

## **UPMC Presbyterian Residency Program Manual 2013**

**UPMC** is one of the leading nonprofit health systems in the United States. A \$10 billion integrated global health enterprise headquartered in Pittsburgh, Pennsylvania., UPMC develops and delivers Life Changing Medicine by harnessing the power of technology, translating science into cures, and accelerating the pace of innovation worldwide.

As Pennsylvania's largest employer, with more than 55,000 employees, UPMC is comprised of:

- More than 20 hospitals
- More than 400 clinical locations that encompass long-term care and senior living facilities
- A nearly 1.6-million member health plan
- A growing international and commercial segment

A passion for innovation lies at the heart of UPMC's success. UPMC's unique strategy of combining clinical and research excellence with business-like discipline translates into high-quality patient care for both western Pennsylvanians and the global community.

UPMC is organized into three major operating units:

Provider Services, which includes a comprehensive array of tertiary, community, and regional hospitals; specialty service lines, such as transplantation, women's health, behavioral health, pediatrics, UPMC Cancer Centers, and rehabilitation; in-home care and retirement living options; contract services, including pharmacy and clinical laboratories; and more than 3,000 employed physicians and associated practices.

Insurance Services, which offers health insurance to companies and their employees, as well as recipients of government programs such as Medicare and Medical Assistance; integrated workers' compensation and disability services; and coverage for behavioral health services to Medical Assistance beneficiaries in 35 Pennsylvania counties.

International and Commercial Services, which exports UPMC's medical expertise and management know-how internationally, pursues commercialization opportunities, and develops strategic partnerships with industry leaders.

Closely affiliated with, the University of Pittsburgh Schools of the Health Sciences, UPMC continues to successfully develop internationally renowned programs in:

- Transplantation
- Cancer
- Neurosurgery
- Psychiatry
- Orthopedics
- Sports Medicine

By leveraging our clinical and technological expertise to create breakthrough products and services, UPMC is taking a leadership role in transforming the economy of the region by:

- Pioneering new information technology applications to link and integrate electronic medical records across multiple hospitals and care settings
- Nurturing the creation of new companies
- Developing strategic business relationships with some of the world's leading corporations
- Expanding clinical services and state-of-the art medical expertise into international markets, including Italy, Ireland, China and Japan
- Leading research initiatives in a variety of new fields, such as regenerative medicine and biosecurity
- Contributing more than \$560 million in Fiscal 2010 to charitable organizations and community-based health improvement programs
- By creating new jobs, new businesses, and new models for health care delivery and community support, UPMC's Life Changing Medicine is changing the medical world, as well as the whole wide world.

## **Mission, Vision, and Values**

### **Our Mission**

UPMC's mission is to serve our community by providing outstanding patient care and to shape tomorrow's health system through clinical and technological innovation, research, and education.

### **Our Vision**

UPMC will lead the transformation of health care. The UPMC model will be nationally recognized for redefining health care by:

- Putting our patients at the center of everything we do and creating a model that assures that every patient gets the right care, in the right way, at the right time, every time.
- Harnessing our integrated capabilities to deliver both superb state-of-the-art care to our patients and high value to our stakeholders.
- Employing our partnership with the University of Pittsburgh to advance the understanding of disease, its prevention, treatment and cure.
- Fueling the development of new businesses globally that are consistent with our mission as an ongoing catalyst and driver of economic development for the benefit of the residents of the region.
- Serving the underserved and disadvantaged, and advancing excellence and innovation throughout health care.

## Our Values

1. Customers: Our patients and subscribers are our first priority and we strive to be responsive to their needs as well as those of the thousands of family members, visitors and community residents who walk through our doors, e-mail, text or call us every day.

2. People: Our people are our greatest asset. Our workforce is reflective of the many communities and people we serve and we embrace this diversity as a source of vitality and strength. We value the active participation of employed and independent physicians from throughout the organization and recognize the contributions of our caregivers who are among the best in the world.

3. Excellence: Our goal is excellence in everything we do and we believe continuous improvement in quality is everybody's responsibility.

4. Integrity: UPMC is built on a foundation of honesty and integrity. We promote, support and demand ethical conduct and compliance with the law throughout the organization.

5. Teamwork: We foster and promote a culture that encourages teamwork, embraces change and fosters innovation. We recognize that treating others with dignity and respect is an essential building block of our success.

6. Leadership: We believe that as leaders we must be on the forefront of best-in-class governance and business practices. Responsiveness and transparency will always be hallmarks of our operating model and we will continue organizational integration to achieve the highest and best use of our resources.

7. Community: We are committed to making the communities we serve healthier, stronger, better places to live and to being effective stewards of the resources that they entrust to us.

*UPMC is an equal opportunity employer. UPMC policy prohibits discrimination or harassment on the basis of race, color, religion, ancestry, national origin, age, sex, genetics, sexual orientation, marital status, familial status, disability, veteran status, or any other legally protected group status. Further, UPMC will continue to support and promote equal employment opportunity, human dignity, and racial, ethnic, and cultural diversity. This policy applies to admissions, employment, and access to and treatment in UPMC programs and activities. This commitment is made by UPMC in accordance with federal, state, and/or local laws and regulations.*

**Department of Pharmacy and Therapeutics**  
**University of Pittsburgh School of Pharmacy / UPMC Presbyterian**

**Mission**

The Department of Pharmacy and Therapeutics is committed to leadership in pharmacy education, research, and pharmacotherapy. The department's mission is to: provide quality education that promotes problem solving and life-long learning provide optimal and progressive pharmacy patient care ensuring safe, efficacious and cost-effective drug use; expand the scientific knowledge base through excellence in research; foster the advancement of the profession. To achieve our mission, the Department of Pharmacy and Therapeutics is committed to these fundamental values:

**A Concern for People**

Because of our belief in the inherent worth and dignity of all the members of the University Community - administrators, faculty, staff, students and patients - we actively promote and support mutual respect through genuine regard for diversity of opinion and appreciation of individual differences.

**Excellence in Education, Research, and Patient Care**

In order to realize our potential for academic and professional leadership fully, we affirm and seek to recognize dedicated and innovative teaching, pharmaceutical care and research. Through excellence in these activities, we support our mission and insure the continuity and growth of our Department.

**Vision**

We are committed to evaluate continually new ways to enhance our stewardship of our Department's mission, recognizing that excellence is not a destination, but a journey.

### **Resident Attendance**

The responsibilities of a resident do not coincide with a 40-hour workweek. The residents will be required to be on the premise between the hours of 7:30am-5:00pm Monday – Friday. In addition, the resident is responsible for prompt attendance to all clinical rotations and other activities outlined by a preceptor/program director that may be outside these hours. The preceptor and/or program coordinator has the authority to make additional requirements that fall outside the above weekday or weekend requirements. (See duty hour's policy)

### **Residency Learning System**

The ASHP Accreditation Standard (see online at [www.ashp.org](http://www.ashp.org)) requires that residency training programs provide a systematic approach to program development, implementation, and evaluation. The Residency Learning System (RLS) is a systems-based process for designing instruction. The purpose of both the system and the model is to help pharmacy residency programs conduct effective and efficient training. RLS was adapted by the traditional instructional systems design process and used as a guide to produce a set of resources during the pharmacy practice residency program.

Each resident is provided a copy of the Resident's Guide to RLS, 3<sup>rd</sup> edition prior to beginning the residency and will be introduced to the model during orientation. Preceptors will have a review of the system and program prior to the start of rotations.

### **Residency Goals:**

See ASHP Accreditation Standard and Program Specific Appendix for complete list of goals and corresponding objectives.

### **Rotations**

Beginning sometime in the first quarter, each resident will be responsible for entering his or her own schedule into the GMEROCS system. This will serve as a time log for duty hours and pay periods – therefore, it must be accurate.

Each resident's schedule is devised based on the program requirements and each resident's specific goals. Each resident will complete a Pre-Residency Survey and Rotation List Form by no later than mid-June to help create a schedule to accomplish his/her goals. Based on this information, an individualized plan is created of each resident at the beginning of the year and used as an assessment tool throughout the year.

*Each resident must provide their preceptor with specific goals and objectives in writing at the beginning of each rotation. These goals should reflect the specific rotation, the resident's interest and/or identified areas of weaknesses.*

**Pharmacy Residency Assessment Strategy Guidelines:** The program will use the paper system and ResiTrak™ for evaluations.

#### Preceptor Evaluation of Resident's Attainment of Goals and Objectives

- Only those goals listed in the program design and those that may be added for an individual resident will be included in the summative evaluation.
- Preceptors will provide appropriate orientation to the learning experience, including a review of the educational goals and objectives chosen, learning activities, expectations, and evaluation schedule.
- Preceptors will provide ongoing, verbal formative feedback throughout each learning experience to assist the resident's skill developmental processes. A midpoint feedback session is required, but otherwise, no fixed schedule of feedback is mandated, but a reasonable expectation is 2-3 times weekly, or more often as needed.
- Formative evaluations are required. First semester learning experiences will require at least 1 snapshot. At the preceptor's discretion, they may be altered to better assist in the evaluation of a specific objective where the resident requires feedback. Other examples of formative evaluation instruments include patient monitoring forms, drafts of newsletters, monographs, DUEs, etc.
- Any written formative evaluation should be attached to the summative evaluation.
- If a resident has not adequately performed the assessment activity, additional snapshot evaluations should be conducted at the discretion of the preceptor. If an area of weakness is identified, this should be reevaluated on future rotations and potentially periodically during the year to assure that resident has achieved this task.
- Preceptors will complete a summative evaluation no later than the last day of the learning experience or by the last day of the quarter for longitudinal learning experiences. They must be discussed with the resident, signed, and dated.
- The evaluation criteria for summative evaluations are as follows:
  - "Needs improvement" = resident frequently requires preceptor's guidance - cannot yet function independently to perform task - is learning problem-solving strategies –
  - "Satisfactory Progress" = resident requires preceptor guidance, but with decreasing frequency - skills are building as expected - asks relevant questions -
  - "Achieved" = resident almost never requires preceptor guidance - functions skillfully and completely independently - performs tasks at or near the mastery level multiple times.
  - Narrative comments should relate to criteria developed for achievement of that goal. Please do not provide quantitative commentary.
- Preceptors will check the appropriate rating to indicate resident progress and provide narrative commentary for any goal for which progress is "needs improvement" or "achieved".
- On a quarterly basis, the Residency Faculty and Preceptors will meet (other preceptors may be invited if necessary) to consider each resident's progress and ultimate achievement of the program's educational goals and objectives using all assessment and tracking information available.

#### Resident's Self-evaluation of Their Attainment of Goals and Objectives

- Residents will complete the same summative evaluation instruments by end of each learning experience or at a quarterly interval for longitudinal learning experiences.
- When snapshots are used, the residents will complete the same formative evaluation instruments completed by the preceptors on the same schedule.

- Residents will check the appropriate rating to indicate progress during the learning experience, and should provide narrative comments for any goals for which progress is "Needs improvement" or "Achieved".
- Residents must have all evaluation tools completed for use in evaluation sessions with the preceptor(s). They will be reviewed and discussed with preceptors, and should be signed and dated by the resident and preceptor. A copy will be kept in the resident's notebook as appropriate. The RPD will review all documents.
- At the beginning and end of the residency year, the resident will be provided a list of the program's educational goals and objectives for the year and asked to self-rate their skill level.

#### Resident's Evaluation of the Preceptor and Learning Experience

- Residents will complete the program's evaluation form no later than the last day of each learning experience or quarterly for longitudinal learning experiences.
- Completed forms will be discussed with the preceptor, signed, and dated by each.
- The RPD will review all evaluations.

Additionally, each resident must maintain an organized binder that will be used to determine progress and activities during each quarterly update. At the completion of the residency, the binder will be turned in with all worked related documents including evaluations, projects, presentation handouts, slides, certificates etc.

#### Quarterly Evaluations

A formal meeting to address each resident's progress will be conducted four times in a year. These will be scheduled in Sept, Jan, Apr, and June. Each resident will meet individually with the program director and residency steering committee. Preceptors of longitudinal and clinical rotations during that quarter may be invited if deemed necessary. The resident will be responsible for completely updating their resident notebook at least one week prior to their quarterly evaluation. The program director has the authority to schedule more frequent progress meetings if deemed appropriate for performance issues, disciplinary actions, additional directions or other miscellaneous issues.

## **Duty Hours Requirement Policy -**

The residency program will require each resident to record duty hours via the GMEROCs system which will be detailed during orientation. .

Effectively July 1, 2013 programs must comply with the Pharmacy Specific Duty Hours Requirements for the ASHP Accreditation Standard for Pharmacy Residencies approved in April 2012 (Duty Hours Appendix). Programs will no longer be required to comply with the Accreditation Council for Graduate Medical Education (ACGME) duty hour standards. The following is directly from the Pharmacy Specific Duty Hours Requirement – Duty Hours Appendix.

Definitions:

**Duty Hours:** Duty hours are defined as all scheduled clinical and academic activities related to the pharmacy residency program. This includes inpatient and outpatient care, in-house call, administrative duties, scheduled and assigned activities, such as conferences, committee meetings, and health fairs that are required to meet the goals and objectives of the residency program. Duty hours must be addressed by a well-documented structure process.

Duty hours do not include: reading, studying, and academic preparation time for presentations, journal clubs; or travel time to and from conferences; and hours that are not scheduled by the residency program director or preceptors.

**Scheduled duty periods:** Assigned duties, regardless of setting, that are required to meet the education goals and objectives of the residency program. The duty periods are usually assigned by the residency program director or preceptor and may encompass hours which may be within the normal work day, beyond the normal work day, or a combination of both.

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

**Continuous Duty:** Assigned duty periods without breaks for strategic napping or resting to reduce fatigue or sleep deprivation.

**Strategic Napping:** Short sleep periods, taken as a component of fatigue management, which can mitigate the adverse effects of sleep loss.

## **DUTY HOURS**

Residents, program directors and preceptors have the professional responsibility to ensure they are fit to provide services that promote patient safety. The RPD must ensure that there is not excessive reliance on residents to fulfill service obligations that do not contribute to the educational value of the residency program or that may compromise the fitness for duty and endanger patients safety. Providing residency with a sound training program must be planned, scheduled and balanced with concerns for patients safety and resident's well-being. Therefore, programs must comply with the following duty hour requirements:



**I. Personal and Professional Responsibility for Patient Safety**

- a. Residency program directors must educate residents and preceptors concerning their professional responsibilities to be appropriately rested and fit for duty to provide services required by the patients and health care.
- b. Resident program directors must educate residents and preceptors to recognize the signs of fatigue and sleep deprivation, and adopt processes to manage negative effects of fatigue and sleep deprivation to ensure safe patient care and successful learning.
- c. Residents and preceptors must accept personal and professional responsibility for patient care that supersedes self-interest. At times, it may be in the best interest of the patient to transition the care to another qualified, rested provider.
- d. If the program implements any type of on-call programs, there must be a written description that includes:
  - i. The level of supervision a resident will be provided based on the level of training and competency of the resident and the learning experiences expected during the on-call period
  - ii. Identification of a backup system, if the resident needs assistance to complete the responsibilities required of the on-call program.
- e. The residency program director must ensure that residents participate in structured handoff processes when they complete their duty hours to facilitate information exchange to maintain continuity-of-care and patient safety.

**II. Maximum Hours of Work per Week and Duty Free Times**

- a. Duty hours must be limited to 80 hours per week, averaged over a four-week period, inclusive of all in-house call activities and all moonlighting
- b. Moonlighting (internal or external) must not interfere with the ability of the resident to achieve the educational goals and objectives of the residency program.
  - i. All moonlighting hours must be counted towards the 80-hour maximum weekly hour limit.
  - ii. Programs that allow moonlighting must have a documented structured process to monitor moonlighting that includes at a minimum:
    - 1. The type and number of moonlighting hours allowed by the program.

2. A reporting mechanism for residents to inform the RPD of their moonlighting hours
  3. A mechanism for evaluating residents overall performance that may affect residents' judgment while on scheduled duty periods or impact their ability to achieve the education's goals and objectives of their residency program and provide safe patient care.
  4. A plan for what to do if residents' participating in moonlighting affects their judgment while on scheduled duty hours.
- iii. Mandatory time free of duty: 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.
  - iv. Residents should have 10 hours free of duty between scheduled duty, and must have at a minimum 8 hours between scheduled duty periods.
  - v. If a program has a 24 hour in-house call program, residents must have at least 14 hours free of duty after the 24 hours of in-house duty.

### **III. Maximum Duty Period Length**

- a. Continuous duty periods of resident should not exceed 16 hours. The maximum allowable duty assignment must not exceed 24 hours even with built in strategic napping or other strategies to reduce fatigue and sleep deprivation, with an additional period of up to two hours permitted for transition of care or educational activities.
- b. In-House Call Programs
  - i. Residents must not be scheduled for in-house call more frequently than every third night (when averaged over a four-week period)
  - ii. Programs that have in-house call programs with continuous duty beyond 16 hours and up to 24 hours must have a well-documented structure process that oversee these programs to ensure patient safety, resident well-being, and provides a supportive, education environment. Well-documented, structure process must include at a minimum:
    1. How the program will support strategic napping or other strategies for fatigue and sleep deprivation management for continuous duty beyond 16 hours
    2. A plan for monitoring and resolving issues that may arise with residents' performance due to sleep deprivation or fatigue to ensure patient care and learning are not negatively affected.

### **Resident Moonlighting –**

The residency program views residency training as a full time endeavor and does not encourage nor require resident off-duty "moonlighting". Moonlighting is defined as professional

and patient care activities that are outside the educational program and distinguished from assignments controlled or approved by the Program Director. However, the program does recognize that some residents wish to moonlight to supplement their income and to obtain additional work experience during their residency training. The following policy shall apply:

1. Resident moonlighting activities shall not compromise the primary academic mission of the resident's department, nor diminish the resident's ability to provide the highest level of patient care at either the resident's approved primary teaching site or at the place of moonlighting.
2. The resident's contractual obligation to the training program and employer must remain the priority so that compliance with ASHP requirements and institutional concerns on conflict of interest/commitment can be assured. The Program Director must receive prior written notice of intentions to seek moonlighting experiences, both internal and external, and are to issue written and limited approval with regard to the resident's academic schedule before the resident can initiate the experience.
3. The Program Director must pre-approve and monitor periodically resident moonlighting within the UPMC facility. A prospective written statement of permission from the Program Director is required and is to be made part of the resident's file. If at any time the Program Director determines that a resident's moonlighting schedule is adversely impacting the resident's performance in the training program, the Program Director may withdraw the permission to moonlight.
4. Residents must record all moonlighting experiences, internal and external, via GMEROCs.
5. Resident moonlighting experiences shall not take place during any time when the resident has other assigned duties related to approved residency training requirements or duties.
6. Internal (UPMC) and External resident moonlighting hours may not exceed eighty (80) hours total per week averaged over a four week period. Therefore, any moonlighting will be limited to two days per four week period.

### **Teaching**

Teaching activities are a part of resident formation. There are a multitude of opportunities to teach in collaboration with the University of Pittsburgh School of Pharmacy. The exact requirement for teaching are delineated in the program specific appendix.

### **Project / Research**

All residents will be provided with a list of project / research ideas upon their arrival and choose an idea of interest by the designated deadline. The resident and chosen faculty members will follow the requirements addressed in the research section of the SOP policy and procedure manual. Please refer to that section for further details. In addition to the SOP requirements, a draft manuscript of the project must be completed in order to obtain a residency certificate. A formal research series of lectures and small group work is scheduled and will be introduced during orientation. See complete description for details.

### **Resident Seminar, Journal Club, and Platforms**

Please refer to the appropriate section of the SOP policy and procedure manual for detailed requirements. Explanation will be provided at the School of Pharmacy Orientation Day and other scheduled meetings.

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## **Requirements for Residency Certificate**

Requirements for individual residency programs and denoted in program specific appendices.

## **Policies and Procedures**

Policies pertaining to graduate medical education and trainees can be found electronically on the GMEKnows site: [spis.upmc.com/psd/home/GMEknows/Portal/Policies](https://spis.upmc.com/psd/home/GMEknows/Portal/Policies)

Not all policies are specifically pertinent to pharmacy residents. Those with which pharmacy residents should become familiar include:

### **Resident Centered Policies:**

[Disabilities Policy](#)  
[Grievance \(non-Academic Issues\) Policy](#)  
[Grievance and Appeal Policy](#)  
[Harassment Policy](#)  
[Impairment Policy](#)  
[Qualified Scholarship Policy](#)  
[Social Networking-HSHR0748 Policy](#)  
[Termination Policy](#)  
[Administrative Leave of Absence Policy](#)  
[Family Medical Leave of Absence \(FMLA\) Policy](#)  
[Personal Leave of Absence Policy \(PLOA\)](#)

### **Dismissal and Grievance Policies**

See SOP Policy Manual

## **Benefits:**

### **Health Benefits**

Fringe benefits effective July 1, 2013 through June 30, 2014 for full-time residents.

- A health insurance plan for the trainee and his/her eligible dependent(s) is provided. Enrollment forms were provided prior to July so that coverage will be in effect July 1<sup>st</sup>.
- Dental insurance, life insurance, paid short-term disability, and long-term disability insurance coverage are provided; details should be discussed with Human Resources as to eligibility.

For additional questions, please speak to Graduate Medical Education (GME) Office at 412-647-6340.

## **Resources**

<https://spis.upmc.com/psd/home/GMEknows/default.aspx> - GME Knows

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The Resident Fellow Assistance Program provides free assessment and short term counseling and or referrals to appropriate community resources for personal, career, and job-related needs. Contact Robert LeBras in the GME office at 412-647-6340

### **Parking**

Parking is available at a UPMC designated lot either by lease or by prepaid cards.

### **Pagers**

Each resident will be provided a pager on the first day of the residency. In July, an introduction to the paging and telephone system will be provided. **Each resident is responsible for being available/in access by pager 24 hours a day six days a week on average. Each resident will be provided one day in seven free from all call responsibilities averaged over a 4-week period. The selected day(s) must be decided jointly with the preceptor and appropriate coverage must be in place.** The resident is responsible for maintaining the pager in good condition during the year. When the resident is outside the short-range limits of his/her pager, the resident is required to have coverage either by their preceptor or by fellow resident. Each resident must return his/her pager to the Program Director as part of the completion of the residency program.

### **Office Space, Telephone and Keys**

Each resident will be provided a designated working space and will be provided a computer with all necessary programs (i.e., Microsoft Word, PowerPoint and Internet access) and linked to a network printer. A key will be provided to each resident to access appropriate areas. The office will have access to a personal phone and audix system for voicemail.

### **Phone Access**

Each resident will have access to phone services for in house, local and long distance (US) calls. All phone calls made are logged within the communications department and reported back to the management of this department. When making an in house call, connection can be made by dialing the last number of the prefix and the four-digit number. To access an outside line you will need to dial 9 to get out. Most phones in house will require that you insert your personal phone access code in order to complete a local or long distance call. Each resident will receive an individual number that should be kept confidential.

Personal phone calls while on distribution services are discouraged. Long distance access is provided as a professional courtesy and should be used with discretion. Inappropriate use will result in a loss of outside phone privileges.

University of Pittsburgh Extensions: 648, 688, 624, 383

University of Pittsburgh Medical Center Health System Extensions

647 – PUH 648 – MUH 692 – MUH

5 – in house numbers only (PUH and MUH) – these numbers cannot be reached when dialing in from the outside. Therefore, do not page anyone to a 5 extension

Shadyside Extension 623

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**UPMC Presbyterian  
Pharmacy Residency Program  
Annual Leave / Vacation / Sick Time Policy**

**Annual Leave/Vacation**

All leave must be approved by the Program Director at least 14 days in advance of the anticipated time off. There may be case-by-case exceptions provided. All preceptors, where the time-off affects that rotation, must also approve leave prior to the start of rotation. Preceptors must approve the leave before the Program Director will sign the form. It is the resident's responsibility to ensure that all practice, on-call, and teaching responsibilities are adequately covered during their expected leave. Pagers must be signed out to the preceptor or another resident, based on agreement of both. When completing the form, please indicate who will be covering your pager status during this time. Once the leave is approved, it is the resident's responsibility to forward a copy of the approved leave to Kathy Woodburn, as she is responsible for signing off time sheets.

- **The resident will have ten days of vacation allotted to them and are required to keep an accurate log of days remaining.**
- **Residents must use the GME Resident Online Coordinating System (GMEROCs) to schedule vacation days and any sick time used.**
- **Residents have the option of taking the University Christmas Holiday as a block of vacation days (December 24, – January 1).**
- **Vacation time will not be granted during the last two weeks of the residency program.**

For vacation, professional meetings, interviews and sick days, the resident must complete the appropriate form and follow instructions as indicated. There will be strict enforcement of the submission date.

No more than five days of vacation and/or time-off days (professional days, sick days, etc.) per rotation will be granted.

Early departure from the residency program may be considered if the resident is moving from one post-graduate training program to another (maximum of two days).

The above is subject to consideration of extenuating circumstances; deviations from the above will be considered on a case-by-case basis.

**Holidays**

Residents will have the following holidays off (except as part of the staffing requirement):

Major holidays:

Fourth of July  
Thanksgiving Day  
Christmas Day  
New Year's Day

Minor holidays:

Labor Day  
Friday following Thanksgiving  
Martin Luther King Day  
University Spring Holiday (March)  
Memorial Day

### **Sick Days**

The Program Director and current preceptor must be notified as soon as possible if a sick day is taken. The preceptor should be paged and the RPD emailed. It is the responsibility of the resident to make sure all teaching and patient care responsibilities are covered during this time. If a resident requires an extended period of leave due to sickness or family emergencies, the program can be extended to September in order for the resident to successfully meet the requirements of the residency.

*If greater than five working days on any given rotation are missed due to illness, the resident will be subject to repeat that rotation.*

### **Professional Days**

Residents are encouraged to become active in their careers by attending professional meetings and networking. All residents are required to attend the ASHP Midyear Clinical Meeting. PGY1 Residents are also required to attend the Eastern States Residents and Preceptors Conference each spring. Each resident will be provided an annual travel stipend. If a resident is interested in attending additional professional meetings for networking or accepted posters/presentations, the program director should be contacted to discuss this opportunity as soon as possible.

There is no maximum number of interview days provided to the resident. However, if this request is abused, the resident will be subject to disciplinary action and potential loss of unused vacation. The resident must notify the preceptor and program director as soon as an interview date(s) may potentially affect the rotation.

## **Pharmacy Service ("Staffing")**

Pharmacy residents provide scheduled pharmacy services within the Department of Pharmacy and Therapeutics in order to provide patient care as well as fulfill learning requirements of the individual residency programs. All residents will be provided with the Resident Pharmacist Training Manual during orientation.

Exact service expectations may differ slightly by residency, but in general:

PGY1 Residents – every other weekend,

PGY2 Residents – every third weekend

All residents provide service for one major and two minor holidays as well as 1 monthly evening shift. Resident staffing is scheduled so as to comply with the duty hours policy.

### **Major holidays:**

Fourth of July  
Thanksgiving Day  
Christmas Day  
New Year's Day

### **Minor holidays:**

Labor Day  
Friday following Thanksgiving  
Martin Luther King Day  
Memorial Day

Residents will be provided a schedule of their assigned staffing requirements at the initiation of the residency year. Changes may be made to accommodate licensure status of incoming residents.

### **Schedule Change Requests:**

Residents may need to request changes in the assigned schedule. Trades with other residents are preferred. Should a resident be unable to facilitate a needed exchange with a fellow residents, the residents must obtain approval from Jennifer Belavic to ask non-resident pharmacists for trades according to the following: .....

### **Requests for Posted Schedules**

Please e-mail these requests to "PharmacyPUH-Payroll" with the details of a requested shift and include (cc) all parties who have agreed to the switch. Remember:

1. All parties involved in the switch must respond to the email with their agreement before approval is granted.
2. Switch requests must be submitted no later than one week in advance of the date a switch is requested
3. Switch requests must not create overtime
4. If the staff member is a full-time employee or part-time employee, PTO must be used to meet required hours (40 hr/week for full-time or 20 hr/week for part-time). Please complete a variance sheet or email PharmacyPUH-Payroll in this instance.
5. True emergencies will be dealt with on an individual basis with approval at the discretion of a manager

### **Moonlighting**



In addition to your required staffing shifts, you are permitted to pick up extra shifts for moonlighting pay. This pay will be in addition to your usual take-home pay and is at the pharmacist hourly rate. When a new schedule is posted, open shifts will be indicated in yellow. Email "PharmacyPUH-Payroll" with your offer for pick-up. All moonlighting must be in accordance with the duty hours and moonlighting policies stated earlier in this manual.

## **Items in school manual – not presby**

### ***Malpractice Insurance***

Residents are required to provide documentation of professional malpractice insurance coverage for their year of residency to their Program Director no later than August 1<sup>st</sup>.

### ***Discrimination***

The School's philosophy regarding sexual harassment can best be described as one of zero tolerance. Since harassment can involve the resident in two directions – the resident as harasser and the resident as the one being harassed it behooves each resident to be extremely mindful of their interactions with students, healthcare professionals, patients and their families. If a resident perceives a problem they should promptly contact the rotation preceptor and their program director.

#### **Sexual Harassment**

University of Pittsburgh Policy #07-06-04 outlines sexual harassment in the workplace and describes the procedures for employees to follow if they feel their rights have been violated

#### **UPMC - Sexual Harassment**

UPMC Health System Policy HS-HR0705 outlines the policy on sexual harassment in the workplace and describes the procedures for employees to follow if they feel their rights have been violated.

### **Grievance Policy - Definition**

A grievance is defined as any complaint by an individual resident regarding a specific act by the University, residency program, or any representative thereof which adversely affects the resident's existing terms or conditions of employment.

#### **Grievable Matters**

Grievable matters are those relating to the interpretation of, application of, or compliance with the provisions of the residency program or the general policies and procedures of the hospital/rotation site. Questions of arbitrary, punitive, or retaliatory actions or interpretations of the resident's performance by any faculty member or representative of the residency program are subject to the grievance process.

#### **Non-Grievable Matters**

Actions on the part of the University, School, and/or Hospital based solely on administrative considerations are not subject to interpretations and are therefore non-grievable.

#### **Grievance Procedure**

1. A resident who experiences problems arising from his/her training during an experiential or other type of rotation or educational experience is advised to first discuss the issue with the preceptor.
2. In cases where the grievance is not resolved to the satisfaction of the resident, or if the nature of the grievance is such that the resident believes that a fair resolution cannot be attained by discussing the grievance with the preceptor, the resident should meet with the Program Director and/or Department Chair. If the grievance is not resolved at this point, the resident may request an administrative hearing, in writing, to the University of Pittsburgh School of Pharmacy Residency Committee.

3. Other types of grievances where the resident believes that a fair resolution cannot be attained by presenting the grievance to the preceptor, Program Director, or Department Chair, the resident may directly request an administrative hearing, in writing, to the University of Pittsburgh School of Pharmacy Residency Committee.
4. The University of Pittsburgh School of Pharmacy Residency Committee will select a three-member board to resolve the grievance. Members of the Residency Committee and the resident's Program Director are not eligible to serve on the board. The board shall review the grievance within 30 days of the resident's written notification and gather additional evidence from the resident, the Program Director, or others as needed to reach a decision. The Board shall prepare a written recommendation to the Dean of the Pharmacy School. Any action taken in good faith by the Dean addressing the grievance shall be final.

Legal counsel will be consulted when the resident has threatened or filed legal action against the school or the institution. The dean's response may be delayed pending resolution of the legal issues. In such cases the resident will be so advised.

**UPMC Pharmacy Residency Program**  
**Time Off Service Request Form**  
**(Must be completed at least 14 days prior to requested dates)**

Name: \_\_\_\_\_

Request Date: \_\_\_\_\_

Dates off Service: From \_\_\_\_\_ To \_\_\_\_\_

Reason for leave	# of Days
Vacation (total 10 days eligible)	Note: (   = vacation days left unused)
Meeting/Conference Attendance (include name of meeting)	
Interviews	Location:
Sick Day **	
Others (must specify activity)	
Service/Pager covered by:	
Resident Contact information While away for vacation or Meetings:	
Rotation Preceptor (sign/date for approval)	
Program Director (sign/date for approval)	

\*\* For expected sick leave, form must be completed and approved at least 14 days prior to leave.

\*\* For unexpected sick leave, form must be filled out within five days of return and rotation preceptor must sign form. In addition, request form should be filled out for distribution/staffing sick days and signed by pharmacy manager.

**UPMC Pharmacy Residency Program  
Request for Moonlighting Privileges**

I have read the Pharmacy Residency Policy regarding moonlighting. In addition to pharmacy service obligations scheduled by the Department of Pharmacy, my internal and external moonlighting schedule for the month of \_\_\_\_\_, Year \_\_\_\_\_ is as follows:

<u>Date</u>	<u>Hours Worked</u>	<u>Location</u>	<u>Internal or External</u>

My current rotation: \_\_\_\_\_

I attest that my scheduled duty hours, on-call assignments, service obligations and moonlighting activities conform to the Pharmacy Residency Moonlighting requirements. A copy of this form is to be maintained in the resident binder.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Program Director Approval

\_\_\_\_\_  
Date