



HealthCare

Pharmacy Services



Good Samaritan Hospital PGY1 Pharmacy Residency Manual 2023-2024

Table of Contents

Good Samaritan Hospital and UK HealthCare	3
UK HealthCare Pharmacy Department Organizational Chart.....	4
Good Samaritan Hospital Pharmacy Organizational Chart.....	5
Pharmacy Residency Training at UK HealthCare.....	6
Program Purpose.....	7
Good Samaritan Hospital Residency Program Overview.....	8
Program Personnel.....	9
Residency Preceptors	12
Requirements for Completion.....	13
Resident Goals and Objectives	14
Learning Experiences	17
Resident Compensation, Benefits, and Contract 2022-2023.....	18
Policies	22
Travel Reimbursement	23
Residency Retreat and Program Evaluation	25
Orientation	26
Assessment and Evaluation Process.....	27
Emergency Response and On-Call Activities.....	29
Staffing	30
Research.....	31
Grand Rounds Presentation.....	35
Teaching and Experiential Education	37
Resident Committees.....	38
Resident Portfolio	40

Good Samaritan Hospital and UK HealthCare

UK HealthCare

Established in 1957, UK HealthCare represents the hospitals, clinics, patient care services and activities of the university's six health profession colleges (Medicine, Nursing, Health Sciences, Public Health, Dentistry and Pharmacy). UK HealthCare is committed to the pillars of academic health care: research, education, and clinical care. Dedicated to the health of the people of Kentucky, the organization provides advanced patient care and serves as a resource for information. UK HealthCare offers 80+ specialized clinics, 143 outreach programs and a team of 9,000 physicians, nurses, pharmacists and health care workers dedicated to the enterprise's core values of Diversity, Innovation, Respect, Compassion and Teamwork.

UK Good Samaritan Hospital

Founded in 1888, Good Samaritan Hospital is a 221-bed community teaching hospital. Following its acquisition by UK HealthCare in 2007, the hospital's reputation for providing exceptional patient care was only improved; it now provides access to resources of a major health care system while maintaining the feel of a community hospital. Ongoing collaboration with UK's Albert B. Chandler Medical Center and the UK College of Pharmacy creates an environment infused with the latest in teaching, research and practice.

Pharmacy Practice at the University of Kentucky

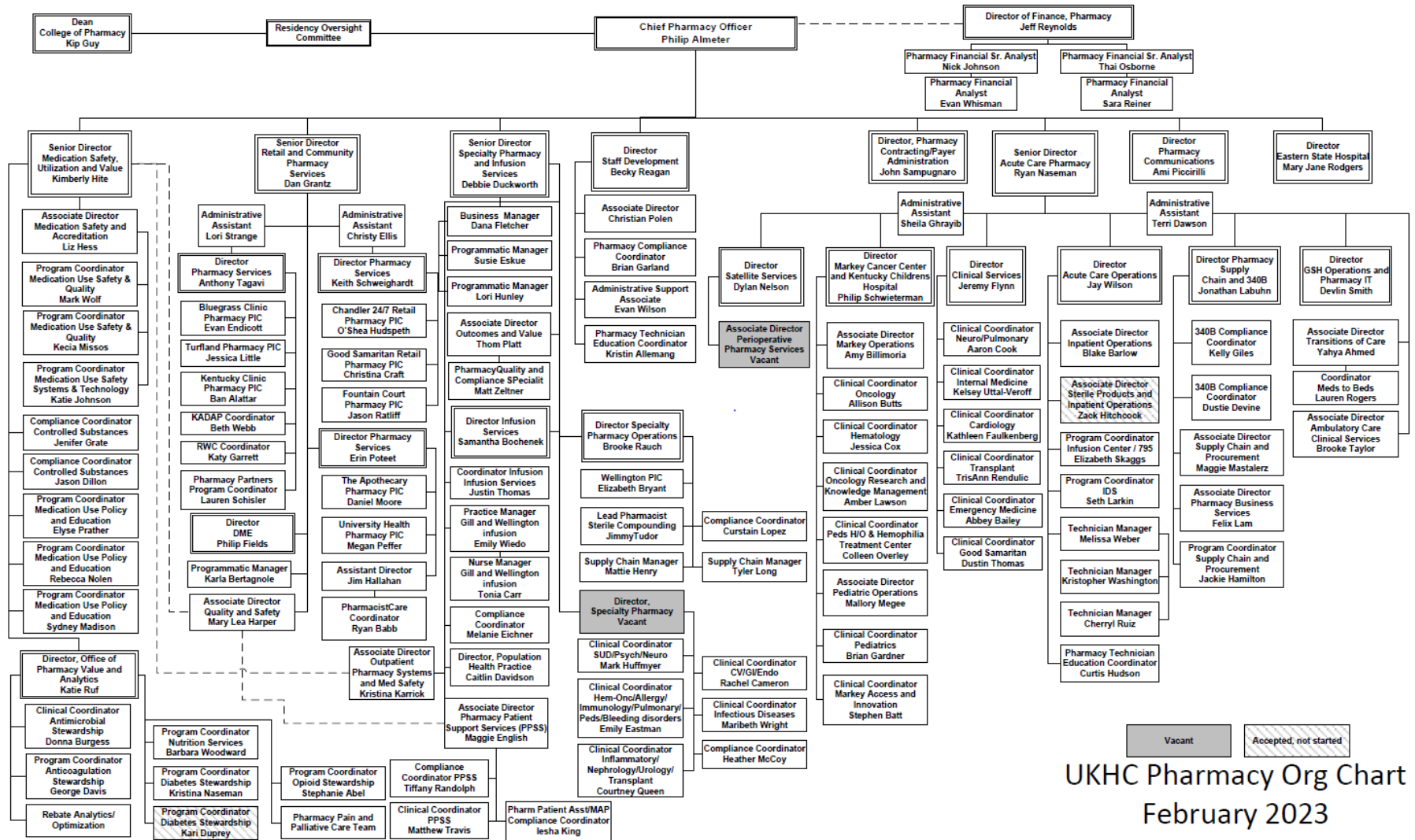
The mission of UK HealthCare Pharmacy Services is to provide patient-centered medication therapy across the continuum of care and to foster a culture of scholarly inquisition, lifelong learning and original research that supports a safe, evidence-based and cost-effective medication management system.

Comprised of over 750 pharmacists, technicians and support staff, the pharmacy department at the University of Kentucky is a highly respected part of the health care team. In the acute care setting, clinical services are provided within Internal Medicine, Neuro/Pulmonary, Cardiology, Transplant, Emergency Medicine, Surgery & Trauma, Pediatrics, Hematology/Oncology, Behavioral Health, Nutrition Services, Anticoagulation Stewardship, and Antimicrobial Stewardship. In an effort to maximize accessibility to pharmaceutical services in the outpatient setting, UK HealthCare also provides numerous options for retail and specialty pharmacies. The connection between acute care and specialty and retail services is supported by a robust Transitions of Care Program through medication reconciliation and "Meds to Beds" services. Multiple ambulatory clinics across the enterprise include pharmacy services as well; some of which are pharmacist-driven via collaborative care agreements.

Lexington, Kentucky

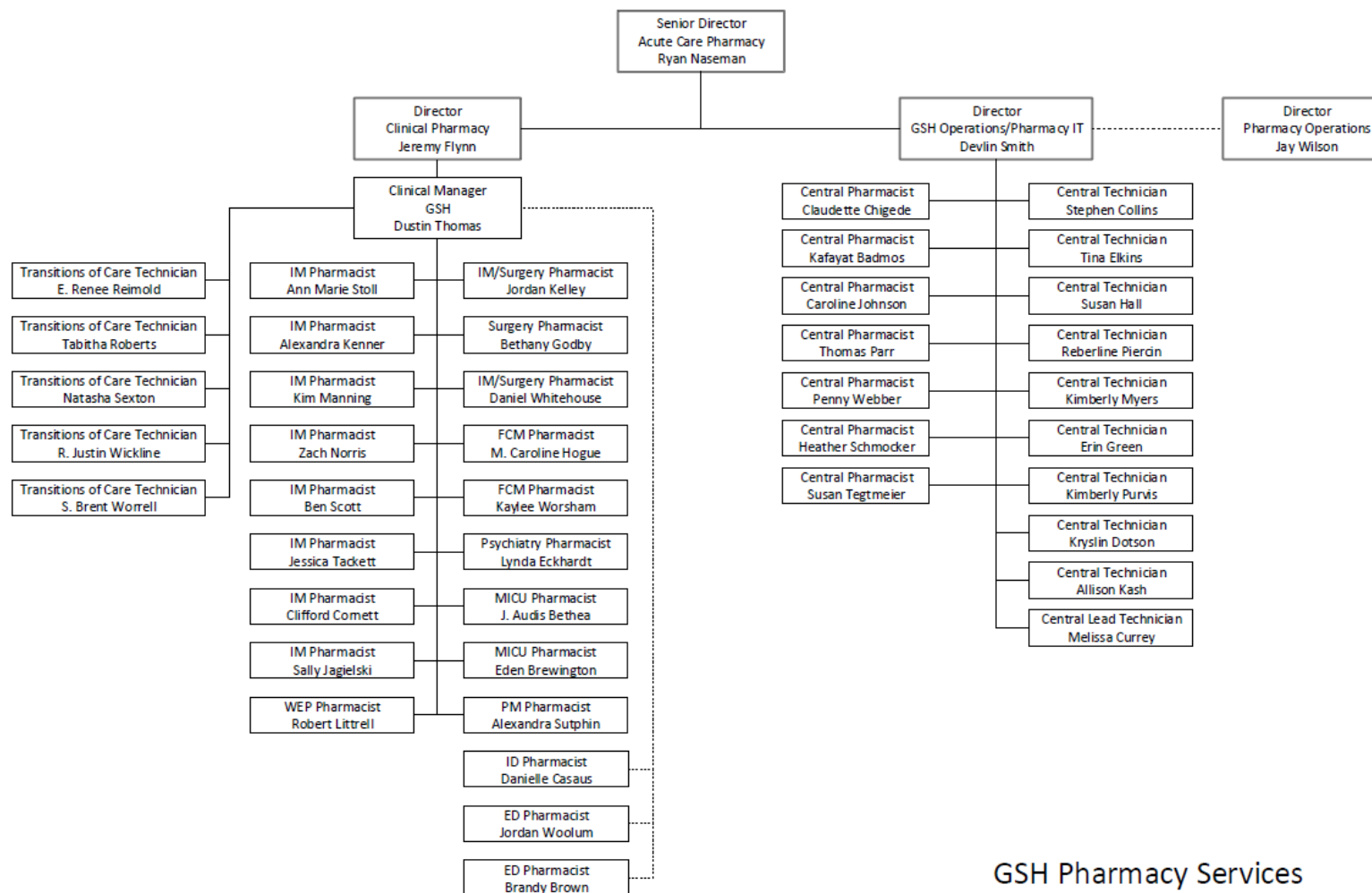
Located in the heart of Kentucky's Bluegrass Region, Lexington is renowned as the Horse Capital of the World. In addition to thoroughbred racing, Lexington is also home to the Lexington Counter Clocks baseball team and the University of Kentucky basketball team. Residents often enjoy shows at the Lexington Opera House or Kentucky Theatre, hike the Red River Gorge, picnic in the Arboretum, and explore nearby distilleries on the Bourbon Trail. The city has been recognized by multiple national sources as a top community for young people (America's Promise Alliance), business and careers (Forbes), and value (Kiplinger).

UK HealthCare Pharmacy Department Organizational Chart



UKHC Pharmacy Org Chart
February 2023

Good Samaritan Hospital Pharmacy Organizational Chart



GSH Pharmacy Services
Organization Chart
July 2023

Pharmacy Residency Training at UK HealthCare

Pharmacy residency training through the University of Kentucky HealthCare originated in the 1960s. Since, the University of Kentucky HealthCare Pharmacy Residency Program has grown exponentially to include three PGY1 pharmacy practice programs and twelve PGY2 specialty programs. To date, the UK HealthCare Pharmacy Residency Programs have graduated over 500 residents. Residents from these various programs are all under the UK HealthCare umbrella and work together to contribute to the on-call program, residency committees, recruitment, and patient care.

Each residency program offered through University of Kentucky HealthCare upholds a strong relationship with the College of Pharmacy to augment clinical, research, and academia training. All programs are administered by the UK HealthCare Pharmacy Department and the office of Graduate Medical Education (GME). The GME office provides benefits education and governance over all post-graduate and fellow trainees.

Current UK HealthCare Programs	RPD	ARPD
Good Samaritan Hospital PGY1	Ben Scott	Jordan Kelley
UK Chandler Medical Center PGY1	Dina Ali	Jackie Dempsey Rachael Scott
Ambulatory Care PGY1	Aaron Cook	
PGY1/2 Health Systems Administration and Leadership	Ryan Naseman	
PGY1/2 Specialty Pharmacy Administration and Leadership	Samantha Bochenek	
PGY2 Cardiology	Kathleen Faulkenberg	
PGY2 Critical Care	Komal Pandya	Brittany Turpin Laura Ebbitt
PGY2 Emergency Medicine	Elise Metts	Matt Blackburn
PGY2 Oncology	Allison Butts	C. Scott Ellis
PGY2 Infectious Disease	Katie Wallace	Sarah Cotner
PGY2 Internal Medicine	Megan Fritz	Katy Allen
PGY2 Medication Use Safety	Elizabeth Hess	
PGY2 Pediatrics	Elizabeth Autry	Tyler Bosley
PGY2 Solid-Organ Transplant	TrisAnn Rendulic	
PGY2 Ambulatory Care	Kristina Naseman	Charlie Bodreau

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.

Good Samaritan Hospital Residency Program Overview

The University of Kentucky HealthCare Good Samaritan Hospital Post Graduate Year One (PGY1) Pharmacy Residency program is a twelve-month, ASHP-Accredited program. The mission of the program is to further develop the resident's professional competence in providing optimal pharmaceutical care while honing their professional self-development. In accordance with the guidelines and accreditation standards of ASHP for PGY1 Pharmacy Residency programs, this program is structured with an emphasis on providing clinical pharmacy services in both community and university-based learning environments, and fostering the resident's growth in the areas of communication, critical thinking, leadership, attitude, and teamwork. Upon completion of this program the resident will be equipped to practice at a high-level in a multitude of settings.

Program Personnel

Senior Director of Acute Care Pharmacy Services

The Senior Director of Acute Care Pharmacy Services has the primary responsibilities of driving quality and financial goals related to medication distribution, guiding and facilitating the management and growth of clinical pharmacy services and residency training, maintaining employee satisfaction for related service area, and researching and implementing improved medication safety processes and procedures.

Director of Clinical Services

The Director of Clinical Services has the primary responsibility for supervising, coordinating, and monitoring clinical pharmacy practice and services. The Director will work to define and develop clinical practice as it relates to pharmacy, and will work to develop and implement new clinical pharmacy services throughout the Enterprise. The Director also plays an instrumental role in guiding and facilitating the management and growth of the residency program.

Clinical Coordinator

The Clinical Coordinator is responsible for mentoring, supervising, scheduling and evaluating employees on a designated team. The Coordinator works closely with the Clinical Director to define and develop clinical pharmacy services. The Coordinator assists with guiding and facilitating the management and growth of the residency program.

Residency program director (RPD)

The residency program director has the primary responsibility to ensure that the residency program is suitable for the training of pharmacy residents.

Specific responsibilities include, but are not limited to:

- Compliance with ASHP accreditation standards
- Individualization of pharmacy resident experience (within reasonable bounds)
- Recruitment and orientation of pharmacy residents
- Coordination of pharmacy resident schedule and evaluations
- Complete initial training plans and quarterly evaluations

Assistant residency program director (A-RPD)

The assistant residency program director serves as a contributor to the maintenance and quality improvement of the residency program.

Specific responsibilities include, but are not limited to:

- Maintenance of learning experience documentation
- Serving as a proxy for the RPD in their absence
- Assisting the RPD with any other essential elements of the residency program

Residency program coordinator

The residency program coordinator is a staff member who aids the RPD in administering the residency program.

Specific responsibilities include, but are not limited to:

- Evaluation timeliness tracking
- Scheduling of residency events
- Assimilation of accreditation documents
- Coordinating travel reimbursement

Residency advisor

The residency advisor is a preceptor chosen by each PGY1 resident. The advisor's responsibilities include serving as a professional resource and promoting overall resident wellbeing. A list of qualified preceptor advisors will be presented to incoming PGY1 residents during orientation. Residents will be given ample opportunity during orientation to interact with prospective advisors. Residents will then rank their advisor choices. Residents are encouraged to rank only advisors that align with their personality and career goals. In the event that two residents rank the same advisor first, the advisor will be assigned by the RPD. Residents will be made aware of advisor assignments by the end of their first clinical rotation in July.

Research advisor

The research advisor is a dedicated preceptor who provides oversight of the resident research experience. The research advisor is not necessarily the primary investigator, but is responsible for ensuring the resident is meeting objectives, adhering to a predetermined timeline, promoting the development of research skills and knowledge, will serve as the final review of all deliverables, will chair the residency research vetting committee, and will serve as a professional resource to the resident research committee. The research advisor may serve as primary investigator if they're the creator of the project. In conjunction with the primary investigator, the research advisor is also responsible for completing research related evaluations.

Grand Rounds Advisor

The grand rounds advisor is a dedicated preceptor who serves on all resident's grand rounds committees. The grand rounds advisor is not necessarily the content expert, but is responsible for ensuring the resident is meeting objectives, adhering to a predetermined timeline, and will serve as a style and format editor for the grand rounds experience. The grand rounds advisor may serve as a content expert if the topic chosen is in their area of expertise. The grand rounds advisor will also be responsible for soliciting and providing feedback in addition to completing grand rounds related evaluations. The grand rounds advisor will be included on all grand rounds communication in order to ensure residents are following the appropriate timeline for completion.

Wellness Warrior

A pharmacist the resident selects at the beginning of the residency year to formally meet with quarterly to discuss and evaluate multiple pillars of well-being and sources of stress throughout the year. Meetings and evaluations are confidential. The resident's wellness warrior will be a pharmacist who is **not** directly associated with their respective residency program. If the resident does not feel comfortable selecting, then a member of the wellness committee can serve in this role or offer suggestions for a pharmacist to serve in the role.

Residency preceptor

The residency preceptor is responsible for administering their individual learning experience. Typically, the preceptor is an expert in their clinical or administrative area and coordinates the learning activities for residents. Preceptors are responsible for maintaining appropriate qualifications according to the ASHP preceptor definition.

Chief resident

The chief is a PGY2 resident who completed their PGY1 residency at UK Healthcare. The chief resident is the primary liaison between the preceptors, RPDs, and the residents. The chief resident's responsibilities generally include global oversight of the residents, adherence to residency policies, aiding in coordination of events and representing the residents during quarterly preceptor meetings, recruitment meetings, and the RPD committee meeting. A co-chief is selected after the first quarter of each residency year to assist the chief resident in their duties.

Residency Preceptors

Name	Learning Experience
Abby Bailey, PharmD, BCCCP	Emergency Medicine
Audis Bethea, PharmD, BCPS, BCCCP	Medical ICU, Research Advisor
Charles Bodreau, PharmD, BCACP	Ambulatory Care – pulmonology
Tyler Bosley, PharmD, MBA, BCPPS	Pediatrics
Danielle Casaus, PharmD	Infectious Disease – Consults
Clifford Cornett, PharmD, BCPS, BCCCP	Internal Medicine
Jason Davis, PharmD, BCPS	Emergency Medicine
Lynda Eckhardt, PharmD, MBA BCPS, AAHIVP	Psychiatry – Adult Inpatient
Kathleen Faulkenberg, PharmD, BCPS, BCCP, FHSA	Cardiology – Acute Care
Natalie Gray, PharmD, BCPPS	Psychiatry – Adolescent
Bethany Heck, PharmD, BCPS	Surgery – General
Elizabeth Hess, PharmD, MS, FISMP	Medication Use Safety
Caroline Hogue, PharmD, BCPS	Family & Community Medicine
Sally Jagielski, PharmD, BCPS	Internal Medicine
Jordan Kelley, PharmD, BCPS	Internal Medicine, Surgery – General
Alexandra Kenner, PharmD, MPH, BCPS	Family & Community Medicine
Gillian Leung, PharmD, BCCP	Ambulatory Care – pulmonology
Kim Manning, PharmD, BCPS	Internal Medicine, LEEP
Betsy McCollum, PharmD, BCPP	Psychiatry – Institutional
Megan Mitchell, PharmD, MS	Palliative Care
Zachary Norris, PharmD, BCPS	Internal Medicine
Olivia Roe, PharmD, BCTXP	Transplant – Abdominal
Benjamin Scott, PharmD, BCPS	Internal Medicine, Teaching Certificate
Ann Marie Stoll, PharmD, BCPS	Internal Medicine
Dustin Thomas, PharmD, MBA, BCPS	Administration
Caroline Trapp, PharmD, BCPS	Staffing
Daniel Whitehouse, PharmD, BCPS	Internal Medicine, Surgery – General
Barbara Magnuson Woodward, PharmD, CNSC	Nutrition
Jordan Woolum, PharmD, BCPS	Emergency Medicine

Requirements for Completion

Requirement	Completed
License in the State of Kentucky	
Graduate of ACPE accredited college/school of pharmacy	
Active certification from American Heart Association as an ACLS provider	
Successfully complete all learning experiences and evaluations in PharmAcademic	
Attained: 1) A minimum designation of Satisfactory Progress for 100% of the ASHP PGY1 Pharmacy Residency outcomes, goals and objectives 2) A minimum designation of Achieved for the PGY1 Core Objectives listed below	
Complete all staffing requirements	
Complete a CE-accredited presentation (Grand Rounds)	
Completion of Scholarship of Teaching and Learning Certificate Program (STLC)	
Complete and present at least one project with a manuscript suitable for publication	

Resident Goals and Objectives

For successful residency completion, residents must meet a minimum designation of “Satisfactory Progress” in 100% of the ASHP PGY1 Pharmacy Residency outcomes, goals and objectives **AND** meet a designation of “Achieved for Residency” for 100% of the core goals (in red below) as designated by the UK HealthCare Good Samaritan Pharmacy Residency Program.

Competency Area R1: Patient Care
GOAL R1.1 In collaboration with the health care team, provide safe and effective patient care to a diverse range of patients...following a consistent patient care process.
<i>Objective R1.1.1: (Applying) Interact effectively with health care teams to manage patients' medication therapy.</i>
<i>Objective R1.1.2: (Applying) Interact effectively with patients, family members, and caregivers.</i>
<i>Objective R1.1.3: (Analyzing) Collect information on which to base safe and effective medication therapy.</i>
<i>Objective R1.1.4: (Analyzing) Analyze and assess information on which to base safe and effective medication therapy.</i>
<i>Objective R1.1.5: (Creating) Design or redesign safe and effective patient-centered therapeutic regimens and monitoring plans (care plans).</i>
<i>Objective R1.1.6: (Applying) Ensure implementation of therapeutic regimens and monitoring plans (care plans) by taking appropriate follow-up actions.</i>
<i>Objective R1.1.7: (Applying) Document direct patient care activities appropriately in the medical record or where appropriate.</i>
<i>Objective R1.1.8: (Applying) Demonstrate responsibility to patients.</i>
GOAL R1.2 Ensure continuity of care during patient transitions between care settings.
<i>Objective R1.2.1: (Applying) Manage transitions of care effectively.</i>
GOAL R1.3 Prepare, dispense, and manage medications to support safe and effective drug therapy for patients.
<i>Objective R1.3.1: (Applying) Prepare and dispense medications following best practices and the organization's policies and procedures.</i>
<i>Objective R1.3.2: (Applying) Manage aspects of the medication-use process related to formulary management.</i>
<i>Objective R1.3.3: (Applying) Manage aspects of the medication-use process related to oversight of dispensing.</i>
Competency Area R2: Advancing Practice and Improving Patient Care
Goal R2.1: Demonstrate ability to manage formulary and medication-use processes, as applicable to the organization.
<i>Objective R2.1.1 (Creating) Prepare a drug class review, monograph, treatment guideline, or protocol.</i>
<i>Objective R2.1.2 (Applying) Participate in a medication-use evaluation.</i>
<i>Objective R2.1.3: (Analyzing) Identify opportunities for improvement of the medication-use system.</i>
<i>Objective R2.1.4: (Applying) Participate in medication event reporting and monitoring.</i>

GOAL R2.2 Demonstrate ability to evaluate and investigate practice, review data, and assimilate scientific evidence to improve patient care and/or the medication use system.
<i>Objective R2.2.1: (Analyzing) Identify changes needed to improve patient care and/or the medication-use systems.</i>
<i>Objective R2.2.2: (Creating) Develop a plan to improve the patient care and/or medication-use system.</i>
<i>Objective R2.2.3: (Applying) Implement changes to improve patient care and/or the medication-use system.</i>
<i>Objective R2.2.4: (Evaluating) Assess changes made to improve patient care or the medication-use system</i>
<i>Objective R2.2.5: (Creating) Effectively develop and present, orally and in writing, a final project report.</i>
Competency Area R3: Leadership and Management
GOAL R3.1 Demonstrate leadership skills.
<i>Objective R3.1.1: (Applying) Demonstrate personal, interpersonal, and teamwork skills critical for effective leadership.</i>
<i>Objective R3.1.2: (Applying) Apply a process of on-going self-evaluation and personal performance improvement.</i>
GOAL R3.2 Demonstrate management skills.
<i>Objective R3.2.1: (Understanding) Explain factors that influence departmental planning.</i>
<i>Objective R3.2.2 (Understanding) Explain the elements of the pharmacy enterprise and their relationship to the healthcare system.</i>
<i>Objective R3.2.3: (Applying) Contribute to departmental management.</i>
<i>Objective R3.2.4: (Applying) Manages one's own practice effectively.</i>
Competency Area R4: Teaching, Education, Dissemination of Knowledge
GOAL R4.1 Provide effective medication and practice-related education to patients, caregivers, health care professionals, students, and the public.
<i>Objective R4.1.1: (Applying) Design effective educational activities.</i>
<i>Objective R4.1.2: (Applying) Use effective presentation and teaching skills to deliver education.</i>
<i>Objective R4.1.3: (Applying) Use effective written communication to disseminate knowledge.</i>
<i>Objective R4.1.4: (Applying) Appropriately assess effectiveness of education.</i>
GOAL R4.2 Effectively employs appropriate preceptors' roles when engaged in teaching.
<i>Objective R4.2.1: (Analyzing) When engaged in teaching, select a preceptors' role that meets learners' educational needs.</i>
<i>Objective R4.2.2: (Applying) Effectively employ preceptor roles, as appropriate.</i>
Competency Area E1: Pharmacy Research
Goal E1.1 Conduct and analyze results of pharmacy research.
<i>Objective E1.1.1 (Creating) Design, execute, and report results of investigations of pharmacy-related issues.</i>
<i>Objective E1.1.2 (Analyzing) Participate in prospective and retrospective clinical, humanistic, and economic outcomes analyses.</i>

Competency Area G1: Orientation
GOAL G1.1 Effectively completes orientation as required by Graduate Medical Education and the UK Healthcare Department of Pharmacy
<i>Objective G1.1.1 - (Applying) Obtain Pharmacist License in the State of Kentucky</i>
<i>Objective G1.1.2 - (Cognitive) Obtain Advanced Cardiac Life Support provider certification</i>
<i>Objective G1.1.3 - (Cognitive) Attend all Graduate Medical Education Orientation Sessions</i>
<i>Objective G1.1.4 - (Cognitive) Attend all UK Healthcare Department of Pharmacy Orientation Sessions and Events</i>

Learning Experiences

Residents work together with the PGY1 RPD to create their learning experience schedule. Individual preferences are considered. Often, residents elect to prioritize learning experiences in areas of interest, particularly early in the residency year prior to the early commitment deadline.

Residents are assigned seven required learning experiences, five core experience and two selective experiences, in order to provide a well-rounded variety of patient acuity and specialty exposure. Four elective learning experiences are also selected to complete the resident’s yearly learning experience schedule.

Core Experiences	
Medical ICU	Internal Medicine (2 months)
Infectious Disease	Ambulatory Care

Selective Experiences	
Oncology	Cardiology (CCU or Acute care)
Emergency Medicine	

Elective Experiences	
Academia	Medical ICU
Administration	Medical Oncology
Ambulatory care – anticoagulation	Medication Use Safety
Ambulatory care – cardiology	Neurology - Stroke
Ambulatory care – oncology	Neurosurgery
Ambulatory care – endocrinology	Nutrition
Ambulatory care – primary care	Pediatric ICU
Cardiology - acute care	Pediatrics
Cardiology – critical care	Pediatrics NICU
Cardiothoracic surgery	Surgery – General
Emergency medicine	Surgery – ICU (EGS/Trauma)
Family and Community Medicine	Psychiatry – Adolescent
Hematology - Inpatient	Psychiatry – Institutional
Infectious Disease – Antimicrobial stewardship	Psychiatry – Adult Inpatient
Infectious Disease – Consults	Transplant – Abdominal
Internal medicine	Transplant – Lung

PGY1 pharmacy residents will also participate in several longitudinal experiences throughout the year. Starting with orientation in June, these experiences are designed to give the resident adequate exposure and time to gain proficiency in operations, research, teaching, and committee work.

Longitudinal Experiences	
Committee Leadership/Management	Orientation
Research	Staffing
Teaching Certificate Program	Longitudinal Experiential Education in Pharmacy (LEEP)
Administration	Grand Rounds

Resident Compensation, Benefits, and Contract 2022-2023

Postgraduate Level	Annual	Bi-Weekly
PGY 1	\$50,137	\$1,928.34
PGY 2	\$50,137	\$1,928.34

Vacation/Holiday Leave

Residents at the PGY1 & PGY2 level receive 15 paid vacation days per contract year. Residents and Fellows receive 9 paid holidays per year (10 in a Presidential Election year) plus an additional 4 “floating” bonus paid holiday leave days. University recognized holidays include Juneteenth, Independence Day, Labor Day, Thanksgiving Day, Friday after Thanksgiving, Christmas Day, New Year’s Day, Martin Luther King Day, and Memorial Day.

Temporary Disability Leave (TDL)

Residents and Fellows receive 12 TDL days per contract year. Of the 12 TDL days, 2 per contract year may be used as Wellness days. Unused TDL days roll over each Graduate Medical Education contract year.

Professional Leave

Residents receive professional leave for the following program-required activities:

- ACLS Certification (1.5 weekdays)
- Kentucky Pharmacy Residency Network Exchange (1 weekday)
- Residency Exchange (1 weekday)
- Professional Development Experience (2 weekdays)
- ASHP Midyear Clinical Meeting (3 weekdays)
- Great Lakes Pharmacy Residency Conference (3 weekdays)
- Ropes course / other team building activity (1 weekday)

Residents also receive an additional 4 days of non-required professional leave that can be used for attending additional conferences or learning experiences identified by the RPD. Residents also receive 3 days of interview leave if needed. Any days exceeding the number of non-required professional leave will be deducted from vacation leave.

Contact Days

A contact day is defined as a day on rotation, on site at UK healthcare. Residents will not be permitted to miss more than 25% of contact days over the span of a one-month rotation without the approval of the RPD. Days that are considered absent from rotation include vacation/holiday leave, sick leave, wellness leave, disability leave, required professional leave, non-required professional leave, and interview leave. Days that are NOT considered “leave” and do not count as a day absent from rotation include research days and lab/teaching days.

Time away from the residency program may not exceed a combined total of 37 days per 52-week training period. If time away from the program exceeds 37 days, resident training will be extended to make up absences that exceed the allotted time. Extension will be determined by the RPD and activities will be equivalent in competencies and time missed. The time extended will not be compensated beyond the contractual compensation amount agreed upon by the residency program and resident.

Health, Vision, and Dental Insurance

The University provides a generous benefits package with a variety of options for health, dental, and vision coverage for Residents and Fellows and their covered dependents. All enrollees are provided the UK credit for plans and coverage levels. Information on plan options, coverage details, and premiums can be found on the [UK Human Resources Benefits](#) site.

Life and Disability Insurance

Residents and Fellows receive life insurance coverage, at no cost, in the amount of 100% of their annual stipend. Optional life insurance coverage, up to eight times the annual stipend amount, may be purchased. Please refer to the [UK Benefits Life Insurance](#) for details. Long Term Disability insurance is provided at no cost, effective after twelve months of employment. Participation in additional [Voluntary Insurance Plans](#) is also available.

Additional Benefits

Resident may receive additional benefits. These benefits include pagers, lab coats, scrubs, meal money, and parking allowances.

The University, along with regional campus locations, offers a wide variety of wellness benefits to our residents and fellows. Our goal is to foster a supportive learning environment where individuals can achieve their highest potential through the integration of the physical, social, emotional, spiritual and economic dimensions of their lives. These opportunities can be explored at [GME Wellness](#).

Retirement Benefits

Residents and Fellows are eligible for the University's 200% employer match retirement savings plan. In addition, Residents and Fellows may contribute to the University's voluntary retirement plan. For your advantage, retirement contributions are deducted on a pre-tax basis. You will own, or vest, the University's contributions, plus the investment earnings, after 3 years of employment. While there are withdrawal restrictions, you always maintain ownership of your contributions. Enrollment in the University's retirement savings plan is mandatory for residents and fellows aged 25 and over. Additional retirement saving plan information can be viewed at [Retirement Savings Plans](#).

University of Kentucky Graduate Medical Education Contract

I, **NAME, DEGREE** (appointee), hereby accept appointment at the University of Kentucky (University), Lexington, Kentucky as specified below. I understand the training program under which this appointment has been offered is conducted at the University of Kentucky in its University Hospital and affiliated entities under the jurisdiction of the faculty of the Colleges of Medicine, Dentistry, Pharmacy, Public Health, and Health Sciences.

Type of appointment: **Intern/Resident/Fellow**
Training program: **Program name**
Appointment Dates: **Contract Start Date – Contract End Date**
PGY: **PGY level**
Stipend: \$

Professional liability insurance – Occurrence coverage under the University self-insured professional liability insurance plan will be provided for authorized training activities. Details contained in the GME Resident/Fellow Handbook.

Health and disability insurance - Health insurance will be provided by the University with costs shared by the University and appointee. Disability insurance will be provided in accordance with University policy beginning twelve (12) months after appointment. Access to disability insurance prior to that is available.

Life insurance – Basic life insurance provided by University. Additional option insurance is available.

Leave of absence – AMT. weeks of vacation, eight holidays, four holiday bonus days and accrued sick leave of one (1) day per month in accordance with University policy **OR** in compliance with board requirements. A summary of board requirements is appended to the GME Resident/Fellow Handbook. **Duty hours** – Duty hours will be in compliance with accrediting body requirements. Institution specifics are contained within the GME Resident/Fellow Handbook. Programs also have program-specific duty hours policies.

Moonlighting – Moonlighting is subject to the requirements of the training program and as specified by the program director. I will not be required to engage in moonlighting. Approval for moonlighting must be provided prospectively, in writing, by my program director, with a copy included in my file. University is not legally responsible for any non-training program practice activities, and I am responsible for assuring adequate liability coverage. Moonlighting must not conflict with training activities, and must not exceed the duty hour limitations as stated in the accreditation guidelines for my specialty, or other more stringent requirements as may be prescribed by my program director. I understand that any activities that interfere in any way with training or reflect unfavorably on the University may be grounds for summary dismissal.

Counseling services – Counseling services are available and described in the GME Resident/Fellow Handbook.

Physician/practitioner impairment – Physician/practitioner impairment policies and assistance are described in the GME Resident/Fellow Handbook.

Harassment - University strives to provide an environment free of bias or harassment. I agree to conduct myself accordingly. Procedures are in place to deal with such events, should they occur, and are described in the GME Resident/Fellow Handbook.

Accommodation for disabilities – Disabilities will be accommodated in accordance with the Americans with Disabilities Act and University policy, as applicable.

Grievance procedures and due process – Administrative Regulation (AR) 5:5, "Grievance Procedure for House Officers," is available via the GME web site (www.mc.uky.edu/gme) or on the University web site, or can be obtained from the GME office.

Restrictive covenants – I will not be required to sign a restrictive covenant.

Appointee’s Responsibilities

I acknowledge that any misrepresentations or failures to fully disclose requested information shall be sufficient cause to result in the immediate revocation of my appointment or denial of appointment.

I understand that every physician and dentist and pharmacist in a training program is required to have a Kentucky license at the earliest date for which he/she is eligible. It will be my responsibility to be examined and licensed. I understand that appointment and/or stipend and benefits as a PGY-2 or above (PGY-1 for pharmacists and dentists) will be contingent upon having a valid state of Kentucky license.

I agree to devote my time and interests fully to the welfare of the patients assigned; to provide compassionate, efficient and cost-effective care commensurate with my level of training and responsibility; to assume responsibility in the teaching or professional direction of students and other interns/residents/fellows; to be responsive to the supervision and direction of professional staff involved in my education and patient care activities; and to take advantage of all opportunities offered to improve my knowledge and skills in the profession.

I am bound and will abide by the Behavioral Standards, and agree to abide by the policies, regulations and procedures of any hospital or institution to which I am assigned for any part of my training and other responsibilities as assigned by my program. I understand that additional responsibilities may be described in the GME Resident/Fellow Handbook and or provided to me by my program. I understand that this contract may be terminated for any serious or repeated breach of ethics or discipline.

Conditions for continued appointment and/or reappointment - I acknowledge that my continued appointment and/or reappointment is dependent upon fulfilling my responsibilities and maintenance of an acceptable academic standing in my program.

University’s Responsibilities

In addition to providing the stipend and benefits listed on page 1 of this contract, University will provide a training program that meets the standards prescribed by the Accreditation Council for Graduate Medical Education (ACGME) or other applicable accrediting body.

University will provide appointee with evaluations on a regular basis, and recommendations for professional growth. A certificate, signed by the appropriate representatives of the University will be awarded to appointee upon completion of training.

University will inform appointees as soon as possible if and when it intends to reduce the size of, or close one or more programs, or when the sponsoring institution intends to close. University will allow appointees to finish training or assist them in enrolling in an accredited program(s) in which they can continue their education.

APPOINTEE: _____ FOR UNIVERSITY OF KENTUCKY:
Assistant Dean for Graduate Medical Education

SIGNATURE

DATE

SIGNATURE

DATE

4/08

Page 2 of 2

Policies

[PH08.01.030: Code-Blue Responsibilities/Training](#)

[PH09.03005: Leave Policy](#)

[PH09.03.020: On-Call Responsibilities](#)

[PH09.03.035: Officers and Assignments](#)

[PH09.03.055: Pharmacy Residency Staffing Requirements](#)

[PH09.03.050: Extended Medical Leave](#)

[PH09.03.060: Advisor System](#)

[PH09.03.070: Early Commitment Process](#)

[PH09.03.085: Corrective Action, Failure to Achieve Certification and Involuntary Dismissal](#)

[PH09.03.090: Duty Hour Requirements](#)

[PH09.03.100: Teaching Requirements](#)

[PH09.03.0105: Residency Program Director \(RPD\)/Assistant Residency Program Director \(A-RPD\)](#)

Travel Reimbursement



College of Pharmacy – Resident Travel Policy & Procedures Overview

Travel is processed through UK College of Pharmacy; the resident will be responsible for arranging travel and submitting required information for travel reimbursement. Steps include:

Concur Set up:

Next steps for travelers:

1. **SAP Concur Solutions.** You will need to create your Concur account, please complete all information for your profile. You will need to access Concur through the myUK Employee Services tab. **Make sure you add me (donna.sullivan@uky.edu) and Lisa Grissom (lisa.grissom@uky.edu) as arrangers to be able to book flights. Make sure you complete all the information requested. This provides us with very important information for your travel.**
<https://www.uky.edu/ufs/sites/www.uky.edu.ufs/files/profile.pdf>
2. **Please add me (donna.sullivan@uky.edu and Lisa Grissom (lisa.grissom@uky.edu) as a delegate.** This is for the expense side and where I will use for reimbursement. Step by step instructions for this can be found here: <https://www.uky.edu/ufs/sites/www.uky.edu.ufs/files/aboutdelegates.pdf>
3. **Be sure to install the Concur Mobile App**, as this will allow you to upload your travel receipts into the Concur Expense area. Once your travel receipts are in the expense area, I will be able to complete your Travel Expense Report for reimbursement. **PLEASE JUST UPLOAD RECEIPTS DO NOT SUBMIT AS THIS WILL GO TO YOUR SUPERVISOR BEFORE I CAN REVIEW.**
<https://www.uky.edu/ufs/sites/www.uky.edu.ufs/files/mobileapp.pdf>
<https://www.uky.edu/ufs/sites/www.uky.edu.ufs/files/Expenseit.pdf>
4. **The business office at the college WILL purchase airfare AND/OR registration up front, you will need to fill out the Travel Request Form (see ATTACHED signed digitally by you & your RPD).** It's important that you give me the appropriate documentation (schedule at a glance, registration rate, etc.) **for the travel and what benefit for the college/UKHC in the comment section of the form.** If the justification and benefit of travel is not in the comment section, the Travel Request will be returned, and the requested purchases of airfare and registration will be delayed until corrected and resubmitted. Please forward the form to your RPD for approval and digital signature. You will then forward all info to me, and I will forward with account # on to the CBO. All other expenses will be reimbursed at the end of your trip up to your budgeted amount.
5. After you return from your trip, please upload your receipts (hotel, baggage, parking) etc. through the mobile app. Do not submit just upload receipts. Let me know you have returned, and I will process your reimbursement. There are lots of rules to the travel policy. If you are taking personal time along with your travel you will need to contact me as there are policies, we will need to adhere to for you to receive any reimbursement. Just reach out to me.

6. **UK Motor Pool no longer exists.** For local travel, you may rent a car for travel on behalf of the university/college through SAP Concur or use your own personal vehicle and submit your mileage expense through SAP Concur in the travel expense area.

Travel Notes:

1. Written approval from the RPD for travel. (Digitally signed travel request)
2. Submit Travel Request form with all information requested to:
Donna Sullivan
(505) 688-0790
Donna.sullivan@uky.edu
3. Ms. Sullivan will review and make sure all the information is correct and forward to Travel Services in the College of Pharmacy (Lisa Grissom) who will make your actual purchases for airfare and registration up front.
4. All other arrangements (hotel, shuttle, baggage fees, parking, taxi, tolls, etc.) will be made by the resident and require original and itemized receipts for reimbursement when you return. You will upload in the Concur expense section. If you have any questions, please contact Ms. Sullivan.
5. Receipts should be uploaded in Concur or turned into Ms. Sullivan within 2-3 days of return.
6. Ms. Sullivan will process your reimbursement through the Concur system. It will go through the same approval process as the request.
7. After all, have been approved, you will be reimbursed by an ACH to your bank account.
8. Please note that at time of publication of this manual the above personnel were assigned to these positions. Should changes occur during the residency year, the resident will be notified of new process/personnel for travel reimbursements.

UK's full travel policy is located at www.uky.edu/travel. A summary of some important travel information is provided below. This is only a portion of the policy. Please note that UK's travel policy is subject to change at any time, so the resident must communicate with Ms. Grissom or Ms. Sullivan to fully comply with the policy.

- Meals are reimbursed on per diem basis. Receipts are not required for meal reimbursement. You are required to keep and submit meeting programs to verify if there were any free meals provided at your meeting/during travel as the University will not reimburse for those meals. Rates for per diem reimbursement are listed in the travel policy and vary with destination.
- Airfare (as long as there is no personal travel) and meeting registration can be paid in advance on UK's procurement card (credit card) and billed to the residency account.
- Hotels must be paid in full by the resident and receipts submitted for reimbursement. If you are sharing a room with another person, you will only be reimbursed for ½ the room expense. It is very important that you get an accurate hotel bill upon checkout.
- Airport parking, Ubers/taxi to/from airport and required functions, etc. can be reimbursed only with a receipt. Uber/taxi expenses to/from restaurants or personal events are not reimbursable.
- If you choose to travel to your destination early or stay late for personal reasons (e.g., vacation), UK has specific policies regarding combination of personal and professional travel that must be reviewed and approved **prior** to scheduling travel.
- Any personal changes to your travel that encumbers additional expenses (e.g., decision to leave early that result in an airline fee for change) will be the responsibility of the resident. UK will not pay for changes to airlines, hotels, etc. for personal reasons.

<http://www.uky.edu/EVPFA/Controller/BPM.htm>

See E-5 Travel

Residency Retreat and Program Evaluation

Good Samaritan Hospital Pharmacy Residency Retreat

A retreat is held annually in order to address issues and hear proposals for initiatives that affect the Good Samaritan Program specifically. Significant alterations to residency policies, generation of new residency policies, and program design are proposed at this retreat. Preceptors and residents will submit anonymous REDCAP surveys prior to the retreat outlining new proposals. The retreat is typically held in April to identify and prepare any initiatives to implement the following residency year.

Department Pharmacy Residency Retreat

A retreat is held annually in order to address issues and hear proposals for initiatives that affect programs residency-wide. Significant alterations to residency policies, generation of new residency policies, and changes to residency-wide programs such as on-call are typically brought to the retreat for discussion. The retreat is typically held in May. All preceptors and residents are invited to attend.

Proposals for the retreat should be submitted to the Chief Resident in advance of the retreat to permit adequate time for perusal by attendees. Successful proposals typically have been vetted by key residents &/or preceptors prior to presentation. At least one individual involved with each proposal is given time to present the proposal and address any discussion or debate that ensues.

Orientation

Orientation for PGY1s typically occurs over the last two weeks of June. Pharmacy department, pharmacy residency, and Graduate Medical Education orientation for in-coming PGY1s occurs during this period.

Typical orientation topics and activities include:

- 1) Graduate Medical Education Orientation & Events
- 2) Residency Manual Review
- 3) Residency structure and policy overview
- 4) Introduction to learning experience options & Rotation Selection
- 5) Introduction to Longitudinal Experience Requirements (Research, Teaching Certificate, etc.)
- 6) Advanced Cardiac Life Support Certification
- 7) Departmental overview
- 8) Clinical model overview
- 9) Electronic Health Record Training
- 10) Central pharmacy/operations training
- 11) Clinical Pharmacist shadowing/modeling
- 12) Transitions of Care model overview
- 13) Emergency Response Preparation
 - a) Stroke/tPA
 - b) Code response
 - c) Crofab
 - d) Urgent coagulopathy reversal
 - e) Rapid diagnostic test (microbiology) calls
 - f) Status epilepticus

A comprehensive orientation schedule will be provided on arrival to ensure that all required activities are completed during the orientation period in June.

In addition to the initial orientation period, emergency response preparation sessions will occur in the afternoons throughout July. A schedule for July preparation sessions will be provided during the initial orientation period in June. Additional activities may be added as needed.

Assessment and Evaluation Process

Resident Entering Self-Assessment

Each incoming resident will perform an initial self-assessment prior to beginning the residency, documenting the resident's exposure to, and abilities in core areas of pharmacy practice. Short and long-term career goals, practice interests, professional and personal strengths, areas requiring improvement, desired areas of concentration during the residency, and residency goals are also assessed. The form will be reviewed by the residency program director and sent to each advisor for further review.

Custom Resident Training Plan

During orientation, the RPD/ARPD and resident will meet to create the resident's initial residency training plan based on the initial self-assessment and entering interest form. This plan includes formalizing the resident's goals for the year, suggesting specific rotations for selection, and identifying other projects or relevant training activities. The specific order in which rotations are completed will be determined during orientation. Changes may be possible with the realization that accommodating such a suggestion may be difficult when the master resident schedule is created. Residents and the RPD/ARPD will meet, at a minimum, quarterly to update the resident's training plan. An assessment of each resident's training plan and performance will be reviewed, at a minimum, quarterly by the RPD and RAC.

Preceptor Assessment of Resident Performance

At a minimum, preceptors will evaluate resident performance for monthly experiences using a midpoint (formative) assessment and an end of month (summative) assessment specific to each rotation. Longitudinal experiences will be evaluated using a quarterly (summative) assessment. Preceptors will meet with the resident to discuss their performance after each evaluation. Evaluations and meetings must be completed within seven days following the assigned due date.

Resident Self-Assessment of Performance

For monthly experiences, each resident will conduct a midpoint (formative) self-assessment and an end of month (summative) self-assessment of their performance. Residents will conduct a quarterly (summative) self-assessment for all longitudinal experiences. For all experiences, residents will complete an evaluation of the learning experience and the preceptor(s). Residents will meet with their preceptor(s) to discuss their performance and self-assessment after each evaluation. Evaluations and meetings must be completed within seven days following the assigned due date.

Other areas in which residents will be assessed include:

Teaching – Didactic teaching will be assessed by the course coordinator or instructor. Laboratory facilitation will also be assessed by students, using the College of Pharmacy evaluation system. Teaching and mentoring advanced pharmacy practice experience (e.g., APPE, clerkship) students will be assessed by both students and preceptors. Global progress assessed each quarter by the advisor (in the quarterly customized residency training plan).

Quarterly RAC Meeting

Preceptors and RAC members will meet throughout the year to discuss resident progress. RPD/ARPD will provide a brief verbal report of resident progress, as well as any issues that require further attention, including changes in the annual plan. This permits preceptors to have input on the progress of each resident, as well as communicate learning needs, etc. to future preceptors. Meetings will be held at a minimum quarterly.

Exit Assessment

The resident's exit assessment will consist of completion of the residency training plan by the resident, advisor, and program director. Narrative comments should describe progress made towards the resident's particular goals and objectives, as well as personal development. The resident and advisor will meet to review this document, in addition to the completion of the residency portfolio. This evaluation should be submitted to the RPD prior to the end of the residency year.

Evaluation Documentation and Rating Scale Guidance

All evaluations will be completed or uploaded to PharmAcademic™. Learning experience evaluations are designed to assess the resident's performance and capabilities in relation to the defined ASHP competency areas, goals, and objectives outlined for each rotation. Specific rotation goals and objectives can be found in the learning experience description. When completing evaluations, both residents and preceptors should use specific examples of activities the resident is involved with to identify and document specific areas of successful skill development or needed improvement.

The table below provides guidance to both preceptors and residents for how to rate goals and objectives when completing evaluations.

Evaluation rating	Explanation
NI = Needs Improvement	<ul style="list-style-type: none">• Deficient in knowledge/skills in this area• Often requires assistance to complete objectives• Often requires prompting to identify medication errors• Often requires prompting to identify a deficiency in skills• Unable to ask appropriate questions to supplement learning
SP = Satisfactory Progress	<ul style="list-style-type: none">• Adequate knowledge/skills in this area• Sometimes requires assistance to complete objectives• Sometimes requires prompting to identify a deficiency in skills• Able to ask appropriate questions to supplement learning• Requires more experience for skill development
ACH = Achieved	<ul style="list-style-type: none">• Adequate knowledge/skills in this area that rarely requires assistance to complete objectives• Identifies deficiencies to prompt further self-development
ACH-R = Achieved for Residency	<ul style="list-style-type: none">• Consistently performs over multiple experiences at an achieved level• Discussed and awarded at each quarterly RAC meeting OR at the discretion of the RPD/ARPD

Emergency Response and On-Call Activities

UK Healthcare Good Samaritan Hospital PGY1 residents will provide emergency response coverage while on rotation and/or staffing at UK Healthcare Good Samaritan Hospital. Residents will be expected to carry the code pager and respond to cardiac arrests with the code team as well as stroke alerts.

UK Healthcare Good Samaritan Hospital PGY1 residents do **NOT** participate in the 24 hour on-call program at the Albert B. Chandler Medical Center.

Staffing

Residents routinely support central pharmacy operations and clinical pharmacy services at Good Samaritan Hospital via staffing.

Residents are scheduled into an evening weekday staffing pattern of two nights in a three-week block. For example, residents may staff a Tuesday evening one week, a Wednesday evening the next week, and off the third week. A typical staffing shift during the week begins at 17:00 and ends around 21:00.

Residents will also staff every third weekend. During weekend staffing, residents provide clinical team coverage. A typical weekend staffing shift begins at 07:30 and ends around 16:00.

Residents also staff 2 weeks during the month of December. During the December staffing block residents may staff in the Good Samaritan Central Pharmacy and/or on a Good Samaritan Clinical pharmacy team. A dedicated preceptor will be assigned to guide and evaluate the longitudinal staffing experience.

Research

Each Good Samaritan Hospital (GSH) PGY1 resident will complete a research project. Completion of a research project entails active participation in the following aspects of research conduct: literature review, study design, protocol development, IRB protocol submission, data collection, data analysis, and manuscript development that is suitable for publication. The pharmacy resident will be supported throughout the research process by the GSH Clinical Pharmacy faculty and staff.

A reverse (flipped) research model has been implemented in order to ensure that residents have the opportunity to present completed research data sets at professional meetings such as The Vizient Consortium Pharmacy Network Meeting. In addition, the reverse model may afford residents the opportunity to gain experience in manuscript submission, revision per journal reviewer's requests, resubmission and response to the journal's review, and review of publication's galley proof.

The Good Samaritan Clinical Pharmacy Research Program is coordinated by the research advisor with the support of the GSH Clinical Pharmacy faculty and staff. Under the reverse research model, a repository of research projects is maintained. These research endeavors will be maintained in two categories that include: 1. research development and 2. established research projects. A list of research projects that are IRB approved and ready for data collection (established research) will be provided to the PGY1 residents during orientation. Residents will be given at most 10 business days to review and select a project from the list.

Following selection of a research project by a current resident, the clinical faculty member who developed the project idea, resident from the former residency class who collaborated in the protocol development, the research program advisor, and any additional clinical faculty with interest in participating in the conduct of the project will form a research committee. Continued involvement of the former PGY1 resident will be offered. The research committee will support the resident in the completion of the project. Additional support will be provided in collaboration with the UK College of Pharmacy and the UK Center for Clinical and Translational Science.

Residents will be required to submit research ideas which will be vetted through the residency research committee. Pending successful vetting, a clinical faculty member who has interest in the research area will volunteer to serve as the primary investigator for the resident's research proposal. In the event no clinical faculty volunteer the GSH research advisor will serve as the project's primary investigator. The resident will be responsible for developing an IRB approved research protocol with a data set that is ready for analysis.

The resident's research team will meet at least bimonthly to support the resident. The resident will be responsible for scheduling these meetings. Meetings will consist of discussion of research progress and timeline compliance.

Research days may be allocated each month to permit the resident to have intermittent focus on the research project and facilitate meeting deadlines set forth by the research timeline. Research days should be identified and planned with each learning experience preceptor prior to the start of each month. Typically, the preceptor or affiliated clinical team members provide clinical cross-coverage while the resident is off-service on a research day.

All GSH PGY1 residents present their research at The Vizient Consortium Pharmacy Network Meeting in December and The Great Lakes Pharmacy Residency Conference in April. Residents are also encouraged to present their research at other relevant venues.

Timeline for the reverse research model

June:

- Orientation to research process & review timeline
- Completion of CITI training by the end of June; forward certificate of completion to research committee and research advisor
- CCTS Member / RCR Training
- Project #1:
 - Review summaries of IRB approved projects
 - Project ranking and selection
 - Submit paperwork to IRB for study personnel addition

July:

- Research Mini-series: Excel Overview (Sally Jagielski)
- Project #1:
 - Present project overview and design
 - Begin data collection
 - Begin development of manuscript background

August:

- Research Mini-series: Data Collection (EHR, Interns)
- Project #1:
 - Continue Data Collection
 - Begin development of manuscript methods

September:

- Research Mini-series: Statistician Prep / Organizing excel data
- Project #1:
 - Finish Data Collection
 - Submit request to meet with biostatistician
 - Forward completed data to biostatistician for analysis & schedule initial meeting
 - Finalize manuscript background and methods
- The Vizient Consortium Pharmacy Network Meeting:
 - Begin preparation of abstract for submission (Previous deadline - October 30th)

October:

- Research Mini-series: Poster & Abstract Overview
- Project #1:
 - Meet with biostatistician to begin data analysis
- The Vizient Consortium Pharmacy Network Meeting:
 - Finalize abstract for submission (Previous deadline - October 30th)
 - Register for meeting (opens late October)
 - Begin preparation of research poster

November:

- Project #1:
 - Continue endpoint data analysis
 - Complete demographic data & analysis
- The Vizient Consortium Pharmacy Network Meeting:
 - Finalize Poster
 - Poster submission for printing (previous deadline November 13th)
 - Practice Session for Poster Presentation

December:

- Research Mini-series: Manuscript Writing & Protocol Development (Project 2 expectations)
 - Pre-requirements:
- Project #1:
 - Complete endpoint data analysis
 - Begin development of manuscript results
- The Vizient Consortium Pharmacy Network Meeting:
 - Present Poster
- Great Lakes Pharmacy Residency Conference
 - Begin Abstract preparation
- Project #2
 - Brainstorm research protocol ideas
 - Present research ideas to the research committee (verbal discussion)

January:

- Research Mini-series: CCTS (data acquisition) Overview & Prep
 - Pre-requirements: Have a defined patient population to be targeted in the proposed project that includes:
 - Inclusion/exclusion criteria
 - Study arms and/or primary endpoint
- Project #1:
 - Begin development of manuscript discussion & conclusion
- Great Lakes Pharmacy Residency Conference:
 - Finalize and submit abstract for The Great Lakes Pharmacy Residency Conference (previous deadline February 1st)
- Project #2:
 - Schedule time with data acquisition team (CCTS) to vet research idea if needed
 - Finalize Project Idea
 - Begin literature review of research topic

February:

- Research Mini-series: Great Lakes Presentation & Requirements
- Project #1:
 - Finalize manuscript results
- Great Lakes Pharmacy Residency Conference:
 - Confirm registration with COP
 - Register for the conference (previous deadline March 1st)
 - Begin platform presentation Development
- Project #2 (Post Grand Rounds):
 - Meet with data acquisition team for vetting
 - Identify research team
 - Begin Development of IRB
 - Informal presentation of initial study design to research team

March:

- Research Mini-series: IRB Overview
- Project #1:
 - Finalize manuscript results
 - Begin Development of Manuscript Discussion/Conclusions
 - Identify Journal for submission
- Great Lakes Pharmacy Residency Conference:
 - Revise platform presentation
 - Schedule platform presentation Practice
- Project #2:
 - Submit Meeting request for data acquisition project data pull
 - Revise IRB with research team, finalize data points before CCTS meeting

April:

- Research Mini-series: Manuscript development and submission
- Project #1:
 - Finalize Manuscript Discussion/Conclusions
 - Manuscript submission
- Great Lakes Pharmacy Residency Conference:
 - Complete practice sessions for platform presentation
 - Finalize and submit platform presentation (previous deadline April 10th)
 - Present at the conference
- Project #2:
 - Meet with data acquisition team
 - Finalize and submit IRB

May-June:

- Research Mini-series: Open Floor / Check-in
- Project #1:
 - Manuscript Revision (if applicable)
- Project #2:
 - Revise IRB protocol as needed
 - Forward IRB approved protocol to data acquisition team

Grand Rounds Presentation

Each Good Samaritan Hospital (GSH) PGY1 resident will provide at least one formal grand rounds presentation during their residency year. These are continuing education- accredited presentations that last 40-50 minutes in length leaving with at least 10 minutes for audience questions. The presentations should be contemporary updates on pharmacotherapy-related topics of the resident's choosing. The topic may or may not be related to their research project. Topics chosen by the resident should not have been completed by a resident within the last three residency classes.

Prior to delivering their grand rounds presentation, the resident will identify content experts (preceptors) with whom to work. This will help ensure that the resident provides a comprehensive, but feasible review of the topic. The resident will also have their grand rounds advisor and/or their residency advisor serve as style and format evaluators for their presentation. If the grand rounds advisor is chosen as one of the content experts, the resident is responsible for selecting an additional preceptor to serve as a style evaluator for their presentation. The resident is independently responsible for contacting their grand rounds preceptors in a timely manner and scheduling all meetings in advance.

The resident will complete a full literature review, create a topic outline including primary literature, and create and deliver a continuing education-accredited presentation with audience participation questions. Specific information on requirements and deadlines can be found under the Grand Rounds Continuing Education Preparation Timeline section. A debriefing session is held following the final presentation for the evaluators to provide specific feedback to the resident. Additional evaluations are completed by the audience and the feedback is downloaded and given to the resident in a timely manner. All feedback received throughout the Grand Rounds experience should be placed in the resident's portfolio. The grand rounds advisor will complete all applicable evaluations with the resident in PharmAcademic.

Each resident's grand rounds presentation date for the residency year will be chosen during the month of July. Professional dress is required when delivering the presentation.

Grand Rounds Continuing Education Preparation Timeline:

4-6 Months Prior to Grand Rounds

- Brainstorm interest areas (minimum: 3 areas).
- Review previous presentations to ensure minimal overlap with previous topics (see Microsoft Teams Grand Rounds Committee folder).
- Once date is selected, resident should create a timeline/checklist specific to their date based on the timeline below. General timeline should be sent to grand rounds advisor for review.

12 Weeks Prior to Grand Rounds

- Finalize presentation topic and upload topic in the Grand Rounds Committee folder on Microsoft Teams.
- The resident should send their list of potential content experts to the grand rounds advisor for review.

- After grand rounds advisor has confirmed appropriateness, contact content experts for willingness to be committee preceptors (suggested: 3 preceptors as content experts, including physicians if warranted). If the grand rounds advisor is not a content expert, they will serve as the presentation style and formatting preceptor. If the grand rounds advisor is chosen as the content expert, an additional preceptor of the resident's choosing will need to be contacted to review presentation style and formatting.
- Submit rough outline or scatter diagram of topic to committee preceptors.
- Schedule a meeting with committee preceptors to review the outline within 1 week of submission of rough outline.

10 Weeks Prior to Grand Rounds

- Submit detailed outline with at least 5-10 primary resources to committee preceptors.
- Schedule a meeting with the committee preceptors to discuss and augment outline within 1 week of that submission.

8 Weeks Prior to Grand Rounds

- Begin transforming detailed outline into preliminary presentation slides.
- Send initial draft of presentation to committee for feedback
- Send Microsoft Outlook invites to your grand rounds committee preceptors for at least 4 practice sessions. These 4 practice sessions should be completed during the 4 weeks prior to your presentation with the final practice session being no later than 3 business days prior to your grand rounds presentation date. This will allow for adequate notice to preceptors and ensure preceptor availability. At least 2 practice sessions should be live.

6 Weeks Prior to Grand Rounds

- Review presentation feedback from your committee and incorporate into presentation. Begin creating speaker notes to assist in your practice sessions.

4 Weeks Prior to Grand Rounds

- Complete financial disclosure along with the objectives, rationale, and biography and upload both documents on Microsoft Teams (see template in Grand Rounds Committee Microsoft Teams)
- Final slide set with speaker notes should be completed 4 weeks prior to your grand rounds presentation.
- Practice sessions should begin at least 4 weeks prior to presentation. Record at least 2 of the 4 practice sessions for your own review.

3 Weeks Prior to Grand Rounds

- Complete practice sessions with your grand rounds committee and incorporate feedback into your presentation if needed.
- Complete independent practice sessions between practices with your committee

1 Week Prior to Grand Rounds

- Resident may elect to have one additional practice with their grand rounds committee during this week.
- Resident should also practice presentation independently from their grand rounds committee

1 Day Prior to Grand Rounds

- Upload presentation slides to Grand Rounds Committee Microsoft Teams folder.

Teaching and Experiential Education

Relationship with University of Kentucky College of Pharmacy:

UK HealthCare Pharmacy Residency Programs maintain a close working relationship with the University of Kentucky College of Pharmacy. The College of Pharmacy provides funding to help offset resident expenses for professional travel. Many RPDs and preceptors have positions with full or adjunct appointments with the College of Pharmacy.

Residents contribute to the College of Pharmacy by teaching in the classroom setting at least two hours per residency year. Some residents may be assigned or elect to do more based-on availability. Topics for classroom teaching will be assigned no later than one month prior to the scheduled class. Some topics may be taught in other healthcare colleges (Physician's Assistant) as needed and as opportunities dictate.

Residents also contribute to the College of Pharmacy by teaching in the patient care laboratory or by an analogous experience such as being a teaching assistant for a course. Patient care laboratory facilitation should be sixteen total hours within the residency year. Topics for laboratory facilitation will be assigned at the beginning of August.

Precepting:

Residents often share learning experiences with APPE students. In this context, residents have the opportunity to co-precept APPE student(s) along with the primary preceptor. The extent of involvement with precepting on a given learning experience will be individualized based on the nature of the learning experience (eg. ICU vs floor), the proficiency of the resident (and student), the time of year, and the preferences of the primary preceptor.

Residents will co-coordinate with an assigned preceptor learning experiences for LEEP students. Each resident will precept two LEEP students. Resident's will gain experience in learning experience development, scheduling, mentorship, and assessment and evaluation. A full description of this experience is included in the LEEP preceptor guide and LEEP learning experience in PharmAcademic which will be provided at the beginning of the residency year.

The Teaching Certificate for Pharmacists:

The Teaching Certificate for Pharmacists is an ASHP program developed in partnership with the University of Kentucky College of Pharmacy. The program includes three distinct tracks that offer a well-rounded learning experience. The Core Track covers the fundamentals of teaching practice. The Academic Teaching Track concentrates on traditional didactic instruction. The Experimental Teaching Track focuses on teaching in practice environments. Each resident will identify a mentor to work with throughout the program, preferably an experienced mentor at the resident's practice site. In order to earn the certificate, residents must upload their mentor's bio sketch, a teaching philosophy, and a teaching portfolio.

All residents are required to complete the Teaching and Learning Program through the UK College of Pharmacy. Residents who have completed a similar program at UK or other residency sites may elect to not participate. A full description of this experience is included in the UK ASHP Teaching Certificate Program syllabus which will be provided at the beginning of the residency year.

Resident Committees

Participation in a hospital committee is a required, longitudinal learning experience at UK HealthCare Good Samaritan Hospital. Residents will be presented with committee opportunities under the Acute Care Pharmacy services umbrella at the beginning of the residency year, typically during the first quarter. Residents will be a core member of their selected committee for the duration of their residency year.

This opportunity will allow ample time to identify opportunities, design and implement plans, and assess effectiveness of change made by the resident's respective committee. By the end of the residency year, residents will progress to leading their respective committee meetings.

Resident committees available include:

Committees	
Anticoagulation P&T Subcommittee	Pediatric P&T Subcommittee
Antimicrobial Stewardship P&T Subcommittee	Pediatric Incident Report Review
Compounding Committee	KCH Quality and Safety
Controlled Substance Committee	PICU Quality and Safety
Door to Needle Committee	PICU Collaborative Care
Pulmonary Embolism Optimal Care Committee	NICU Operations
Heparin Task Force	MIS-C Task Force
VTE Steering Committee	Pediatric Pharmacy Operations
Formulary Subcommittee	
Pharmacy Policy and Practice Committee	
MUSIC P&T Subcommittee	College of Pharmacy Admission Committee
Glycemic Control Committee	College of Pharmacy Curriculum Committee
Infection Prevention and Control (IPAC) Committee	College of Pharmacy Student Affairs Committee
Nursing Medication Administration Guidelines Task Force	
Med Events Review Committee - Chandler	
Med Events Review Committee - GSH	
Opioid Stewardship P&T Subcommittee	
Perioperative P&T Subcommittee	
Preceptor Development Committee	
Residency Research Committee	

Residents will also have the opportunity to partake in the UK HealthCare Pharmacy residency specific committees listed below.

Committee	Description
Alumni	Updates alumni on current events, assists social chair with getting in touch with alumni for social events (Pig Roast), periodically engages alumni with opportunities to support the residency program (jackets, etc.)
Case Conference	Responsible for setting up the schedule for case conference, recruiting residents, and organizing case conference each week
IT	Coordinates updates for the website, including resident bios, annual events, etc.
Grand Rounds	Creates grand rounds schedule, contact faculty about possible presenters, corresponds with outside sites, complies materials for CE, creates and ensures presence of weekly sign-in sheets at grand rounds and all other necessary handouts
KY Konnection/social media	Responsible for coordination of article submission and overall publication of the annual newsletter to former UK residents. The newsletter is mailed out in November, prior to ASHP's Midyear Meeting. The social media section of this committee runs the social media accounts for the residency program. Committee members ensure appropriate content is consistently posted to represent residency activities, update alumni, and serve as a recruitment tool.
Outreach	Coordinates activities for the community and hospital for residents to have a way to give back outside of residency commitments
Recruitment (All Residents)	Plans residency recruitment activities for the ASHP Midyear Meeting. The committee coordinates the review of candidate applications with the PGY1 RPD and makes selections for interviews
Scheduling	Maintains the revision of the on-call schedule for PGY1 and PGY2 residents. Is a member of the department scheduling committee to serve as the resident representative and act as a liaison between pharmacy administration and the residents. Facilitates schedule switch requests for the on-call and staffing schedule.
Secretary	Records and distributes minutes of all resident meetings. Minutes should be distributed preferably by Friday after the Wednesday meeting.
Social	Plans social activities for the residents including the end/beginning of the year picnic, the Pig Roast, holiday parties, Residency graduation, Lamppoon.
Thank you note	Responsible for writing and distributing thank you notes to appropriate people. Making sure any gifts are taken care of by the residents.
Treasurer	Is responsible for residency fund account. Writes checks and deposits payments as needed. Maintains budget for the account.

Resident Portfolio

Each resident should maintain a virtual portfolio which includes the following items:

Content	Date Reviewed
Curriculum Vitae <ul style="list-style-type: none"> • Most current version only 	
Global Assessment <ul style="list-style-type: none"> • Initial Self-Assessment • Custom Resident Training Plan • Resident Development Plans (Initial, Quarters 1-3) • Exit Assessment 	
Learning Experiences <ul style="list-style-type: none"> • Midpoint Evaluations • Summative Evaluations • Preceptor Evaluations • Learning Experience Evaluations • Snapshots • Presentation Materials • Topic Discussion Materials • Examples of Documentation • Other Project Materials 	
Emergency Response <ul style="list-style-type: none"> • Code Blue/Stroke Documentation • Dalbavancin Evaluation Documentation • Feedback for individual on-call encounters 	
Teaching <ul style="list-style-type: none"> • Teaching Evaluations (labs, lectures) <ul style="list-style-type: none"> ○ Student Evaluations of Resident Teaching ○ Faculty Evaluations of Resident Teaching • Lecture Materials (slides, handouts, exam questions) • Grand Rounds Presentation & Evaluations • LEEP Student Materials <ul style="list-style-type: none"> ○ Rotation Design (student schedules) ○ Student Feedback ○ Quarterly and Summative Evaluations 	
Research <ul style="list-style-type: none"> • Proposals • IRB Documents • Poster Abstract • Poster • GLPRC Abstract • GLPRC Presentation & Evaluations • Manuscript • Quarterly Evaluations 	
Operations/Staffing <ul style="list-style-type: none"> • Quarterly Evaluations • Snapshots 	
Committees <ul style="list-style-type: none"> • Minutes & Agendas • Presentations • MUE's or Other Projects 	
Miscellaneous <ul style="list-style-type: none"> • Other Presentations (e.g. case conference) • Other Projects • Other Publications 	