

**UNIVERSITY OF CONNECTICUT POST GRADUATE YEAR 2 (PGY2) INFECTIOUS
DISEASE (PEDIATRIC) PHARMACY RESIDENCY LOCATED AT CONNECTICUT
CHILDREN'S MEDICAL CENTER**

**Residency Handbook
2017 - 2018**

WELCOME!

This residency has been established to provide excellent training to pharmacists in the area of pediatric infectious diseases. There are national guidelines that support the incorporation of infectious disease trained pharmacists within stewardship programs. Training specific to pediatric infectious diseases is essential as patients seen at children's hospitals have unique disease states and pharmacotherapy considerations. This residency program is designed to provide the resident with training to develop the appropriate skills necessary to become a pediatric infectious disease clinical pharmacist who is able to establish and run a pediatric antimicrobial stewardship program. Further this training also prepares the resident to become a clinical track faculty member at a school of pharmacy. It should be noted that these goals are in line with both organizations missions.

UCONN DEPARTMENT OF PHARMACY PRACTICE MISSION

The Department of Pharmacy Practice is a leader in teaching, scholarship, and public engagement. Our mission is to serve the public and the profession, along with improve the quality of healthcare by:

- Preparing future pharmacists to be compassionate and effective healthcare leaders,
- Providing continuing professional development for current pharmacists,
- Providing health maintenance and promoting disease prevention,
- Providing care for the sick,
- Educating patients, caregivers, and healthcare colleagues on the optimal use of medications,
- Engaging in collaborative and innovative scholarly activities,
- Leading professional and advocacy organizations, and
- Promoting the development and integration of pharmacists in healthcare delivery models.

CONNECTICUT CHILDREN'S MEDICAL CENTER PHARMACY MISSION

The pharmacy department at Connecticut Children's Medical Center is dedicated to improving the physical and emotional health of children through the provision of pharmaceutical care. We seek to further the overall mission of the medical center with its focus on excellence, innovation, and leadership.

OUTCOMES AND PURPOSE STATEMENT

Expected Outcomes of Training:

1. Provide direct patient care (including inpatient rounds, consults, and outpatient clinic visits) and indirect patient care in a variety of practice settings
2. Provide drug information and education to pediatric patients, interdisciplinary healthcare professionals (i.e. physicians, nurses, etc), and pharmacy peers
3. Function as an interactive member of an interdisciplinary health care team (e.g. physicians, nurses, etc)
4. Demonstrate a commitment to professionalism and advancing the profession of pharmacy
5. Demonstrate the ability to perform self-directed activities and responsibilities in a timely and professional manner
6. Become an expert in pediatric infectious diseases pharmacotherapy and antimicrobial stewardship
7. Become an expert preceptor
8. Become proficient in providing didactic education to pharmacy students
9. Become proficient in conducting and presenting both verbally and written, pediatric infectious diseases research

CONNECTICUT CHILDREN'S RESIDENCY ADVISORY COMMITTEE MEMBERS

Jennifer Giroto, PharmD, BCPPS – Residency Program Director

Nicholas Bennett, MA (Cantab), MBBChir, PhD, FAAP - ASP Co-Preceptor/Outpatient ID Clinic Preceptor

Paulette Grocki, PharmD, BCPS – Orientation Co-Preceptor/General Pediatrics Co-Preceptor

Melissa Held, MD – Clinical Infectious Disease 1-3 – Co-Preceptor

Matthew Wallace, MS, RPh – Pharmacy Manager

TRAINING SITES

The principle site is at Connecticut Children's Medical Center (CT Children's). The residents may also gain pharmacy experience at the University of Connecticut School of Pharmacy, Hartford Hospital or other sites as determined on a resident specific basis. The RPD will assure that the resident spends 80% or greater time at Connecticut Children's.

SELECTION OF THE RESIDENT

1. Evaluation of the criteria:

- a. The RPD will review all candidates to determine if they meet basic objective minimum criteria (graduate of ACPE accredited school of pharmacy and completing/completed PGY1).
- b. For all those who meet the objective minimal criteria, the candidates will be reviewed using a rubric approved by the RAC, to assess knowledge, skills, and fit to the program.
- c. Up to 8 candidates will be brought on site to interview based on a rubric evaluation.

2. Interview and ranking process:

- a. Preceptors will be invited to interview and evaluate residency candidates.
- b. All preceptors that interview candidates will complete an interview rubric. The completed rubric assessments of the interviewees will be discussed by the RAC to determine which candidates to rank.
- c. The RPD in consultation with the RAC will make a final rank list of the candidates.

PHARMACY RESIDENT LICENSURE AND RESIDENCY CERTIFICATION REQUIREMENTS

Licensure as a pharmacist in the State of Connecticut is required to work as an independent pharmacy practitioner (a temporary license is not acceptable). Licensure is expected to be complete before the start of the residency. Therefore incoming pharmacy residents should begin the licensure process as soon as possible and aim to take the CT MPJE in April or May at the latest.

If a resident is unable to begin on time due to travel the RPD may move the start date back a week. Later start dates are generally not allowed as it is difficult to have the resident complete required objectives if he/she does not begin over the summer. Therefore, if the resident is unable to begin due to failure to obtain licensure, they can make an appeal to the RAC via the RPD and they will need to understand the unique situation and will vote on if position will be held for the resident. At no time will the start date be delayed to later than September 1st of the residency year. If the resident does not obtain licensure or for some other reason is unable to start by September 1st, the residency position will not be held.

Note that the resident will still need to complete a full 12 months of residency so that if there is a late start date the end date would also be modified. In addition to showing proof of CT pharmacist licensure, the resident must also show proof of completing a PGY1 residency program (i.e. residency completion certificate). Uconn / CT Children's has the authority to terminate a pharmacy resident if licensure is not obtained by 7/1 (exception may be approved as late as 9/1 if voted on by the RAC due to unique circumstance) or is found to be not active at any time.

The residency position is also only offered pending a successful background check and completion of all CT Children's Clinical Placement Forms.

RESIDENT ENTERING INTEREST FORM

At the beginning the residency the resident will complete an entering interest form. The resident will also complete a goal-based assessment to determine the residents perceived competency and/or confidence with regards to the residency goals/outcomes. These forms will be used to guide the development of the resident's year. For example if the resident notes they are weak in an area, the residency can be customized to provide additional focus to those areas. The plan will be created with the resident and RPD and approved by the Residency Advisory Committee.

PharmAcademic

This systematic scheme is designed by ASHP to be used by residency programs. The goals are structured and provide consistency in content and skills of what is planned, taught, and evaluated. The rotation goals and learning experiences are posted in the clinical pharmacy folder for the resident to review.

- The RPD works with preceptors to design their learning experiences and ensure that all goals and outcomes will be taught and evaluated appropriately. The learning experience evaluations are designed based on the selected goals and objectives. Feedback in the form of objective and concrete information are performed throughout the residency to provide more timely immediate positive and constructive feedback to the resident.
- The resident is responsible for completing the antimicrobial tracker and disease state tracker of discussions covered and disease states seen. The resident is responsible to complete this form and email it to the RPD and Preceptor on the first day of the month (rotation). This will allow for the preceptors to see what has been covered and documentation of knowledge and depth of experience.

ORIENTATION

The residents shall be oriented by both Connecticut Children's Medical Center and Uconn. The specifics of the Uconn Orientation will be provided in the letter. The CT Children's Orientation will occur as a rotation over a period of 1 month. During the CT Children's orientation period, the resident will be required to complete EPIC/Willow training and demonstrate minimal pharmacist competencies. They will be provided orientation regarding the pharmacy department procedures and will be required to learn the hospital and department specific protocols and pathways as they relate to infectious disease pharmacy. These will include (but are not limited to): medication protocols, disease based pathways, antimicrobial restrictions, event reporting, and i-vent communications.

PROGRAM STRUCTURE

A. REQUIRED EXPERIENCES FOR ALL RESIDENTS

- Orientation (1 month)
- Pediatric Antimicrobial Stewardship (5-6 months)
- Pediatric Infectious Disease (3 months)
- If needed,
 - a. General Pediatrics ~ 1 month (maybe waived if the resident has had at least 2 pediatrics rotations during their PGY1 training and deemed competent in key general areas assessed during Orientation)
 - b. Adult Antimicrobial Stewardship – 1 month (maybe waived if the resident has had at least 1 Adult Antimicrobial Stewardship month during their PGY1 training and feels confident in their knowledge of this area)

Longitudinal Experiences

- Hospital Administration (12 months)
- Pharmacy Practice Management (i.e. Staffing – 11 months)
- Microbiology (minimum of 6 months)
- Research Project (9 – 10 months)
- Outpatient Infectious Disease clinic (Including Travel Clinic and Cystic Fibrosis Clinic: 6-9 months)
- Academia (11 months)
- Immunization (3 months)

B. ELECTIVE EXPERIENCES GENERALLY OFFERED TO THE RESIDENTS (2 months)

(Note a minimum of 80% of the residency must occur at CT Children's)

1. Focused Research CAIRD – Hartford Hospital (1 month)
2. Focused Academia UConn (1 month)
3. Emergency Medicine CT Children's (1 month)
4. Pediatric and Adult Transplant –CT Children's and Hartford Hospital (1 month)
5. Other as arranged and approved with RPD

C. ADDITIONAL ACTIVITIES

1. Meetings: The resident will receive financial support to attend the ASHP Midyear clinical meeting and the Pediatric Antimicrobial Stewardship Meeting as well as additional time off as per their contract to attend these and other professional meetings.
2. Recruitment: The current resident will be a key member of the recruitment team for the following year's resident. It is essential that the current resident is involved with recruitment at ASHP Midyear, local residency showcases, and during the interview process.
3. Grand Rounds: The resident will attend at minimum the grand rounds presentations (On Tues morning 8 AM) that are on an Infectious Disease topic (except if at Uconn on rotation).
4. Pharmacist Meeting & Safety Huddle: The resident will regularly attend the pharmacist meetings and safety huddle
5. Inner-City Grand Rounds: The resident will attend, at minimum, most of the pediatric talks of the Inner-City Grand Rounds (~ 4 per year)
6. Pediatric Infectious Disease Case Conference: The resident will attend the monthly (Sept – June) Pediatric Infectious Disease Case Conferences. Additionally, the resident will be responsible for presenting one case during the year.

LEARNING EXPERIENCES

1. At the beginning of each learning experience, the resident should obtain a copy (online, they may print out if wish) of the learning experience. The resident and preceptor will sit down and discuss the rotation expectations, general times they will be meeting, best way to contact preceptor, as well as the goals and objectives of the learning experience.
2. The preceptor should complete a minimum of one immediate feedback of the resident. This evaluation must be recorded in PharmAcademic if the resident is to receive more than one needs improvement for the summative evaluation. For longitudinal rotations this must occur at least quarterly. These focused evaluations provide immediate and specific feedback to the resident.
3. The resident shall perform all of the duties related to the learning experience as assigned and will be evaluated based on completeness, appropriateness, and timeliness.
4. During the last week of the learning experience (or quarterly for longitudinal rotations), the preceptor and resident will both independently evaluate the resident's on the objectives. They will then by the last day of the rotation discuss the evaluations and note the discussion has occurred in the evaluation. Further the resident will complete and email the preceptor a copy of the Antimicrobial and Disease State Tracker at minimum at end of rotation (or quarterly for longitudinal patient care rotations) to ensure that the preceptor is in agreement with the documentation.
5. During the discussion and in the evaluations both preceptor and resident will provide general comments as well as specific comments, stress areas for improvement, and plans to address weaknesses.
6. The resident shall critically evaluate each learning experience.
7. The resident also will complete a preceptor evaluation by the last day of the rotation.

EVALUATION

Continuous feedback to and communication with the resident will be provided by the preceptor during each learning experience and a written final evaluation, based on goals and objectives included in the description will be conducted after each learning experience (or quarterly for longitudinal rotations). Furthermore, the resident will perform a written assessment of each learning experience and corresponding preceptor.

Preceptors will also work with residents to select some criteria-based, formative evaluations of the resident, especially for areas that the preceptor identify as needing improvement. These will be

designed based on perceived weakness of the resident/preceptor as an effort to provide mechanism for improvement.

At least quarterly the Residency Advisory Committee will review the progress of the resident to ensure completion of the goals and outcomes of the residency. The Residency Advisory Committee will provide recommendations for customization, which the RPD will discuss with the resident.

EVALUATION DEFINITIONS

Summative Evaluations

Needs Improvement: The resident has not been able to function independently in the rotation area or the resident's progress is such that it will not result in achievement of objectives. (Must include comments that clearly address the concern and provide the resident a strategy going forward)

Satisfactory Progress: The resident is progressing in a manner that is expected to achieve the residency objective.

Achieved: The resident has performed at a level expected of a graduate of a PGY2 ID residency (specifically as an independent Infectious Disease Clinical Specialist or Academician, per the objective). (Must include comments that explain why the criteria was scored as achieved)

N/A: Not applicable

RESIDENCY COMPLETION AND CERTIFICATION

The following requirements are determined to be minimally sufficient to fulfill the PGY2 Infectious Disease (Pediatric) pharmacy residency program and receive a certificate of completion.

1. Obtain CT pharmacy license and evidence of completion of a PGY1 residency (either a certificate, noted completion in PharmAcademic, or email from PGY1 RPD stating that majority of the goals have been completed and they are expected to obtain completion) before starting.
2. Complete Orientation, clinical ID and ASP rotations successfully.
3. Complete a minimum of 10 clinical case presentations, 4 journal clubs, and 6 pharmacist education activities.
4. Participate in and complete the residency program with at least 85% all non-patient based outcomes and 90% of all outcomes at the level of "Achieved for residency" and all others demonstrating satisfactory progress towards completion.
5. Complete research project and submit to RPD a final manuscript submitted
6. Finish all evaluations with sufficient feedback/comments
7. Complete all "Additional Activities" listed above

The ASHP Accreditation Standard requires a minimum duration of 12 month full time practice commitment of the resident. Therefore to complete the program, each resident must complete a period of 12 months (minus the 2 weeks for time off and 2 weeks for meetings and interview). Any deviation from this policy must be approved by the Residency Advisory Committee.

The resident must complete objectives as described above. In cases where the resident has not completed all additional activities, the resident must request up to a 3 month extension (with timeline) or exemption (with unique reason) from the Residency Advisory Committee. The Residency Advisory Committee has the final say on if extensions and/or exemptions are given.

The resident's research must also be completed and a manuscript submitted for publication before a Residency Certificate will be issued. Residents who have not completed this prior to finishing the residency, can request in writing to the Residency Advisory Committee to have a 3 months extension. In this request the resident should provide a clear timeline towards completion.

Further all evaluations of learning experiences and overall program evaluation must be given to the RPD. Further the RPD will conduct an exit interview with the resident to gain additional feedback on the program.

On the final day of the residency, the resident will also need to provide the RPD with any keys, badges, pagers, laptops they have been loaned for use during the residency program. Further the resident should provide the RPD (and UCONN HR and UCONN Dept Pharm Practice Admin) a forwarding address so that they will be able to forward any mail or other information if needed.

PROFESSIONAL, FAMILY AND SICK LEAVE (INCLUDING EXTENDED LEAVE)

The pharmacy resident is provided with two weeks of paid time off for sickness, rest, relaxation, personal business and emergency purposes (e.g. auto repair). The resident is also provided an additional 2 weeks time to attend the American Society of Healthcare Pharmacists Midyear Clinical Meeting, other professional meeting(s) and interviews. All time off (except sickness) must be requested in advance, preferably 2 weeks, and must be approved by RPD, before being taken. Leave for sickness should be reported to the RPD and current preceptor each day the resident is sick and as soon as possible and prior to the scheduled time of arrival. If you require sick time for more than 3 consecutive days, you must furnish a medical certification by a physician attesting to the need for sick leave during the period of absence.

The residency program is a minimum of 52 weeks in duration with approximately the first 4 weeks as orientation. In the event of a serious medical or personal condition requiring extended leave, residents may take any of the 2 weeks time given and still complete the residency program on time. Any additional required time off may result in extending the program. Each extension is reviewed by the RAC. It is important to note that while efforts will be made to work with the individual resident to resolve issues in completing the program in a timely manner there is the potential that the request will not be granted.

The residency follows all Uconn Human Resource policies regarding extended family and sick leave. For this position, if the RAC determines an extension is approved, the additional time off will be unpaid, but the appointment would be allowed to be continued if the resident would be able to complete the program by September 1st of that year as the maximal end date. After the original contract end date (June 30th), the resident would be changed to a special payroll appointment to allow the resident to complete the residency.

The resident is responsible for documenting all time off and submitting it via the resident tracking form (at minimum the first of each month).

***Note: Any unused time off are NOT eligible to be 'paid out' at the conclusion of the residency year.

RESIDENT PROFESSIONAL SELF-RESPONSIBILITY

The resident is expected to take self-responsibility for their actions throughout the residency program. During the course of the residency year the resident is expected to perform within the rules, regulations, and guidelines of Connecticut Children's Medical Center and Uconn. The resident is expected to be punctual and excel in time management ensuring completion all projects on time or a request for extension with reasonable notification.

The resident is responsible for emailing the preceptor prior to the beginning of the rotation (or month for longitudinal) any times that they will not be available (e.g. pre-approved time off or other required residency activities such as meetings). The resident is also required to include these on the RPD's calendar as approved or scheduled.

The resident is also responsible for completing the disease, topic, and hours tracker on a continual basis and submitting it to the RPD at the beginning of each month via email.

The resident is responsible for asking preceptors for feedback throughout the month as well as scheduling time with preceptor for evaluations on the final day of the rotation (or quarterly for

longitudinal rotations). The resident and preceptor are required to complete the evaluations independently prior to the evaluation and will discuss and document discussion of the evaluation in the final document. The resident is also responsible for completing a preceptor evaluation at the end of the month.

DUTY HOURS

1. The pharmacy residency program at Connecticut Children's Medical Center complies with the Accreditation Council for Graduate Medical Education (ACGME) duty-hour minimum standards and emphasizes safe patient care as well as the residents well-being and educational priorities.
2. The department does not excessively rely on the residents for service obligations.
3. The residency is a full-time commitment. Moonlighting (working outside of the residency program) may be possible, but should NOT interfere with the ability of the resident to achieve goals and outcomes of the program. In cases where the resident wishes to moonlight, he/she must request in writing and receive permission to moonlight from the Residency Advisory Committee. If moonlighting is approved, these additional work hours count in maximum 80 hours per week average over a four week period.
4. The resident is not expected or approved to be at the site on weekends or during the weekdays for longer than 12 hours per day without written permission from the RPD. Generally, these hours are from 7:30am – 7:00 pm.
5. The resident's working time includes time that they are providing services to the hospital and other sites. It does not include time they are away from the site and participating in learning activities (i.e. reading articles, etc)
6. Duty hours include all clinical and educational time spent at CT Children's and our other training sites and moonlighting (They do NOT include reading and preparation time spent away from the duty site)
7. Even if RPD provides written permission for work beyond 60 hours per week, the residents must work no more than 80 hours per week averaged over a four week period
8. Residents are provided with one day in seven free from all educational and clinical responsibilities, averaged over a four-week period
9. Residents, preceptors, and RPD work together to assure that a 10 hour period is scheduled (but MUST observe minimum 8 hours) between all daily duty periods.
10. Residents are responsible for logging all Duty hours on the Duty Hours Form and emailing it to the RPD on the first of each month. Any non-compliance with the ACGME requirements will be addressed immediately.
11. False documentation of compliance will result in progressive disciplinary procedure (e.g. warning, suspension, termination).
12. All variances will be reported to the Residency Advisory Committee.

MOONLIGHTING

As mentioned above, moonlighting may occur if permission is granted in writing from the Residency Advisory Committee. It will only be allowed as long as it does not affect resident attaining goals and objectives of program and the resident remains in compliance with ACGME standards. Additionally, moonlighting cannot interfere with other residency requirements such as ASHP Mid-year or other required activities. If at any point the Residency Advisory Committee feels that the moonlighting is interfering with the residents ability to achieve programmatic goals/outcomes they can retract permission to moonlight.

PROFESSIONAL CONDUCT

The resident is expected to conduct themselves in a professional manner at all times and displaying professional behavior consistent with Uconn and Connecticut Children's mission, vision and values. Further the resident is expected to abide by Uconn and Connecticut Children's policies. In cases where the resident does not adhere to Uconn and/or Connecticut Children's policies the resident may face disciplinary actions including dismissal/termination. If at any point the resident is dismissed by either Uconn or Connecticut Children's Medical Center, this is deemed dismissal from the residency. For any action that is not deemed dismissed, but the resident has been sanctioned by either organization the Residency Advocacy Committee will meet, discuss and vote (majority determining outcome) what, if any effect this has on the ability for the resident to continue and work towards

completion of the program. The resident will be given in writing, information regarding the outcome of the vote and what, if any effects this has on their ability to continue and complete the program.

PROBATION AND DISMISSAL

In rare cases where issues arise with regards to academic performance, lack of participation in the residency, failure to exercise responsibility of the provision of patient care, poor clinical performance or inappropriate behavior or conduct The Residency Advisory Committee has the authority to place the resident on “probation” or dismiss a resident. As mentioned above, in cases where a resident dismissed by either Uconn or Connecticut Children’s Medical Center, they are deemed dismissed from the residency program. (See Professional Behavior above for specifics)

Probation refers to a trial period of two weeks to two months whereby the resident is under very close scrutiny and/or supervision; the resident is notified in writing of the specifics of the cause for the probation/dismissal and if probation given a plan by the Residency Advisory Committee delineating the expectations and methods of remediation and progression. (Note, A probation period usually occurs before dismissal but is not required.)

Dismissal is the termination of the resident’s position and training by the RPD and precludes the resident from receiving a certificate.

PRECEPTOR DEVELOPMENT PLAN

Current Preceptors

- Offer and encourage preceptors to attend preceptor development sessions:
 - Pharmacist Letter webinars on precepting
 - Preceptor development pearls quarterly
- Encourage precepting skills to those who may not be able to attend in person events by emailing quarterly pearls on precepting
- Maintain pharmacy management’s endorsement that preceptor development is a priority for the department.
- Assess annually preceptors’ training, interest, and goals for becoming a better clinician and better resident preceptor
- Annually work on continued improvement of preceptor development based upon survey and resident end of year evaluation.

New Preceptors

- Begin new preceptors at conditional preceptor level (unless demonstrated strong precepting skills at another program and fulfill all ASHP requirements).
- Prior to having new preceptors begin, they will need to work with RPD to select goals and objectives, design their experience, review preceptor roles, and learn how to provide effective feedback
 - New preceptors will remain at the conditional level until they are comfortable precepting and have demonstrated they will meet all ASHP requirements of preceptors