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Mission Statement

Our mission is a commitment to excellence in health care, with patients and their families at the heart of all that we do.

Purpose

The PGY1 Pharmacy Residency Program at Highland Hospital builds upon Doctor of Pharmacy (Pharm.D.) education and outcomes to contribute to the development of clinical pharmacists who are responsible for medication-related care of patients with a wide range of conditions and who are eligible for board certification and for postgraduate year two (PGY2) pharmacy residency training.

Outcomes

The resident will function as a key member of the health care team and be accountable for achieving optimal drug therapy outcomes for their patients. Upon completion of the program, the resident will be competent in the following required competency areas:

- 1. Patient care
- 2. Practice Advancement
- 3. Leadership
- 4. Teaching and Education

Highland Hospital

Founded in 1889, Highland Hospital has a history of innovative and personalized care. The hospital is a regional leader in specialties such as bariatric surgery, total joint replacement, geriatric care, gynecologic oncology, prostate cancer treatment, women's health services, and maternity.

At Highland we are committed to providing exemplary patient and family-centered care. As a community hospital we have the advantage of providing excellence in heal8.04 0, care while ensuring that our patients and their families are included in all decision making.

Our affiliation with the University of Rochester Medical Center gives us access to leading edge technology, research, and resources, enhancing our ability to provide excellence in patient care. Together we confront the challenges of a changing health care environment and utilize each other's strengths to provide remarkable care for our community.

Accreditation and History

The Highland Hospital Department of Pharmacy offers a PGY1 ASHP Accredited Pharmacy Residency program. The Program initially began in 2012-13 with one resident per year, changing to two residents per year in 2015-16.

The PGY1 Residency Program is designed to cultivate competent and innovative practitioners who provide comprehensive medication management services across the continuum of

Hospital Residency Program. The RAC membership consists of all preceptors, and is chaired by the RPD. The pharmacy residents may be periodically asked to attend to provide updates to the Committee. The primary goals of the RAC

of goals and resident development plans; to maintain and assure compliance with ASHP accreditation standards, and to assure an on-going process of assessment of the residency program including all aspects of program design. The RAC will hold an annual retreat or meetings prior to the conclusion of each residency year to discuss areas of program strength, opportunities for improvement, and strategies to improve the residency program. Residents will participate in these end of year meetings in order to provide their feedback and input.

Licensure Requirement for Residents

- If not already licensed as a pharmacist, residents are required to hold a valid NYS Pharmacy intern permit at the start of the residency program.
- It is the expectation of the HH RPD that HH residents will initiate the scheduling of the 2 components of the New York pharmacy licensure exam prior to the beginning of their

- All residents will receive Spok paging for use during the residency year.
- Lab Coat
 - Each resident will be supplied two lab coats. Replacement lab coats will be at the expense of the resident.
- Business Cards
 - Each resident will be supplied business cards upon request. Please contact the Pharmacy Department Secretary for ordering details.
- Office supplies
 - Each resident will have necessary office supplies supplied by the Department. Please discuss any needed office supplies with the Department Secretary.

Residency Learning Experiences and Activities

Please refer to PharmAcademic for all learning experience descriptions, learning objectives, objective activities, and additional learning experience requirements and expectations

Core Learning Experiences (Required)

- Orientation (6 weeks)
- Critical Care (5 weeks)
- Family Medicine Ambulatory Care (4 weeks)
- Antimicrobial Stewardship (4 weeks)
- Internal Medicine (one 5-week experience and two 4-week experiences = 13 weeks total)
- Pharmacy Management (4 weeks)

Core Longitudinal Learning Experiences (Required)

- Management/Safety/Wellness (11 months)
- Pharmacy Practice Longitudinal (Staffing) (12 months)
- Research Minor/Midyear Project (6 months)
- Research Major/Eastern States Conference Project (12 months)
- Teaching and Education (10 months)
- WSOP Teaching Certificate Program (6 months)

Elective Learning Experiences (4 weeks)

Up to 4 electives possible maximum of 2 electives at Strong Memorial Hospital

Highland Elective Learning Experiences

- Advanced Pharmacy Practice
- Infectious Diseases Consult
- Emergency Medicine
- Medical Mission Trip (length determined based on location)
- Transitions of Care

Strong Memorial Elective Learning Experiences

- Ambulatory Primary Care (Internal Medicine)
- Burn/Trauma Intensive (BTICU) Care
- Cardiology

- Emergency Medicine
- Inpatient Blood and Marrow Transplant
- Inpatient Malignant Hematology
- Infectious Diseases

- Informatics
- Medical Intensive Care (MICU)
- Pediatric Infectious Diseases Consult
- Pediatric Intensive Care
- General Pediatrics
- Psychiatry

- Solid Organ Transplant
- Ambulatory Solid Organ Transplant
- Surgical Intensive Care (SICU)
- Specialty Pharmacy Services Ambulatory Care
- Toxicology

Pharmacy Practice Service Activities / Responsibilities of Residents

- All residents will be required to participate in a service requirement (Pharmacy Practice Longitudinal) of every third weekend in addition to one designated major holiday and two designated minor holidays. Deviation from an every third weekend schedule may occur in approved circumstances (e.g Midyear or Eastern States Conference attendance).
- In general, residents are discouraged from planning vacation time that would coincide with a scheduled weekend. Consideration for vacation time approval that involves a scheduled weekend must occur with the resident and the RPD or RPC, as is the case for all vacation time approval. In order for approval consideration, residents must coordinate weekend cross-coverage with their co-resident or other pharmacist.
- All service activities will follow Resident Duty Hour requirements as described above.
- This requirement will be a component of the required longitudinal learning experience in Pharmacy Practice.

Teaching Activities and Responsibilities of Residents

 Teaching certificate: Participation in the St. John Fisher College Wegmans School of Pharmacy (SJFC WSOP) teaching certificate program is considered mandatory of all residents. Residents will acquire the basic skills needed to practice in the area of pharmacy academia. Upon completion of the course, residents wil D or RmentETQq0.00000912 0 612 792 reW*nBT/2

Resident is expected to identify a topic and independently reach out to a preceptor to ask their availability to precept/review AT LEAST 4 WEEKS in advance of due date.
1st draft due AT LEAST 2 WEEKS in advance of due date.

For a list of presentation topic ideas, may prefer to <u>Topic Ideas List on Box</u>

- DI question write up template is saved to the ShareDrive.
- Upon completion of DI question, the resident will send to their corresponding preceptor for feedback, then a second revised draft will be sent to their corresponding preceptor, RPD, and RPC for additional feedback and final approval.
- Upon final approval, the resident will upload the final version to the SharePoint and email the HH inpatient pharmacists a summary of the DI question, including where to find the full version on the SharePoint.
- Prepare a drug class review, monograph, treatment guideline, or protocol and present to the URMC Therapeutics Committee or other Committees as appropriate- minimum #1 required. Residents may have additional opportunities to complete a drug class review, monograph, treatment guideline, or protocol projects over the course of the residency year.

• Ongoing feedback and evaluation will be provided during the orientation and pharmacy practice longitudinal learning experiences at the minimum. Code participation will also be discussed with the resident at least quarterly with RPD/Coordinator.

Resident Documentation in the Electronic Health Record (EHR)

- Residents will be required to have their progress notes co-signed by a licensed pharmacist until they are officially licensed. Regardless of licensure status, residents are required to continue to have their progress notes co-signed until they are scheduled as independent
- Final approval that residents will no longer require progress note co-signature will be determined during the October RAC meeting. This decision will consider factors such as preceptor feedback on performance and evaluations.
- When it is determined that the resident no longer requires co-signature of progress note, residents and all pharmacists will be notified.

Special Training Requirements for Residents

Residents are required to satisfactorily complete the following additional training programs during the course of the residency program. Dates for successful completion of these programs will be assigned by the RPD. Any documentation of certification completion should be saved to PharmAcademic files.

- o Highland Hospital orientation session and mandatories
- Web-based HIPAA compliance
- URMC Research Subjects Review Board training (CITI training)
- Electronic medical record (eRecord) training
- ACLS certification

Meetings/Class Attendance

Residents will have numerous opportunities throughout the course of their training to attend various departmental, Highland Hospital, URMC, and external meetings or conferences. The following meetings are examples, but additional opportunities will occur and may be assigned

- o URMC Therapeutics Committee meetings as assigned
- NYS ACCP fall clinical meeting
- Medication Safety Committee meetings (as scheduled)
- HH Pharmacy Staff Meetings (unless excused)
- HH Pharmacist Huddles (unless excused)

Resident Wellness and Mentorship Program

Highland Hospital partners with the University of Rochester (UR) Residency Well-being Committee, in which their purpose is to provide support for the UR Medicine Pharmacy Residency programs by providing infrastructure that encourages resident development into resilient clinicians. Through this committee, residents participate in five 2-hour sessions throughout the residency year. Session content may include: ice breaker activities, journal or case vignette discussions, guest speakers, short videos, small group work, polling, etc. During the sessions, the preceptor leaders will gather resident feedback regarding current stressors. The

- Definitions of evaluation rating scales for Preceptors and Residents
 - ACHR Resident consistently performs objective at ACH level, as defined below.
 - ACH- Resident has demonstrated independence in this area or has refined judgment to ask for advice. Resident performs the skill with little or no assistance from the preceptor.
 - **SP** Resident is able to ask questions to acknowledge limitations and/or judgment is not refined. Additional skill development is needed over more than one learning experience, but resident is expected to fully master the skill or objective as the year progresses. Preceptors are encouraged whenever indicating SP on a particular objective evaluation to also include specific criteria-based recommendations as to what and/or how the resident may improve or achieve that particular objective.
 - **NI** Resident is unable to ask appropriate questions to supplement limitations and/or has a general deficit in this area. Assistance is often required to complete this objective. Preceptors are expected when indicating NI as an evaluation of a particular objective that they must also indicate criteria-based recommendations as to what and/or how the resident may improve their performance.
- Indicating that assigned learning objectives have been achieved for the residency (ACHR) can only be done by the RPD or Coordinator in Pharmacademic after discussion with the RAC Committee members. Each R1.1 and R.1.2 (Patient Care) associated objective should have been designated as ACH in 2 different learning experiences before being considered as ACHR. Other objectives may be considered for ACHR status following a minimum of one assessment as ACH. Final approval for ACHR designation is at the discretion of the RPD.

Summary of Requirements for Successful Completion of the Residency Program

- 1. NYS Licensure (no later than within 90 days from the start of the residency program)
- 2. Advanced Cardiovascular Life Support (ACLS) Certification
- 3. The Collaborative Institutional Training Initiative (CITI Program) Certification
- 4. Completion of WSOP Teaching Certificate Program
- 5. Completion of 1 major and 1 minor research projects
- 6. A final manuscript of the major research residency project in publishable form
- 7. Professional presentations of research projects at ASHP Midyear/Vizient, UB Research Day, and Eastern States Conference as determined by the Residency Program Director and Residency Advisory Committee.
- 8. Clinical Conference Presentations (minimum of 5)
 - a. (1) Case Presentation
 - b. (1) Platform Presentation
 - c. (1) Pharmacy Grand Rounds
 - d. (2) Medicine Noon Conference
- 9. Drug Information Questions (minimum of 2)
- 10. Journal Clubs (minimum of 2)
- 11. Prepare a drug class review, monograph, treatment guideline, or protocol and present to the URMC Therapeutics Committee or other Committees as appropriate (minimum of 1)
- 12. Completion of residency program's educational goals and objectives
 - a. Attain "achieved (ACHR)" for residency in > 85% of the residency program specific evaluated goals and objectives
 - b. Attain "needs improvement (NI)" in 0% of the residency program specific evaluated goals and objectives (End of Residency)

Progress will be tracked within Quarterly Development Plan documents located in each

electronic binder on the S drive. The resident is expected to keep the Quarterly Development Plans as well as tracking of minimum requirements and additional activities (as assigned) updated except for components to be completed by the RPD or Residency Coordinator. The tracking of minimum requirements will be reviewed and discussed during each Quarterly Development Plan meeting.

Highland Hospital Residency Program Faculty and Contact Information

Residency Program Director

Jeff Huntress, PharmD Director, Clinical Pharmacy Services Critical Care Clinical Pharmacy Specialist Highland Hospital, University of Rochester Medical Center 1000 South Avenue, Box 77 Rochester, NY 14620 Phone: (585) 341-6792 Email: Jeff_Huntress@urmc.rochester.edu

Residency Program Coordinator

Michelle Opipari, PharmD, BCPS Highland Hospital, University of Rochester Medical Center 1000 South Avenue, Box 77 Rochester, NY 14620 Phone: (585) 341-6790 Email: <u>Michelle_Opipari@urmc.rochester.edu</u>

Residency Program Preceptors

Highland Hospital

Katelyn Quartuccio, PharmD, BCPS Clinical Pharmacy Specialist, Infectious Diseases Highland Hospital, University of Rochester Medical Center 1000 South Avenue, Box 77 Rochester, NY 14620 Phone: (585) 341-6663 Email: Melanie Lintala, PharmD, BCPS Clinical Staff Pharmacist Highland Hospital, University of Rochester Medical Center 1000 South Avenue, Box 77 Rochester, NY 14620 Phone: (585) 341-6790 Email: <u>Melanie_Lintala1@urmc.rochester.edu</u>

Heather Daly, PharmD, BCGP Clinical Staff Pharmacist Highland Hospital, University of Rochester Medical Center 1000 South Avenue, Box 77 Rochester, NY 14620 Phone: (585) 341-6790 Email: <u>Heather_Daly@urmc.rochester.edu</u>

Alexandra Mancuso, PharmD, BCPS Clinical Staff Pharmacist Highland Hospital, University of Rochester Medical Center 1000 South Avenue, Box 77 Rochester, NY 14620 Phone: (585) 341-6790 Email: <u>Alexandra_Mancuso@urmc.rochester.edu</u>

Amy Thein, PharmD, BCGP Ambulatory Care Clinical Pharmacy Specialist Highland Family Medicine & Geriatric and Medicine Associates 777 S Clinton Ave Rochester, NY 14620 Phone: (585) 279-4788 Email: <u>amy_thein@urmc.rochester.edu</u>

Ephiram Yeataihe, PharmD, BCPS Clinical Staff Pharmacist Highland Hospital, University of Rochester Medical Center 1000 South Avenue, Box 77 Rochester, NY 14620 Phone: (585) 341-6790 Email: <u>Ephiram_Yeataihe@urmc.rochester.edu</u>

Caitlin Zhushma, PharmD, BCPS Clinical Staff Pharmacist Highland Hospital, University of Rochester Medical Center 1000 South Avenue, Box 77 Rochester, NY 14620 Phone: (585) 341-6790 Email: <u>Caitlin_Zhushma@urmc.rochester.edu</u> Emily Hollfelder, PharmD, BCCCP Clinical Staff Pharmacist Highland Hospital, University of Rochester Medical Center 1000 South Avenue, Box 77 Rochester, NY 14620 Phone: (585) 341-6790 Email: Emily_Hollfelder@urmc.rochester.edu

Michelle Opipari, PharmD, BCPS Highland Hospital, University of Rochester Medical Center 1000 South Avenue, Box 77 Rochester, NY 14620 Phone: (585) 341-6790 Email: <u>Michelle_Opipari@urmc.rochester.edu</u>

Jeff Huntress, PharmD Director, Clinical Pharmacy Services Critical Care Clinical Pharmacy Specialist Highland Hospital, University of Rochester Medical Center 1000 South Avenue, Box 77 Rochester, NY 14620 Phone: (585) 341-6792 Email: Jeff_Huntress@urmc.rochester.edu

Chris Dailey, PharmD Director, Pharmacy Operations Highland Hospital, University of Rochester Medical Center 1000 South Avenue, Box 77 Rochester, NY 14620 Phone: (585) 341-6929 Email: <u>Christopher Dailey@urmc.rochester.edu</u>

For a complete list of University of Rochester Medical Center elective preceptors, refer to https://www.urmc.rochester.edu/pharmacy/residency/our-preceptors.aspx

Highland Hospital Pharmacy Department Contacts

Melissa Jenks Highland Hospital, University of Rochester Medical Center Pharmacy Department Secretary 1000 South Ave, Box 77 Rochester, NY 14620 Phone: (585) 341-0457 Email: <u>Melissa Jenks@urmc.rochester.edu</u>