## **Extended Leave**

Time away from the residency program may not exceed a combined total of 37 days. Examples of time away from scheduling training days of the program include vacation, sick, holiday, religious, personal, interview, conference, educational, jury duty, bereavement, military, parental, leave of absence, and extended leave. Any absences beyond 37 days require an extension in training.

Residents may be eligible for several different leaves of absence:

- Disability leave
- Personal leave
- New York Paid Family Leave (NY PFL)
- Family and Medical Leave Act (FMLA) (*most pharmacy residents will not qualify for FMLA as eligibility requires employment for at least one year*)

Residents opting for any leave of absence must comply with all medical center policies regarding leaves of absence (8.17). Such absences are unpaid by the hospital and will not count as time accumulated towards completion of the residency program. Residents must return to the program for an equivalent duration of time to successfully complete the program and receive a certificate of completion.

Any extension of the program is limited to ninety (90) days, during which salary and benefits will continue.

**PROCEDURE:**

- Personal (vacation, holiday, etc.): Resident must obtain advance approval via email from the Residency Program Director and the preceptor of the corresponding rotation.
  - Holidays are approved in first-come, first-serve manner. At least one resident is required to provide on-site clinical coverage on holidays.
- Illness: Resident must contact the rotation preceptor and Residency Program Director and alert them of their need for a sick day.
  - Any illness of three (3) or more consecutive days requires written verification by a licensed physician/medical practitioner and clearance by Employee Health Services to return to work.
  - Any absence due to illness for more than one scheduled work week requires completion of Form DBL 450 in the Human Resources Department.
  - See also: Paid Sick Leave – Non-union hospital policy 8.37
  - Illness due to COVID-19: refer to hospital policy 9.17
- 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:** 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 30, 2023

**SUPERSEDES:** June 21, 2022

**REVIEW DATE:** \_\_\_\_\_

**REVIEWER SIGNATURE:** \_\_\_\_\_

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**POLICY:**

The Pharmacy 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)<sup>1</sup>. This policy helps ensure optimal conditions for patient care, education, and resident well-being.

- Duty hours must be limited to no more than 80 hours per week, averaged over a four-week period.
  - *Duty hours* are defined as 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. This includes inpatient and outpatient care; staffing/service commitment; in-house call; administrative duties; and scheduled and assigned activities, such as conferences, committee meetings, teaching activities, and health and wellness events. Duty hours do not include: reading, studying, and academic preparation time (e.g. for presentations, journal clubs, closing knowledge gaps); travel time; 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 of 8 hours between scheduled duty periods.
- Continuous duty periods of residents should not exceed 16 hours.
- Residents are **prohibited from moonlighting** (external or internal) during 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, interferes with the resident’s fitness for work, compromises patient safety, 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.

**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 on a monthly basis. Any instances of non-compliance with this policy identified will be assessed and an action plan created by the Residency Program Director to avoid future instances of non-compliance.

**APPROVED BY:**

  
 \_\_\_\_\_  
 Henry Cohen, PharmD  
 Senior Director of Pharmacotherapy Residency Programs

**REFERENCES:**

1. Duty Hour Requirements for Pharmacy Residencies. ASHP. 4 Mar 2023.  
<https://www.ashp.org/-/media/assets/professional-development/residencies/docs/duty-hour-requirements.pdf>

**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 30, 2023

**SUPERSEDES:** June 22, 2022

**REVIEW DATE:** \_\_\_\_\_

**REVIEWER SIGNATURES:** \_\_\_\_\_

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**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 will include repeating the failed learning experience, meeting regularly with the RPD for assessment of progress, and extending the residency year without compensation.

- a. Criteria for learning experience failure include but are not limited to:
  - i. Inability to meet resident progress expectations as outlined in the learning experience description
  - ii. Consistent lack of preparedness for patient presentation, topic discussion, or any educational activity
  - iii. Poor communication with preceptor(s), co-residents, pharmacy staff, or any other pertinent healthcare staff in the capacity of patient care
  - iv. Failure to meet with preceptor at specific time or any act of insubordination/procrastination/avoidance that delays or impedes patient care
  - v. Lack of regard or earnest effort to rectify deficits after two meetings with preceptor addressing resident's lack of progress
  - vi. Majority score of Needs Improvement (NI) on evaluated objectives
- IV. Residents who fail subsequent learning experiences are subject to dismissal from the program at the discretion of the Residency Program Director.
- V. Remediation for PGY1 Pharmacy
  - a. 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:
    - i. Two (2) consecutive NIs in multiple objectives, or in a patient care objective
    - ii. A grade of NI in  $\geq 20\%$  of residency objectives at the end of the first quarter
    - iii. A grade of NI in  $\geq 30\%$  of residency objectives at the end of the second quarter
  - b. The period of probation will be determined at the program's discretion
    - i. At least 50% of the objectives with NIs must improve to satisfactory progress by midpoint of the period of probation
    - ii. At least 80% of the objectives with NIs must improve to satisfactory progress by the end of the period of probation
  - c. If the resident fails to progress as described above, they will be dismissed from the program.
- VI. Remediation for PGY2 Internal Medicine Pharmacy
  - a. 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:
    - i. Five (5) NIs in any objectives at any one point in time or two (2) consecutive NIs on multiple objectives
  - b. The period of probation will be determined at the program's discretion
    - i. At least 50% of the objectives with NIs must improve to satisfactory progress by midpoint of the period of probation

- ii. At least 80% of the objectives with NIs must improve to satisfactory progress by the end of the period of probation
- c. If the resident fails to progress as described above, they will be dismissed from the program.

### **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 120 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:**

A handwritten signature in black ink that reads "Henry Cohen, Pharm.D." The signature is written in a cursive style and is positioned above a horizontal line.

Henry Cohen, PharmD  
Senior Director of Pharmacotherapy Residency Programs

**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 1, 2025

**SUPERSEDES:** June 21, 2022

**REVIEW DATE:** \_\_\_\_\_

**REVIEWER SIGNATURES:** \_\_\_\_\_

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**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 prior to or within 120 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 Department<sup>1</sup> as soon as possible after learning they have matched at this residency program.
2. All residents that are not a New York State Licensed Pharmacist prior to starting the residency program must obtain a New York State Pharmacy Limited (Intern) Permit, and supply a copy to the Residency Program Director prior to the first day of the residency program.

3. The pharmacy resident ensures that all examinations for New York State licensure (NAPLEX<sup>2</sup> and MPJE<sup>3,4</sup>) are completed prior to or within the first 30 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.
4. 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.
5. **Passing of the New York State Licensure Examinations:** The Residency Program Director must be informed immediately by the pharmacy resident when they receive the passing scores of each NYS licensure examination and when they are granted NYS Pharmacist Licensure.
6. **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 120 days from starting the program.
  - a. The Residency Program Director must be informed immediately by the pharmacy resident when they receive 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.
7. **Failure to Obtain Licensure within 120 Days:** If the resident is not fully licensed as a pharmacist in New York State within 120 days of starting the residency program, the resident will be dismissed from the program.

**APPROVED BY:**

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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>

**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 30, 2023

**SUPERSEDES:** June 27, 2022

**REVIEW DATE:** \_\_\_\_\_

**REVIEWER SIGNATURES:** \_\_\_\_\_

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**POLICY:**

Current PGY1 Pharmacy Residents 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 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.
- Interested PGY1 resident(s) must submit via email their curriculum vitae and letter of intent to the PGY2 RPD by November 1.
  - Evaluations within PharmAcademic may also be reviewed.

- An interview process will occur in early-to-mid 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(s) of their offer decision prior to Thanksgiving.
- If the PGY1 resident is selected for the position and wishes to accept, they will have up to five days to sign and return the residency program's offer/acceptance letter, which outlines all pre-employment requirements and program terms & conditions, 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>