



2023-2024



# HARRISHEALTH SYSTEM

DEPARTMENT OF  
PHARMACY

PGY-1 COMMUNITY-BASED  
PHARMACY RESIDENCY PROGRAM

**TABLE OF CONTENTS**

**INTRODUCTION .....2**

**RESIDENCY PROGRAM OVERVIEW .....3**

**RESIDENCY PROGRAM CURRICULUM .....4**

    RESIDENCY ORIENTATION .....4

    REQUIRED LEARNING EXPERIENCES.....4

    DEDICATED PROJECT TIME.....4

    COMMITTEE AND MEETING INVOLVEMENT .....4

    RESIDENCY PROJECTS.....5

    LEARNING EXPERIENCE MAP .....5

**DEPARTMENT AND PROGRAM STRUCTURE .....6**

    RESIDENCY PROGRAM TEAM.....6

    RESIDENCY ADVISORY COMMITTEE (RAC) .....6

**RESIDENT RESPONSIBILITIES AND SUPERVISION .....6**

**EVALUATIONS .....8**

    TIMELINESS OF EVALUATIONS SUMMARY.....9

**PROGRAM PROCEDURES .....10**

    ATTENDANCE AND ABSENCE MANAGEMENT .....10

    DISMISSAL FROM THE RESIDENCY PROGRAM .....10

**ORIENTATION ROTATION .....11**

**COMMUNITY PHARMACY ROTATION .....11**

**AMBULATORY CARE ROTATION .....11**

**INTEGRATED PHARMACY SERVICES ROTATION .....12**

**PHARMACY LEADERSHIP & PROFESSIONAL DEVELOPMENT ROTATION.....12**

**TRANSITIONS OF CARE ROTATION.....13**

**PROJECTS ROTATION .....12**

**HIV SPECIALTY PHARMACY ROTATION .....13**

**ONCOLOGY/INFUSION ROTATION .....13**

**RESIDENT REQUIREMENTS .....14**

    MINIMUM COMPLETION REQUIREMENTS FOR THE AWARDING OF A RESIDENCY CERTIFICATE .....14

**WELL-BEING AND RESILIENCE .....14**

**GRADUATION CHECKLIST .....14**

**INTRODUCTION**

## **Welcome to Harris Health System**

Harris Health System is a fully integrated healthcare system that cares for all residents of Harris County, Texas. We are the first accredited healthcare institution in Harris County to be designated by the National Committee for Quality Assurance as a Patient-Centered Medical Home, and are one of the largest systems in the country to achieve the quality standard. Our system includes **community health centers, same-day clinics, three multi-specialty clinic locations, a dental center and dialysis center, mobile health units and two full-service hospitals.**

### **MISSION**

Harris Health is a community-focused academic healthcare system dedicated to  
Improving the health of those most in need in Harris County  
through quality care delivery, coordination of care, and education

### **VISION**

Harris Health will become the premier public academic healthcare system in the nation

### **WE VALUE**

#### ***QUALITY***

*Quality and Patient Safety*

*United as One Harris Health System*

*Accountable and Just Culture*

*Leadership & Integrity*

*Innovation, Education, Research*

*Trust, Recognition, Respect*

*You: Patients, Employees, Medical Staff*

## **DEPARTMENT OF PHARMACY**

### **MISSION**

Deliver optimal medication management across all dimensions of care every time.

### **VISION**

World-class pharmacy recognized for excellence

## RESIDENCY PROGRAM OVERVIEW

**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.

**DESCRIPTION:** The Harris Health Systems Community-Based PGY1 residency program is dedicated to developing the next generation of clinical pharmacists practicing at the top of their license within the community. The program will consist of various experiences in ambulatory care and community pharmacy practice and aims to train pharmacists to be adept and skilled in multiple areas of direct patient care while serving those most in need in Harris County.

The resident will have opportunities in patient-centered dispensing, ambulatory care, medication therapy management (MTM), 340B operations, administration and leadership, refill clinic, central processing, and more. The resident will also have the opportunity to tailor learning experiences to his/her interests and career goals. Residents are required to complete a teaching certificate program through the University of Houston with opportunities for classroom experience and on-site precepting.

### PGY1: RESIDENCY TRAINING OUTCOMES

Graduates of the Harris Health System Community-Based PGY1 Residency program will attain and demonstrate the following ASHP-requisite skills and qualities:

- R1: Patient Care (16 objectives)
- R2: Leadership and Management (9 objectives)
- R3: Advancement of Community-based Practice and Improving Patient Care (10 objectives)
- R4: Teaching, Education, and Dissemination of Knowledge (5 objectives)

Harris Health System's PGY-1 Community-Based residency program will remain in compliance with updated ASHP regulations on accreditation by updating this manual as necessary.

**RESIDENCY PROGRAM CURRICULUM**

**Residency Orientation**

A mandatory, formal orientation program for the resident is scheduled at the start of the residency program. The resident is expected to attend these sessions and should not plan any time away during the orientation period. This orientation period is used to introduce the incoming residents to Harris Health System and the Department of Pharmacy Services as well as to outline the expectations for the residency year. Please see applicable orientation learning experience description for more details.

**Required Learning Experiences**

<b>REQUIRED</b>
Orientation
Ambulatory Care*
Community Pharmacy*
Integrated Pharmacy Services (IPS)*
Projects*
Pharmacy Leadership & Professional Development*
Transitions of Care (Meds-to-Beds)*
HIV Specialty Pharmacy
Oncology/Infusion

\*Longitudinal

**Dedicated Project Time**

Project Day (1 day per week)

The resident will be allotted dedicated project time each week to work on major projects, rotation deliverables, and any other outstanding tasks. This time will be managed by the resident and it is the expectation of the resident to demonstrate proper time management skills when it comes to upcoming deadlines.

**Committee and Meeting Involvement**

Residents will attend meetings at the discretion of the RPD and the preceptor. Meetings include but are not limited to:

- Resident meetings: The resident will schedule and attend biweekly resident meetings with the RPD
- Periodic leadership meetings: The resident is required to attend administrative meetings as needed in order to keep current on the practices and policies of Harris Health System’s department of pharmacy.
- Recruitment: Each resident will assist with residency recruitment efforts of the department, which may require presence at a variety of residency showcases.
- ASHP Midyear Conference: Each resident is required to attend ASHP Midyear clinical meeting for continuing education and poster presentation purposes.
- Alcalde Regional Leadership Conference: Each resident is required to attend for podium presentation purposes.
- Other meetings: As deemed by preceptors/RPD/RPC

## Residency Projects

Pharmacy residency projects are a required competency area of the ASHP Accreditation Standards. The resident will work on 4 projects throughout the year in order to meet this requirement.

- Practice Related Project (research)
- New or Enhanced Service Development (Business plan)
- Quality Improvement Project
- Collaborative Practice Agreement

The resident will select their research project idea from the list of approved projects. The project/study chosen must be approved by the Pharmacy Executive Leadership Committee (PELC), the RPD/RPC, and/or RAC prior to commencement. All other projects will be selected by the resident in conjunction with the residency team and other stakeholders as needed. Each resident will be assigned a project advisor. The project advisors will provide frequent feedback and guidance to the resident throughout the projects duration. Research projects will be presented via poster presentation at ASHP Midyear Clinical Meeting and via platform presentation at the regional residency conference in the Spring.

## Learning Experience Map

July	August	Sept	Oct	Nov	Dec	Jan	Feb	Mar	April	May	Jun
	Outpatient Pharmacy										
	Project										
	IPS										
	Pharmacy Leadership & Professional Development										
Orientation	Ambulatory Care rotation (6 months, 1 day per week)					HIV Specialty rotation (12 weeks, 1 day per week)			Oncology/Infusion Specialty rotation (12 weeks, 1 day per week)		
	Weekend staffing- Meds-to-beds 1 weekend per month										

## Example Weekly Schedule

Monday	Tuesday	Wednesday	Thursday	Friday
Community Pharmacy Practice Site (Home site)	Community Pharmacy Practice Site (Home site)	Rotation Day	Project day	IPS/PLPD



## DEPARTMENT AND PROGRAM STRUCTURE

### Residency Program Team

- Residency Program Director (RPD)
- Residency Program Coordinator (RPC)
- Preceptors (As identified by the Residency Program Director)
- Chief Pharmacy Resident
- Resident Program Advisor

### Residency Advisory Committee (RAC)

The Community Residency Advisory Committee (RAC) serves as the advisory and organizational structure of the residency program. The Committee serves to support and maintain ASHP-Accredited Pharmacy Practice Residency Program goals and improve the quality of the residency program at Harris Health System. The Committee serves as a forum for the preceptors to discuss the residents' progress, resident projects, concerns or issues regarding the residency schedule, and other components of the program. It will also serve to provide the resident with guidance in practical and clinical issues as well as foster the growth and development of the resident as a competent Practitioner.

#### Each member of the RAC is expected to:

1. Act as an advocate for the resident
2. Provide expertise for residency projects (when possible) or identify other appropriate resources
3. Provide feedback and suggestions on improving current rotation sites, as well as identifying future potential rotation sites
4. Provide feedback and suggestions on the current structure of the residency program, and offer possibilities for future direction

## RESIDENT RESPONSIBILITIES AND SUPERVISION

### Academic and Professional Performance Standards

Residents are expected to satisfactorily complete all requirements of the residency program in general. Only the residents who satisfactorily complete the requirements will receive their residency certificate as evidence of program completion. Evaluation of resident's progress in completing the requirements is performed during each rotation and quarterly.

If during the course of the training period, the RAC becomes aware of unsatisfactory performance or unacceptable misconduct on the part of the resident, the Residency Program Director (RPD) will initiate a counseling session with the resident to discuss the problem and to determine the DUE PROCESS for Participants.

### Pharmacist Licensure

Per ASHP requirements, a minimum of 2/3 of the residency must be completed as a licensed pharmacist

Applicants to the Harris Health System Pharmacy Residency Programs shall have either obtained a license to practice pharmacy in Texas, have reciprocated their license to practice pharmacy in Texas, or be in the process of obtaining their license to practice pharmacy in Texas as soon as possible after they receive their ASHP Resident Matching Program results. Applicants shall submit documentation of active licensure in the state of Texas [North American Pharmacist Licensure Examination (NAPLEX) and Multistate Pharmacy Jurisprudence Examination (MPJE)] to the Residency Program Director as soon as it is available and no later than July 31<sup>st</sup>.

### Duty Hours

Duty hours are defined as all clinical activities related to residency program. The resident is expected to be onsite for a minimum of 40 hours a week. As required by ASHP Accreditation Standards, duty hours must be limited to 80 hours per week, averaged over a four week-period, inclusive of all in house call activities, and staffing.

### Moonlighting Policy

Residents shall not engage in internal or external moonlighting (i.e., working in other paying job positions) during their residency program.

### Pharmacy & Therapeutic Subcommittee Participation

Residents are required to participate in at least 1 Pharmacy & Therapeutic (P&T) Subcommittee. Residents may be assigned to one of the following P&T Subcommittees: Antimicrobial Stewardship, Ambulatory Care Services (ACS), Cardiovascular (CV), Central Nervous System (CNS), Controlled Substances Oversight (CSOC), General Formulary (GF), Hematology/Oncology (Onc), Medication Use Safety (MUSC), or Opioid Task Force.

### Teaching and Modeling Opportunities

#### Presentations

The resident is required to achieve proficiency in communication; visually, verbally and in writing. Therefore, each resident will provide presentation(s) as required by the rotational preceptor. Presentations audiences will vary and may include the department of pharmacy personnel, community/patients, and intradepartmental team members (i.e., nursing, physicians, and ancillary services). The preceptors will attend as many of the resident's presentations as possible and provide feedback using the Presentation Evaluation form. In addition, the resident is required to present one Continuing Education (CE) to the pharmacy team during their residency year. Guidelines for this CE presentation will be provided during orientation.

#### Completion of a Teaching and Learning Certificate Program

The resident will complete a teaching and learning certificate program through the University of Houston College of Pharmacy as a part of their graduation requirements. Some activities include seminars, creating of a teaching philosophy, various teaching experiences, and other requirements as set forth by the college. This requirement will be evaluated and completed as a part of the resident's Pharmacy Leadership and Professional Development rotation.

### Conferences

Residents will be provided the opportunity to participate in at least two extramural educational opportunities such as a pharmacy association meeting or a regional residency conference. The specific event will be determined during the residency program based on schedule, and availability. Some examples of potential activities are: ASHP Midyear, ASHP Leadership, APhA, ALCADe, and TSHP.

### Scope of Service

The Harris Health System Department of Pharmacy Residency Programs delivers patient-focused and cost-efficient pharmaceutical care under the guidance of a qualified preceptor. The Department of Pharmacy Residency Programs seeks to optimize patient outcomes in collaboration with other healthcare practitioners through cost-effective medication management. The Department of Pharmacy Residency Programs focus will also include medication use, outcome assessment, and education of patients and healthcare providers. The Department of Pharmacy Residency Programs is dedicated to caring for all patients as individuals with unique health circumstances.

PGY1 pharmacy residents shall practice under the guidance of polices 1.11 Scope of Service, 3.42 Ambulatory Pharmacy Practice, and 3.70 Inpatient Pharmacy Practice.



## EVALUATIONS

An essential component of developing the skills of a resident and continuous improvement of the residency program is frequent two-way feedback between resident and preceptor. Evaluations are completed both informally through ongoing formative feedback, and formally through documented summative evaluations using PharmAcademic. In addition, ASHP requires that the resident’s training program must be customized based on their entering interests, skills and experience. At the beginning of the program year the resident will complete ASHP’s Entering interests form to determine the resident’s individual professional goals and objectives for the program year. The resident will also complete the ASHP Entering Objective-Based Self-Evaluation to provide baseline information for use in the development of the resident and completion of program objectives/goals.

### Evaluations to be completed in PharmAcademic:

- **Resident Self Evaluations**
  - Resident will assess his/her progress for each rotation
- **Resident’s Evaluation of Preceptor and Rotation**
  - Resident will assess the overall rotation and the preceptor’s performance in regards to that rotation
- **Preceptor’s evaluation of the Resident**
  - Preceptor will evaluate the resident’s progress for each rotation
- **Resident’s Customized Development Plan**
  - used to monitor, track and communicate the residents’ overall progress throughout the residency and adjustments made to meet their learning needs

### Assessment Rating

Rating	Is Earned When	Assessed By
ACHR	The resident has mastered the skill as demonstrated by earning ACH on ALL the objectives within that goal, no longer needed evaluation by a preceptor.	RPD Only
ACH	The resident has fully mastered the objective. The resident has fully accomplished the ability to perform the objective; and no further developmental work is needed.	All Preceptors
SP	The resident has adequate knowledge/skills in this area, sometimes requires assistance to complete the objective, able to ask appropriate questions to supplement learning, however requires skill development over more than one rotation. This means: <ol style="list-style-type: none"> <li>1. Resident performs most activities with guidance but can complete the requirements without significant input from the preceptor.</li> <li>2. There is evidence of improvement during the rotation, even if it is not complete mastery of the task.</li> <li>3. There is a possibility the resident can receive NI on future rotations on the same objective in which SP was received, if the resident’s performance declines or does not advance, as anticipated to achieve the goal during the residency year.</li> <li>4. Residents sometimes struggles with more complex recommendations or difficult interactions. Resident should continue to identify supporting evidence to assist with difficult recommendations.</li> </ol>	All Preceptors
NI	The resident’s level of skill on the goal does not meet the preceptor’s standards of either “ACH” or “SP.” Resident is deficient in knowledge/skills in this area, often requires assistance to complete the objective and/or unable to ask appropriate questions to supplement learning. This means the resident could not:	All Preceptors

	<ul style="list-style-type: none"> <li>• Complete tasks or assignments without complete guidance from start to finish; or</li> <li>• The resident could not gather even basic information to answer general patient care questions; or</li> <li>• Other unprofessional activities were noted by the preceptor.</li> </ul> <p>This should only be given if the resident did not improve to the level expected of a resident before the end of the rotation. The preceptor shall inform the RPC/RPD or designee of the noted deficiencies and recommend a plan for improvement.</p>	
NA	If an objective is not applicable to the learning experience then the objective will not be evaluated.	All Preceptors

### Timeliness of Evaluations Summary

Rotation Type	Evaluation Type and Day	Assessment by
Baseline Assessments	Initial Assessment (July)	Resident
	Discussion of Self-Assessment (July)	Resident / RPD / RPC
Monthly Rotations	Preceptor Evaluation (Day 30)	Resident
	Learning Experience (Day 30)	Resident
	Summative Evaluation (Day 30)	Preceptor
Longitudinal Rotation (2 – 3 month)	Preceptor Evaluation (Day 60)	Resident
	Learning Experience (Day 60)	Resident
	Summative Evaluation (Day 60)	Preceptor
Longitudinal Rotation (6-12 months)	Preceptor Evaluation (Quarterly)	Resident
	Learning Experience (Quarterly)	Resident
	Summative Evaluation (Quarterly)	Preceptor
Quarterly Evaluations	Quarterly Developmental Plan (QDP) (Sept/Oct)	Resident
	Review of QDP (Sept/October)	Resident / RPD
	QDP (December)	Resident
	Review of QDP (December)	Resident / RPD /Chief Pharmacy Resident
	QDP (Mar/Apr)	Resident
	Review of QDP (Mar/Apr)	Resident / RPD
	Submit Final Disease State Tracker and Objective Self-Assessment from QDP (June)	Resident/RPD
	Review Certificate Checklist, Objectives Assessment	Resident / RPD / Chief Pharmacy Resident

## PROGRAM PROCEDURES

### Attendance and Absence Management

- Residency is a full-time obligation. The resident is expected to be onsite for a minimum of 40 hours per week. The resident is expected to attend all functions as required by the Residency Program, the RPD/RC, and preceptors.
- Residents are required to staff 1 weekend per month. The resident is responsible for his/her assigned staffing schedule and for assuring that these commitments are covered in the event of an absence.
- Residents will abide by Harris Health Employee Holidays and PTO Policy.
- Residents may accrue up to 31 days of PTO for the year, and must be used to cover holidays, sick days, medical appointments, etc. PTO may not be used in the first 90 days of employment except for company holidays. Residents will not be allowed to use PTO to replace staffing requirements.
- Full Attendance and Absence management policies will be available in the Residency Manual.

### Dismissal from the Residency Program

Residents may be terminated from the Residency Program prior to completion for reasons including, but not limited to:

1. Inability to complete required components of residency program as determined by the RPD, RPC, and/or RAC pursuant to the disciplinary process noted above.
2. Failure to maintain or achieve licensure in a timely manner – see *Pharmacist Licensure under Section VIII: Resident Responsibilities and Supervision*.
3. Absences or breach of duty hour expectations (Policy 8.03)
  - a. RPB and members of RAC may opt to terminate employment and dismiss the resident from the program if the resident takes leave beyond the thirty-one (31) allowable PTO days.
    - i. Residents requesting for an extended leave of absence from the residency program shall inform the RPD and RPC in writing of their specific circumstances as soon as possible to be discussed by RAC
    - ii. RAC shall convene to discuss the specific circumstances of the resident's leave and recommend a course of action to ensure all program requirements can be met.
    - iii. Residents shall not be allowed to extend the program with or without pay. If a leave would require an extension, residents shall be dismissed from the program.
  - b. Residents missing greater than sixty (60) calendar days of the residency program year, for any reason, shall be dismissed from the program.
  - c. Residents found to be in breach of the duty hour regulations at any time, may receive disciplinary action from the RPD, RPC and/or RAC, including termination and dismissal from the residency program.
4. Accruing eight (8) occurrences of unscheduled absences
5. Infractions of Harris Health System policies and/or DOP procedures.
6. The resident knowingly or due to negligence of action places a patient, employee or any other person in danger.
7. The resident acts violently or threatens violence toward any other person including aggressive behavior or stalking.
8. The resident sexually harasses a member, employee or any other person while in performance of their duties as a resident.
9. The resident commits an act of vandalism or theft on the organization's property.
10. The resident is found to be using alcohol, illegal substances or other recreational substance at any time during work and non-work hours with which use of these substances interferes with their ability to perform work duties in a professional, responsible, and safe fashion.
11. The resident falsifies information on a document or commits plagiarism determined by a majority decision of an ad-hoc committee called to review the materials suspected of plagiarism.
  - a. This committee must consist of the RPD, Clinical Pharmacy Services Director, and others as deemed appropriate by RAC.

The RPB shall review and engage in preventative measures to forgo termination as appropriate.

**ORIENTATION ROTATION****Type: Concentrated****Time: 4 weeks, 50 hours/week**

**Description:** This experience is designed to orient residents to pharmacy practice and operations at Harris Health System. It is a combination of didactic orientation experiences and hands-on training primarily in the central and decentralized pharmacy service areas. Residents receive training on computer systems, the electronic health record, policies and guidelines, department structure, pharmacy strategic initiatives, and requirements of the residency. The primary goal of orientation is to ensure that the resident can function as a pharmacist by the end of Orientation. Orientation ensures that residents understand the requirements of residency, the basics of workflow and patient care, and establish teaching and research expectations. Resident should understand their role as a licensed pharmacist in our health system, but also as a learner with oversight. Residents are also expected to spend one full week “staffing” in pharmacy areas after orientation and before the end of August rotation.

**COMMUNITY PHARMACY ROTATION****Type: Longitudinal****Time: 12 months, 20 hours/week**

**Description:** The outpatient community pharmacy rotation focuses on incorporating clinical knowledge into the dispensing and patient/staff education role. The resident is exposed to a variety of disease states and patient populations and will function in all capacities of a community pharmacy. This rotation also allows the resident the opportunity to learn and exercise leadership and practice management skills. During this rotation, the resident will be assigned a home base practice location where he/she will spend a minimum of 40% of their time. In addition to traditional counseling and dispensing needs of the pharmacy, the resident will work on clinical services and patient initiatives in order to improve patient outcomes in the community population.

**AMBULATORY CARE ROTATION****Type: Longitudinal****Time: 3-6 months, 8-16 hours/week**

**Description:** This rotation will expose the Resident to the role of a credentialed clinical pharmacist working with supervising staff physician(s) to provide direct patient care in the ambulatory care primary care clinic setting. The goal of this rotation is geared towards providing the Resident with integrated clinical knowledge, skills and abilities in the practice of pharmacy in the Ambulatory Care arena. Residents will become proficient in knowledge of collaborative practice and working under a collaborative practice agreement. The resident will also assist with precepting students, lead a student discussion session (to be scheduled), and answer any drug information questions. The resident will participate in providing continuing education by leading a journal club presentation and presenting a formal power point presentation to the staff during the rotation on an assigned topic or one of the resident’s choosing.

**INTEGRATED PHARMACY SERVICES ROTATION****Type: Longitudinal****Time: 12 months, 6-8 hours/week**

**Description:** The integrated pharmacy services (IPS) rotation provides the resident with an opportunity to play a supporting role in the function and success of all of our outpatient pharmacies. The IPS rotation consists of learning experiences in central processing, central filling, medication therapy management, pharmacy call center support, drug information requests, and multidisciplinary collaboration. In addition to established services and processes, the resident will play a fundamental role in the development and expansion of additional IPS services.

**PHARMACY LEADERSHIP & PROFESSIONAL DEVELOPMENT ROTATION****Type: Longitudinal****Time: 12 months, 4-6 hours/week**

**Description:** The primary goal of the rotation is to develop and enhance the resident's knowledge of pharmacy management in a multi-hospital healthcare system and increase awareness of special concerns and issues specific to a public healthcare entity. This rotation will also focus on the resident's professional development. This rotation will prepare the resident to be an effective leader in the profession of pharmacy by balancing strategic vision, administrative, organizational, and management skills with clinical skills and expertise and financials expectations. The resident will work directly with the Pharmacy Director and other members of the pharmacy department. Writing, analytical and communication skills will be emphasized. This rotation will expose the resident to professional standards, legal regulations, and accreditation standards of a public healthcare Department of Pharmacy.

**PROJECTS ROTATION****Type: Longitudinal****Time: 12 months, 5 hours/week**

**Description:** As a requirement of the program, a resident will complete various projects that allows the resident to participate in quality improvement work that aligns with the pharmacy department mission and strategic initiatives. The projects will support the completion of the outcomes, goals, and objectives of the PGY1 program. During this experience, residents will learn the steps involved in planning and completing a project. The resident will complete 2 major projects, and 2 minor projects throughout the residency year. The major projects will include a practice related project or research project, and a new service development project or business plan. The two minor projects will include a quality improvement project and a collaborative practice agreement. In relation to the research project, the resident will be required to present the project at regional conference and prepare a manuscript appropriate to submit for publication.

The resident has the opportunity to work with any pharmacist preceptors, supervisors, or directors on a project that will benefit the department, pharmacy practice in general, or patient care. Residents are expected to meet all the deadlines set by their preceptors and the Residency Manual unless the date has be renegotiated in advance.

**TRANSITIONS OF CARE ROTATION****Type: Longitudinal****Time: 12 months, 1 weekend/month**

**Description:** The goal of the Transition of Care rotational experience is for the resident to become proficient in the skills and knowledge base needed to transition patients between the inpatient and outpatient setting. The resident will become adept in the medication use process, including determining program eligibility, assessment of discharge therapy, drug utilization review, preparation, dispensing, and delivery to the patient's bedside. The resident will become proficient in providing patient education and medication counseling, as well as post-discharge follow up calls per service protocol.

**HIV SPECIALTY PHARMACY ROTATION****Type: Concentrated****Time: 3 months, 10 hours/week**

**Description:** Thomas Street Health Center is a freestanding clinic for patients affected by or living with HIV. This rotation aims to introduce the resident to HIV/AIDS patient care at an out-patient community pharmacy level. The resident will be exposed to all levels of the HIV patient care process in the outpatient pharmacy beginning with patient financial assistance eligibility, procurement and dispensing of HIV medications, dispensing and patient medication and adherence counseling.

**ONCOLOGY/INFUSION ROTATION****Type: Concentrated****Time: 3 months, 10 hours/week**

**Description:** Smith Clinic is a freestanding clinic for patients requiring specialty care in a number of specialties. This clinic also houses an on-site outpatient pharmacy and infusion center. This rotation aims to introduce the resident to Oncology patient care at an out-patient community pharmacy level. The resident will be exposed to a wide range of hematology and oncology patients and treatment regimens, and will become familiar with the most commonly used chemotherapy agents. The resident will finish this rotation with a broad level overview of oral and IV chemotherapy agents, adjuvant therapies, infusion reaction management, appropriate patient counseling points, and operational standards of the infusion pharmacy.



## RESIDENT REQUIREMENTS

### Minimum Completion Requirements for the Awarding of a Residency Certificate

1. The resident is expected to have earned an assessment of Achieved (ACH) for at least 80% of the required objectives of the residency program. No objectives can have a final assessment of “Needs Improvement.”
2. The resident is required to complete all items listed under “Graduation Checklist” in order to graduate from the program. The resident also should have completed and uploaded all required documents to their residency portfolio by June 30, 2024. The resident is required to use and complete the “Graduation Checklist” located in the residency manual.

## WELL-BEING AND RESILIENCE

The Harris Health System Department of Pharmacy recognizes that emotional and mental well-being are integral components to a healthy and happy life, both in and out of the workplace. The Harris Health System Department of Pharmacy encourages residents to take ownership of their shared responsibility in their personal well-being and resilience by accessing and using the various resources provided by the institution and the Department of Pharmacy. The Wellness and Resilience program is in alignment with American Society of Health System Pharmacists (ASHP) standards to promote continuous development and improvement of the program and residents.

### Resident Expectations: Wellness and Resilience

The resident shall complete a self-assessment utilizing the Princeton U\_Matter Wellness Self-Assessment tool as well as complete the Wellness and Resilience Action Plan form in PharmAcademic at the assigned time (i.e., quarterly). The resident shall actively work toward implementing the identified action items during the following residency quarter. The resident may communicate their Wellness and Resilience Action Plan and is encouraged to seek additional support or resources from a secondary mentor, Chief Pharmacy Resident, and RPD/RPC. The resident shall review and access available resources as outlined in the Pharmacy Residency Wellness Resources Section below as needed.

### Program Expectations: Wellness and Resilience

The RPD, RPC and/or Chief Pharmacy Resident will engage the resident at 4 weeks after submission of the resident’s Wellness and Resilience Action Plan. The purpose is to identify if the resident requires additional resources and encourage the resident to engage additional resources to successfully implement his/her Wellness and Resilience Action Plan.