



Postgraduate Year Two (PGY2) Residency Specialty Pharmacy Administration & Leadership

RESIDENCY PROGRAM MANUAL 2021-2022

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Northwell Health



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Northwell Health

Overview

Northwell Health is one of New York’s largest private employers and one of the nation’s largest healthcare systems with more than 70,000 employees. Northwell services 6,500+ hospital and long-term care beds, 23 hospitals, nearly 750 outpatient facilities, a vast network of long-term care, rehabilitation, home care, hospice, medical and nursing schools and an internationally recognized research enterprise.

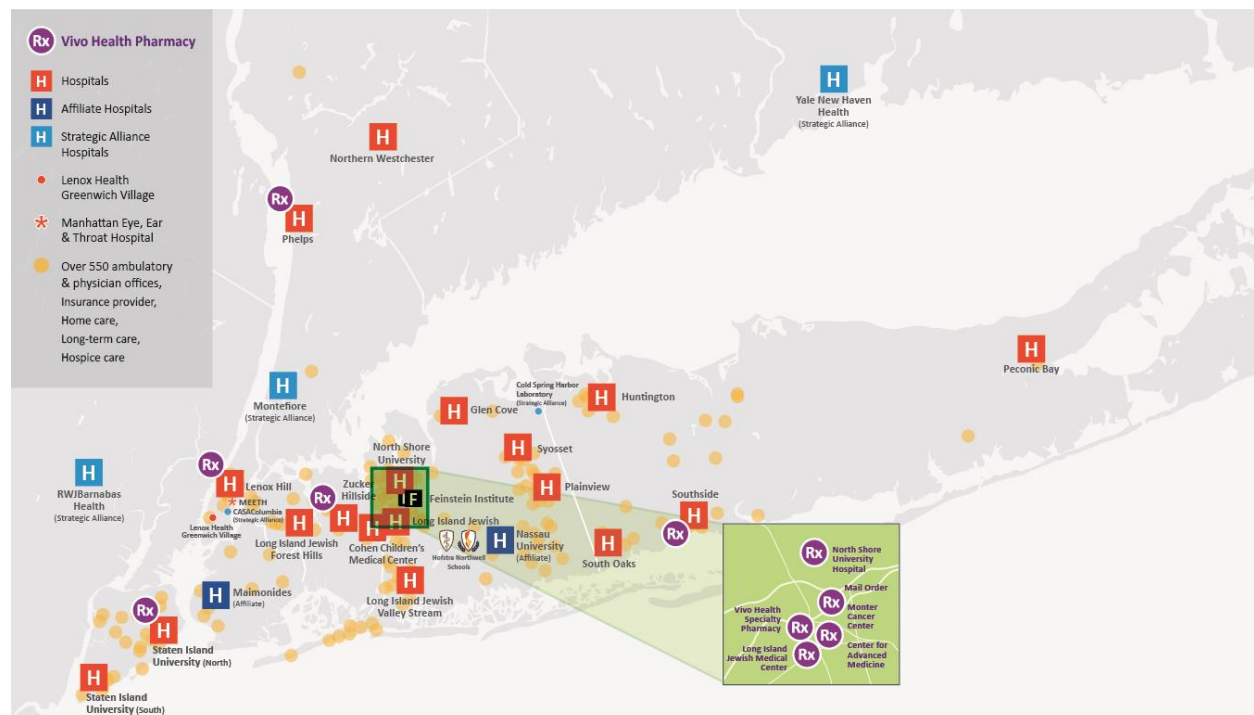
Mission Statement

Northwell Health strives to improve the health of the communities it serves and is committed to providing the highest quality clinical care; educating the current and future generations of health care professionals; searching for new advances in medicine through the conduct of bio-medical research; promoting health education; and caring for the entire community regardless of the ability to pay.

Vivo Health Pharmacy

Overview

Vivo Health Pharmacy is Northwell Health’s outpatient pharmacy network. Vivo Health Pharmacy was established in 2009 at North Shore University Hospital in Manhasset, New York, to create a patient-centered and comprehensive care delivery model focused on enhanced care transitions, integration, and collaboration. Our goal is to provide a more personalized pharmacy experience in an effort to provide the highest level of patient care. Over the last decade, Vivo Health Pharmacy has grown to 10 locations, which include retail, URAC and ACHC-accredited specialty pharmacies, and a mail order facility, which span Long Island, Westchester County, and the NYC metro area. Our pharmacies work collaboratively with our providers and other members of the care team to provide a true continuum of care, enhancing the safety and effectiveness of treatment. Vivo Health Pharmacy offers many innovative programs designed to educate, promote adherence, and improve clinical outcomes.



Mission & Vision Statement

Vivo Health Pharmacy’s mission is to be an ambulatory care pharmacy services leader, providing quality specialized pharmacy services that can be customized and integrated to form full delivery medical care systems across our facilities. Our vision is to continuously adapt and evolve with the changing health care landscape, ensuring that we have an impact on promoting and improving the health of our patients, employees, and the communities we serve.

Distinctions

Utilization Review Accreditation Commission (URAC) Accredited Specialty Pharmacies

- Vivo Health Pharmacy at the Center for Advanced Medicine
- Vivo Health Pharmacy at North Shore University Hospital
- Vivo Health Specialty Pharmacy

Accreditation Commission for Health Care (ACHC) Accredited Specialty Pharmacies

- Vivo Health Pharmacy at the Center for Advanced Medicine – Distinction in Oncology
- Vivo Health Specialty Pharmacy

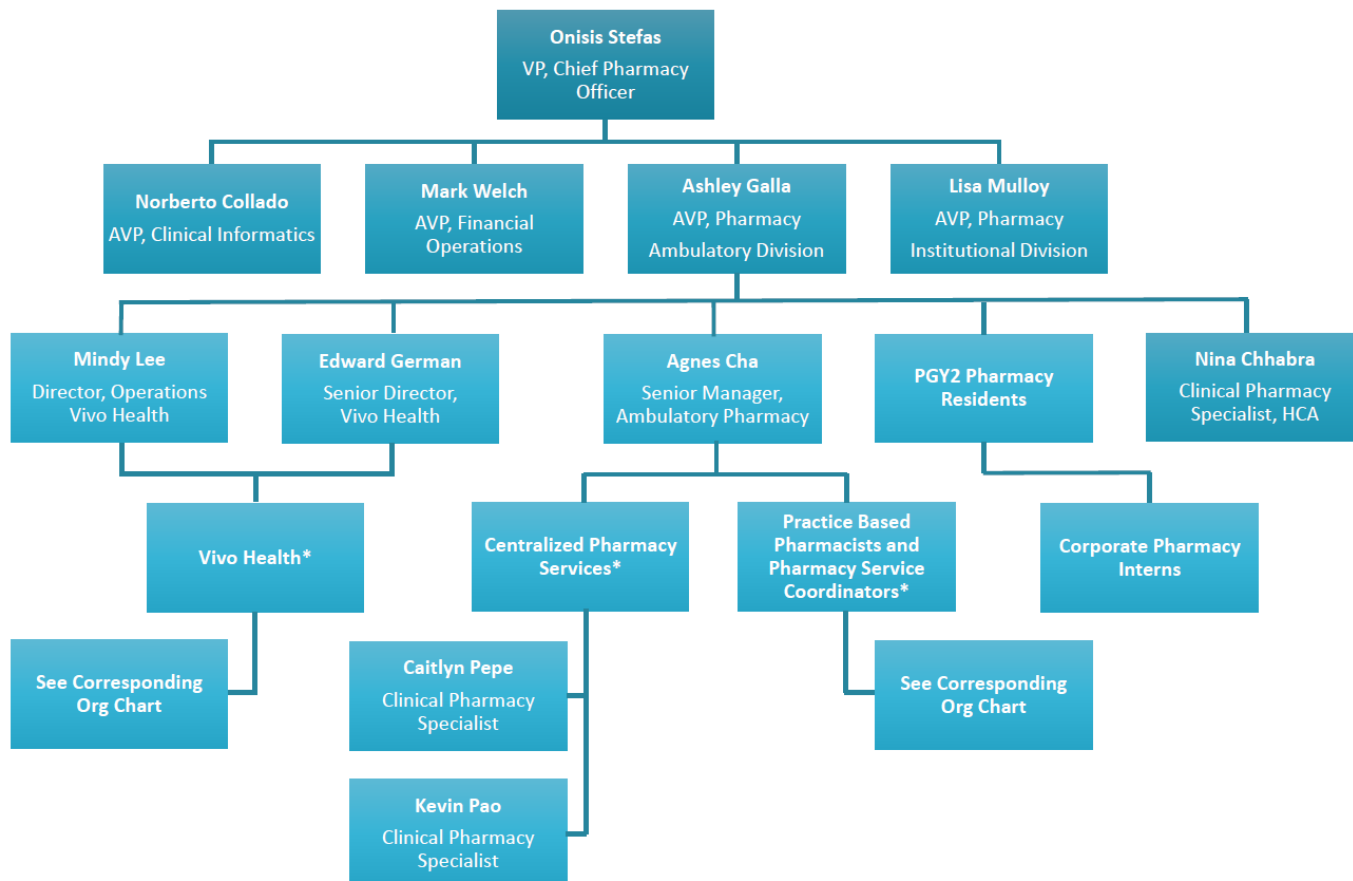
2017 President’s Award Winner for Teamwork

- Vivo Health Pharmacy at the Center for Advanced Medicine

Directory and Organizational Chart

Pharmacy	Phone	Address	Site Hours
Center for Advanced Medicine	(516)734-7780	450 Lakeville Road, New Hyde Park, NY 11042	M-F 8 AM – 6 PM Sa & Su closed
Lenox Hill Hospital	(212)434-4988	100 E 77th Street, New York, NY 10075	M-F 8 AM – 8 PM Sa 8 AM – 4 PM / Su closed
Long Island Jewish Medical Center	(718)470-8486	270-05 76 th Avenue, New Hyde Park, NY 11040	M-F 8 AM – 8 PM Sa 8 AM – 4 PM / Su closed
Mail Order	(833)868-8486	225 Community Drive, Suite 140, Great Neck, NY 11021	M-F 8 AM – 7 PM Sa 8 AM – 4 PM / Su closed
North Shore University Hospital	(516)562-8486	300 Community Drive, Manhasset, NY 11030	M-F 7 AM – 7 PM Sa & Su 8 AM – 4 PM
Phelps Memorial Hospital	(914)366-1400	777 N Broadway, Sleepy Hollow, NY 10591	M-F 9 AM – 6 PM Sa & Su closed
Southside Hospital	(631)894-5775	301 E Main Street, Bayshore, NY 11706	M-F 7 AM – 7 PM Sa 8 AM – 4 PM / Su closed
Specialty	(516)465-5250	225 Community Drive, Suite 100, Great Neck, NY 11021	M-F 8 AM – 7 PM Sa 8 AM – 4 PM / Su closed
Staten Island University Hospital	(718)226-1914	475 Seaview Avenue, Staten Island, NY 10305	M-F 7 AM – 7 PM Sa 8 AM – 4 PM / Su closed
Zucker Hillside Hospital	(516)470-5611	75-59 263 rd Street, Glen Oaks, NY 11004	M-F 9 AM – 7 PM Sa & Su closed

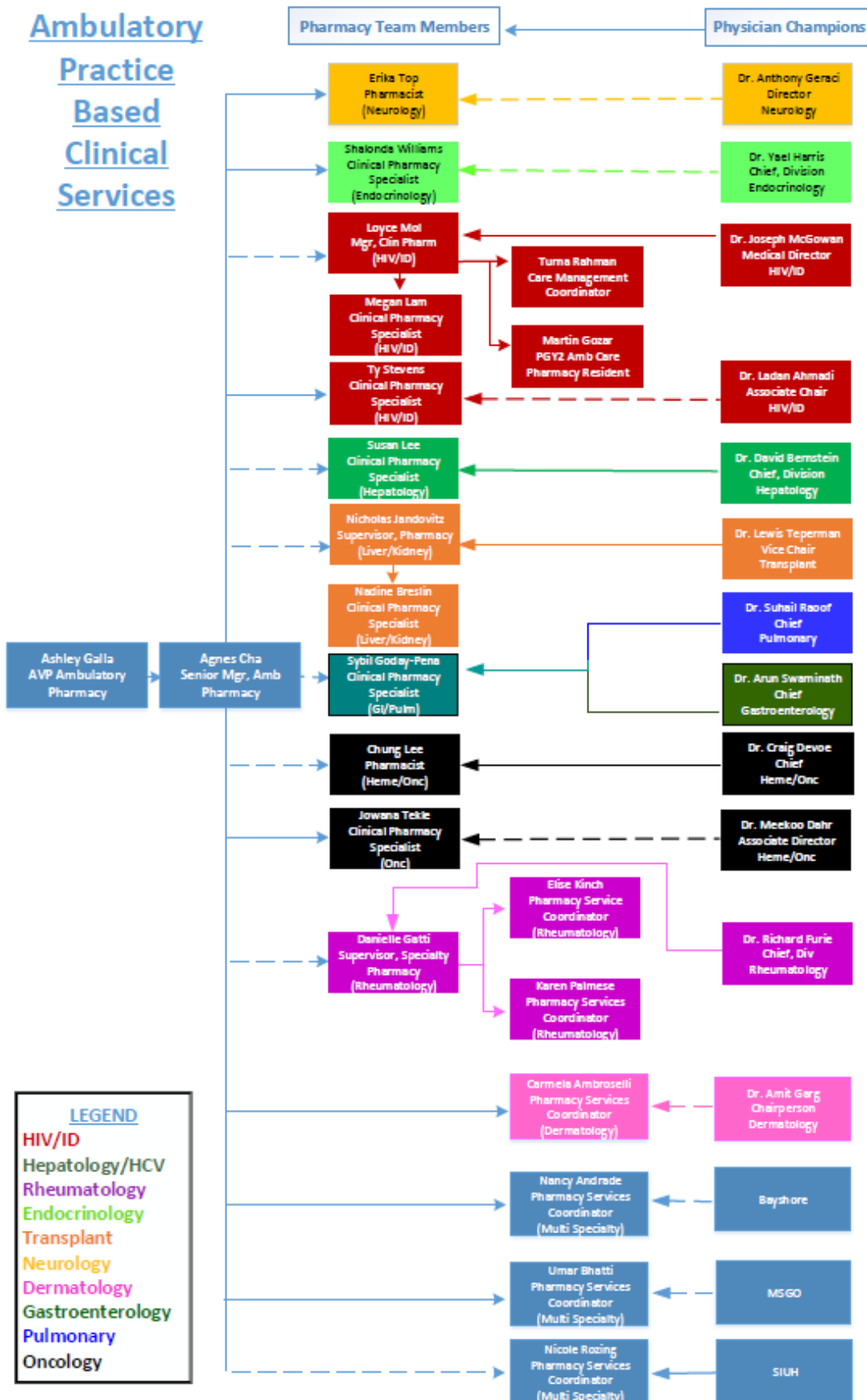
Pharmacy Service Line Leadership



Vivo Health Pharmacy



Ambulatory Practice Based Clinical Services



General Residency Program Information

Purpose & Overview

The purpose of the PGY2 Residency Program in Specialty Pharmacy Administration and Leadership at Vivo Health Pharmacy is to build on Doctor of Pharmacy (PharmD) education and PGY1 pharmacy residency programs to contribute to the development of clinical pharmacists in specialized areas of practice. This program provides residents with opportunities to function independently as practitioners by conceptualizing and integrating accumulated experience and knowledge and incorporating both into the provision of patient care or other advanced practice settings. Residents who successfully complete this program are prepared for advanced patient care, academic, or other specialized positions, along with board certification.

The PGY2 residency program at Vivo Health Pharmacy of Northwell Health is a directed, post-graduate training experience in specialty pharmacy, with an emphasis on leadership. The resident will gain experience in the areas of ambulatory pharmacy leadership, specialty pharmacy accreditation, operations, clinical management, medication safety and quality management, informatics, finance, contracting, pharmacy benefits management and business development. The resident will also be involved with various health-system initiatives including but not limited to Meds-2-Beds, medication therapy management, and readmission reduction. Clinical rotations are available in specialty pharmacy areas including endocrinology, gastroenterology, hepatology, HIV/infectious disease, oncology, pulmonary, rheumatology, and solid organ transplant. Completion of a structured research project is required.

Residency Program Director (RPD)

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Program Structure

The 2021-2022 PGY2 residency program at Vivo Health Pharmacy of Northwell Health will begin on July 1st, 2021. Residents must attend the Northwell Health “New Beginnings Orientation” and any other required events as scheduled by the Northwell HR team. The residency is tentatively scheduled to conclude on June 30, 2022 after all requirements for graduation have been met.

During the first month of the residency (i.e., orientation), residents develop skills required for the provision of services through the department. Specifically, the time will be spent familiarizing the residents to Northwell Health, Vivo Health Pharmacy, and the PGY2 Residency Program, including but not limited to information systems (e.g., EHR, dispensing software), policies and procedures, and clinical topics related to specialty pharmaceuticals and management thereof.

Core (i.e., required) learning experiences (LEs) are 1, 2, 3 (i.e., extended) or 11 months (i.e., longitudinal) in duration. The pharmacy orientation period prepares pharmacy residents for their core learning experiences, including the longitudinal staffing commitment. After completion of orientation and RPD approval, the residents are scheduled to staff at Vivo Health Pharmacy for at least four hours per week averaged over the residency year, unless otherwise approved by the RPD.

- Required LEs
 - Introduction to Specialty Pharmacy Operations (2 months)
 - Areas of focus: process assessment, project management, marketing, human resources, strategic planning, finance and budgeting
 - Specialty Pharmacy Based Patient Management (1 month)
 - Area of focus: specialty patient management program
 - Practice Based Specialty Patient Management (3 months)
 - Areas of focus (select 3, 1 month each): endocrine, gastroenterology, hepatology, HIV/ID, oncology, pulmonary, rheumatology, solid organ transplant
 - Advanced Specialty Pharmacy Operations (2 months)
 - Areas of focus: process implementation and monitoring, billing and revenue optimization, contracting and value-based agreements, pharmacy benefits management
 - Clinical Pharmacy Services Administration (1 month)
 - Areas of focus: program design, implementation, and monitoring, provision of services and care coordination, patient access and hub services
- Required Longitudinal LEs (11 months)
 - Management and Leadership
 - Research
 - Staffing
 - Teaching

Residents will have up to 2 months available for elective LEs. Any PTO in excess of 2 days will be deducted from elective learning time.

- Elective Rotational LEs (1 month each)
 - Patient Management Elective
 - Informatics and Analytics

- Pharmacy Benefits Management
- Quality Management
- Transitions of Care

Sample Schedule

Month	Learning Experience				
July	Orientation				
August	Introduction to Specialty Pharmacy Operations	Management & Leadership	Research	Teaching	Staffing (average 0.5 days/week)
September					
October	Specialty Pharmacy Based Patient Management				
November	Practice Based Specialty Patient Management I				
December	Practice Based Specialty Patient Management II				
January	Practice Based Specialty Patient Management III				
February	Elective 1				
March	Clinical Pharmacy Services Administration				
April	Advanced Specialty Pharmacy Operations				
May					
June	Elective 2				

Evaluation Strategy

All evaluations except for formative feedback will be completed in PharmAcademic and must be completed within 7 days of the last day of the learning experience.

1. Preceptor evaluation of the resident
 - Summative Evaluation (required): At the end of each learning experience, residents must receive, and discuss with preceptors, verbal and written assessment on the extent of their progress toward achievement of assigned educational goals and objectives, with reference to specific criteria.
 - Formative Evaluation (required): Preceptors must provide ongoing feedback to residents about how they are progressing and how they can improve that is frequent, immediate, specific, and constructive. The resident’s self-evaluation will be discussed at this time. Formative feedback will be given at midpoint of the rotation, at a minimum.
 - Quarterly Evaluation (required): Performed quarterly by the preceptor for longitudinal learning experiences such as administration, teaching, staffing, and research. The resident’s Assessment and Development Plan will also be reviewed and discussed with the resident to determine if any modifications or changes are necessary to the program. New areas for improvement and strengths will also be discussed based on a review of prior summative evaluations. The resident’s self-evaluation will be discussed at this time. This assessment will have a written summary of the discussion and outcome.

2. Resident evaluations

- **Evaluation of the preceptor (required):** Performed by the resident to evaluate the quality of his or her preceptor's performance at the end of the learning experience. These evaluations are reviewed by the RPD and as necessary, the preceptors.
- **Evaluation of the learning experience (required):** Performed by the resident to evaluate the quality of his or her learning experience. These evaluations are reviewed by the RPD and as necessary, the preceptors.
- **Self-evaluation (required):** After notification of the ASHP Match and prior to the beginning of the residency year on July 1, each resident completes a self-assessment using the ASHP Entering Interests Form and/or Objective-Based Entering Interests Form in PharmAcademic to critically evaluate his/her self both professionally and personally to determine career direction and purpose. The self-assessment identifies areas of strength and weakness for the resident and helps the resident and preceptor develop action plans for learning experiences throughout the residency year. The self-assessment provides the resident with a tool for continual self-assessment and benchmarks to measure personal and professional success. This assessment is evaluated and if necessary, updated with the RPD on a quarterly basis.
 - **Continuous (Rotation) Self-Assessment:** Performed by the resident to evaluate his/her self during a given rotation. These evaluations are performed on a rotation-specific basis at the discretion of the preceptor.

Evaluation Scale	Definition	Narratives address
Not applicable (NA)	Not addressed during the learning experience	
Needs Improvement (NI)	Resident's progress won't result in achievement of objectives	Concern and a goal attainment strategy going forward (required)
Satisfactory Progress (SP)	Resident's progress is expected to result in achievement of objectives	What the resident might do to improve to ensure successful achievement of the criteria (optional)
Achieved (ACH)	Resident's performance is ideal and meet's what's expected as a PGY2 graduate of the residency program	Why the goal attainment criteria are scored as achieved (required)
Achieved for Residency (ACHR)	Resident's performance is ideal and meet's what's expected of a PGY2 graduate of the residency program <ul style="list-style-type: none"> • Determined by the RAC and based on the evaluations submitted to the RPD upon completion of each rotation • May be scored at any time during the course of the residency based on criteria-based evaluations submitted 	

Criteria for Successful Completion of the Residency Program (e.g., graduation)

The residents shall be evaluated by the RPD for successful completion of the program using the approved requirements for graduation (see appendix B). The RPD will evaluate the residents' progress with respect to the rubric during the 3rd Quarter Resident Development Plan meeting (e.g. Midpoint).

Professional Conferences & Meetings

During the residency year, the residents will attend meetings/conferences for several purposes including poster/platform presentations of research projects or other topics; participation in recruitment of potential candidates for the residency program during residency showcases; continuing education and advanced training, etc. These meetings include, but are not limited to, the following meetings:

- American Society of Health-System Pharmacist (ASHP) Midyear Clinical Meeting
- New York State Council of Health-System Pharmacists (NYSCHP) Annual Assembly – Residency Research Forum, Asembia Annual Specialty Pharmacy Conference or National Association of Specialty Pharmacy (NASP) Annual Conference (at the RPDs discretion)

Expenses for all required conferences will be covered by the program in accordance with Northwell Health policy and procedure.

Residency Advisory Committee (RAC)

The RAC is comprised of individuals from various pharmacy practice areas that are responsible for developing, reviewing, and monitoring the activities of the program and is the core group to keep everyone updated regularly on the progress of program design, recruiting, discussions with ASHP, etc. This group will meet every other month and additionally if necessary. RAC members must attend 75% of scheduled RAC meetings during the residency year.

Members of RAC include:

- Residency Program Director (Chair)
- Residency Program Coordinator
- Director of Pharmacy
- Preceptors appointed by RPD to represent a diverse group of learning experiences
 - Minimum of 3 preceptors representing various areas of specialty practice (eg. clinical, operations, and quality)
- PGY2 Residents (excused from meeting during performance review)
- Other preceptors and residency program stakeholders will be in attendance where applicable

Residency Program Improvement: The RAC will also meet at the end of every residency year to discuss areas of strength, opportunities for improvement, and strategies to improve the residency program. At this time the graduating residents will be asked to attend this final meeting to get his/her feedback about the program. This will be considered the residents' exit interview and the residents' comments will be added to the minutes of the meeting. Preceptors involved in the program will also join this meeting to be a part of this program review. Feedback will be documented in the minutes of the meeting. At this time, future employment upon completion of the program (if available) will be documented in the Residents Assessment and Development Plan. A personal email address will be obtained to enable continued contact.

Residency Program Director (RPD) Requirements

The program will have a single RPD who must be a pharmacist from Northwell Health and/or Vivo Health Pharmacy. The RPD must be a licensed pharmacist (or equivalent designation for the country conducting the residency, e.g., registered) with demonstrated expertise in the chosen area of advanced practice, as substantiated by all of the following: (a.) an ASHP-accredited PGY2 residency in the advanced practice area, followed by a minimum of three years of practice experience or equivalent in the advanced practice area (i.e., five years of practice experience in the advanced area with demonstrated mastery of the knowledge, skills, attitudes, and abilities expected of one who has completed a PGY2 residency); (b.) board certification in the specialty when certification is offered in that specific advanced area of practice; and, (c.) maintenance of an active practice in the respective advanced practice area.

The RPD will serve as role model for pharmacy practice, as evidenced by the following: (a) leadership within the pharmacy department or within the organization through a documented record of improvements in and contributions to pharmacy practice as noted in yearly performance evaluations, (b) demonstrating ongoing professionalism and contribution to the profession by mentoring both undergraduate pharmacy students and PGY-1 and 2 residents, (c) representing pharmacy on appropriate drug policy and other committees of the pharmacy department or within the organization.

The RPD is responsible for the following: (a) activities of a RAC that provides guidance for residency program conduct and related issues; (b) oversight of the progression of residents within the program and documentation of completed requirements; (c) implementing use of criteria for appointment and reappointment of preceptors; (d) evaluation, skills assessment, and development of preceptors in the program; (e) creating and implementing a preceptor development plan for the residency program; (f) continuous residency program improvement in conjunction with the RAC; and, (g) working with pharmacy administration to ensure ongoing support of the program.

Residency Program Preceptors

The RPD will be responsible for appointing and developing pharmacists to become preceptors for the program. Preceptors will be selected based on interest, practice site, and in accordance with the Standard. All preceptors must be either:

- Licensed pharmacists who have completed an ASHP-accredited PGY-2 residency followed by a minimum of one year of pharmacy practice in the advanced practice area; or, without completion of an ASHP-accredited PGY-2 residency, have three or more years of practice in the advanced area, or
- Non-pharmacists who are considered to be experts in their field (e.g., finance, analytics) and work closely with pharmacist preceptors to select the educational goals and objectives for the learning experience. A non-pharmacist may only serve as a primary preceptor after the RPD, in consultation with preceptors, agree that residents are ready for independent practice.

Preceptors serve as role models for learning experiences. They must contribute to the success of residents and the program; provide learning experiences in accordance with the Standard and participate actively in the residency program's continuous quality improvement processes. This will be demonstrated by evaluations and participation on Residency Selection Committee. They will also demonstrate practice expertise and preceptor skills and strive to continuously improve; adhere to residency program and department policies pertaining to residents and services; and, demonstrate commitment to advancing the residency program and pharmacy services. A comprehensive Preceptor

Development Plan will be created at the end of the Residency year to tailor to the needs of the preceptors based upon resident evaluations and RAC meeting discussions.

Preceptors' Qualifications: In addition to meeting the minimum licensure and experience requirements as set by the standard, preceptors must demonstrate the ability to precept resident's learning experiences as defined by the four roles: instructing, modeling, coaching, facilitating. They will assess the resident's performance and complete evaluations in PharmAcademic. They must maintain an established, active practice in the area for which they serve as preceptor; maintain continuity of practice during the time of resident's learning experiences; and, demonstrate ongoing professionalism, including a personal commitment to advancing the profession.

Preceptors-in-Training: Pharmacists new to precepting who do not meet the qualifications for residency preceptors as defined above must: (a) be assigned as advisor or coach who is a qualified preceptor; and, (b) have a documented preceptor development plan to meet the qualifications for becoming a residency preceptor within two years.

CRITERIA FOR REAPPOINTMENT OF RESIDENCY PROGRAM PRECEPTORS

Preceptors will be reappointed based on the criteria listed below, progress set forth by the annual Preceptor Development Plan, and evaluations of the preceptor by the resident at the end of the residency year. If the RPD decides that the preceptor has not met previously outlined goals and standards, the preceptor can choose to be a preceptor-in-training for the upcoming residency year and be supervised by a designated preceptor. Listed below are the criteria necessary for annual reappointment of residency program preceptors:

- Preceptor expresses interest in precepting for the upcoming residency year
- Preceptor has created a comprehensive, detailed learning experience description, including but not limited to, the roles of the pharmacist in the practice area, expected progression of the residency during the rotation, actionable learning activities, and a description of evaluations to be completed during that learning experience
- Summative evaluations completed by deadline set forth by PharmAcademic \pm 7 days
 - If not, the preceptor must explain reason for delay in submission
- Preceptor deemed eligible to continue precepting based upon the evaluation of the preceptor by the resident and the RPD's discussion with the resident at the end of the residency year
 - If the RPD does not deem the preceptor eligible based upon these assessments, the decision will be made by the RPD as whether to reappoint the preceptor or ask to become a preceptor-in-training for the upcoming residency year
- Preceptors are expected to attend RAC meetings when applicable (eg. before and during residents' scheduled rotations) to ensure adequate preceptor handoff and continuity within the program

Learning Experiences (LEs)

ASHP Standards for PGY2 Pharmacy Residencies

Standard 1: Requirements and Selection of Residents	PGY-2 residents must be pharmacists having sufficiently broad knowledge, skills, attitudes, and abilities in pharmacy practice necessary for further professional development at an advanced level of pharmacy practice.
Standard 2: Responsibilities of the Program to the Resident	It is important that pharmacy residency programs provide an exemplary environment for residents' learning. This area indicates policies that must be in place to help protect residents and organizations during unusual situations that may arise with residency programs (e.g., extended leaves, dismissal, duty hours).
Standard 3: Design and Conduct of the Residency Program	It is important that residents' training enables them to achieve the purpose, goals, and objectives of the residency program. Residents should develop into more mature, clinically competent, and independent practitioners able to address patients' needs. Proper design and implementation of programs helps ensure successful residency programs.
Standard 4: Requirements of the Residency Program Director and Preceptors	The residency program director (RPD) and preceptors are critical to the residency program's success and effectiveness. Their qualifications and skills are crucial. Therefore, the RPD and preceptors will be professionally and educationally qualified pharmacists who are committed to providing effective training of residents and being exemplary role models for residents.
Standard 5: Requirements of the Site Conducting the Residency Program	It is important that residents learn to incorporate best practices into their future roles; therefore, the organization conducting the residency must meet accreditation standards, regulatory requirements, and other nationally applicable standards and will have sufficient resources to achieve the purposes of the residency program
Standard 6: Pharmacy Services	When pharmacy facilities and services provide the learning environment where residents are trained, it is important that they train in exemplary environments. Residents' expectations as they leave residency programs should be to strive for exemplary pharmacy services to improve patient care outcomes. Pharmacy's role in providing effective leadership, quality improvement efforts, appropriate organization, staffing, automation, and collaboration with others to provide safe and effective medication-use systems are reviewed in this section. This section encourages sites to continue to improve and advance pharmacy services and should motivate the profession to continually improve patient care outcomes.

Required competency areas, goals and objectives (CAGOs) – See PharmAcademic for learning activities designed to evaluate learning experiences

COMPETENCY AREA R1: Clinical and Operational Management
Goal R1.1: Identify patient care service opportunities.
<ul style="list-style-type: none"> Objective R1.1.1: (Evaluating) Based on one’s assessment of the scope of the pharmacy’s current services, identify any service opportunities.
Goal R1.2: Participate in the development and coordination of medication-use policy improvement initiatives.
<ul style="list-style-type: none"> Objective R1.2.1: (Understanding) Develop an understanding of the formulary systems. Objective R1.2.2: (Evaluating) Based on an assessment of the adequacy of the pharmacy’s current system for inventory control, make any needed recommendations for improvement. Objective R1.2.3: (Evaluating) Based on an assessment of the pharmacy’s policies and procedures for the disposal of medications, make any needed recommendations for improvement (i.e. regulatory, financial, environmental impact).
Goal R1.3: Participate in assuring pharmacy compliance with internal and external compliance requirements, including legal, regulatory, safety, and accreditation requirements.
<ul style="list-style-type: none"> Objective R1.3.1: (Applying) Participate in a departmental assessment to assure compliance with applicable legal, regulatory, safety, and accreditation requirements. Objective R1.3.2: (Evaluating) Develop effective strategies for reporting internal and external quality data.
Goal R1.4: Understand and evaluate the medication distribution process.
<ul style="list-style-type: none"> Objective R1.4.1: (Understanding) Understand pharmacy’s medication use systems. Objective R1.4.2: (Evaluating) Evaluate pharmacy’s medication use systems to assure practice is safe and effective. Objective R1.4.3: (Creating) Based on assessment of the pharmacy’s medication use systems, contribute any needed recommendations for improvement.
Goal R1.5: Design a plan and manage the daily safe and effective use of technology and automated systems.
<ul style="list-style-type: none"> Objective R1.5.1: (Analyzing) Analyze pharmacy information technology workflow to assure safe and efficient patient care. Objective R1.5.2: (Creating) Design and implement an improvement related to the use of information technology and automated systems.
COMPETENCY AREA R2: Quality, Safety and Process Improvement
Goal R2.1: Apply methods for measuring and improving internal and external customer satisfaction with pharmacy services.
<ul style="list-style-type: none"> Objective R2.1.1: (Applying) Participate in an assessment of customer satisfaction with a specific aspect of pharmacy services.
Goal R2.2: Participate in coordination of a safety oversight program.
<ul style="list-style-type: none"> Objective R2.2.1: (Applying) Participates in medication safety oversight programs. Objective R2.2.2: (Evaluating) Lead a root cause analysis, gap analysis, or other safety assessments based on a significant patient safety event. Objective R2.2.3: (Creating) Participate in the development or revision of the pharmacy’s quality improvement plan or policy.

COMPETENCY AREA R3: Finance and Budgeting	
Goal R3.1: Utilize productivity measurement in operational decision-making.	
<ul style="list-style-type: none"> Objective R3.1.1: (Analyzing) When given a productivity report, draw appropriate conclusions. 	
Goal R3.2: Monitor and manage operating and capital budgets.	
<ul style="list-style-type: none"> Objective R3.2.1: (Analyzing) Participates in the operating budget process for a selected aspect of the pharmacy's activities 	
Goal R3.3: Demonstrate understanding of the pharmacy revenue cycle and the implications for pharmacy.	
<ul style="list-style-type: none"> Objective R3.3.1: (Understanding) Explain the pharmacy revenue cycle and its impact on pharmacy practice. 	
Goal R3.4: Develop strategies to ensure access to medication and implement cost reduction strategies.	
<ul style="list-style-type: none"> Objective R3.4.1: (Understanding) Demonstrates understanding of societal forces that influence rising costs for medications and the provision of pharmacy services. Objective R3.4.2: (Understanding) Review the process of negotiating contracts with vendors. Objective R3.4.3: (Creating) Design and implement a cost reduction or inventory management initiative. 	
COMPETENCY AREA R4: Human Resource Management	
Goal R4.1: Contribute to an overall plan for the organization and staffing of the pharmacy.	
<ul style="list-style-type: none"> Objective R4.1.1: (Evaluating) Determine and recommend the staff requirements that match an area of the department's scope of services. 	
Goal R4.2: Conduct recruitment and hiring activities.	
<ul style="list-style-type: none"> Objective R4.2.1: (Creating) Use knowledge of the organization's customary practice to write or revise a job description for a pharmacy position. Objective R4.2.2: (Applying) Participate in recruitment and hiring for a particular pharmacy position. 	
Goal R4.3: Participate in the departmental performance management system.	
<ul style="list-style-type: none"> Objective R4.3.1: (Applying) Supervise the work of pharmacy personnel. Objective R4.3.2: (Creating) Compose and deliver an employee's performance appraisal. Objective R4.3.3: (Applying) Participate in the organization's progressive discipline process or participate in a progressive discipline case or scenario, if not available. 	
Goal R4.4: Understand how to design and implement plans for maximizing employee engagement and enhancing employee satisfaction and retention.	
<ul style="list-style-type: none"> Objective R4.4.1: (Understanding) Explain supportive evidence and the organization's strategy regarding employee satisfaction and engagement and effective tactics for recognizing and rewarding employees. 	
Goal R4.5: Understand labor and contract management principles.	
<ul style="list-style-type: none"> Objective R4.5.1: (Understanding) Explain laws affecting various aspects of human resources management and the role of unions in organizations, and their impact on human resources management. 	

COMPETENCY AREA R5: Leadership
Goal R5.1: Demonstrate the personal leadership qualities and commitments necessary to advance the profession of pharmacy.

- Objective R5.1.1: (Creating) Create a professional development plan with the goal of improving the quality of one's own performance through self-assessment and personal change.

Goal R5.2: Demonstrate personal, interpersonal, and professional skills.

- Objective R5.2.1: (Applying) Demonstrate sensitivity to the perspective of the patient, caregiver, or health care colleague in all communications.
- Objective R5.2.2: (Applying) Demonstrate respect for differences of opinion.
- Objective R5.2.3: (Applying) Demonstrate enthusiasm and passion for the profession of pharmacy.
- Objective R5.2.4: (Applying) Demonstrate ability to manage, prioritize, and execute on assigned responsibilities and tasks.
- Objective R5.2.5: (Applying) Evidence integrity in professional relationships and actions.

Goal R5.3: Demonstrate business skills required to advance the practice of pharmacy.

- Objective R5.3.1: (Applying) Communicates effectively orally and in writing.
- Objective R5.3.2: (Creating) Contribute to the development of a business plan for a new or enhanced pharmacy service or program.
- Objective R5.3.3: (Applying) Use effective conflict management skills.

Goal R5.4: Demonstrate political skills and organizational credibility.

- Objective R5.4.1: (Creating) Lead departmental and/or interdisciplinary teams in the design, implementation, and/or enhancement of the organization's medication-use process.
- Objective R5.4.2: (Analyzing) When developing a program with multiple stakeholders and/or when confronted with a barrier to the accomplishment of a particular project, analyze the organizational environment, including its structure, network of resources, and politics, to determine a strategy for achieving success.
- Objective R5.4.3: (Applying) Determine senior administrator (e.g., CEO, COO, CFO, president, vice president) expectations of the pharmacy's leaders.
- Objective R5.4.4: (Applying) Present to an appropriate audience an explanation of the role and importance of pharmacist active engagement and advocacy in the political and legislative process.

Goal R5.5: Demonstrate ability to conduct a quality improvement or research project.

- Objective R5.5.1: (Analyzing) Identify and/or demonstrate understanding of a specific project topic related to a quality improvement, healthcare pharmacy administration, or a topic for advancing the pharmacy profession.
- Objective R5.5.2: (Creating) Develop a plan or research protocol for a practice quality improvement, healthcare pharmacy administration topics, or related topics for advancing the pharmacy profession.
- Objective R5.5.3: (Evaluating) Collect and evaluate data for a practice quality improvement or research project related to healthcare pharmacy administration or for a topic for advancing the pharmacy profession.
- Objective R5.5.4: (Applying) Implement a quality improvement or research project related to healthcare pharmacy administration or for a topic for advancing the pharmacy profession.
- Objective R5.5.5: (Evaluating) Assess changes, or need to make changes, based on the project.

- Objective R5.5.6: (Creating) Effectively develop and present, orally and in writing, a final project or research report suitable for publication at a local, regional, or national conference (the presentation may be virtual).

Goal R5.6: Lead a designated area or program within pharmacy services.

- Objective R5.6.1: (Applying) Perform management functions for a designated area or program within pharmacy services (e.g., prior authorization team, IV room, internal audit function, distribution system, dispensing pharmacy, patient care services).

COMPETENCY AREA R6: Specialty Pharmacy Practice

Goal R6.1: Fulfill the major functions of a specialty pharmacist, including intake, clinical management, fulfillment, and facilitating optimal outcomes.

- Objective R6.1.1: (Applying) Conduct the patient intake process for specialty pharmacy patients.
- Objective R6.1.2: (Applying) Engage in clinical management activities for specialty pharmacy patients.
- Objective R6.1.3: (Applying) Conduct fulfillment activities for specialty pharmacy patients.
- Objective R6.1.4: (Evaluating) Facilitate optimal treatment outcomes for specialty pharmacy patients.

COMPETENCY AREA R7: Specialty Pharmacy Management

Goal R7.1: Apply specialty pharmacy accreditation standards to the clinical and operational aspects of the specialty pharmacy.

- Objective R7.1.1: (Understanding) Explain specialty pharmacy accreditation standards.
- Objective R7.1.2: (Applying) Participate in activities to maintain compliance with specialty pharmacy accreditation standards.
- Objective R7.1.3: (Evaluating) Based on one's own assessment, make recommendations to ensure continuous compliance with specialty pharmacy accreditation requirements.
- Objective R7.1.4: (Applying) Provide oversight to committees that support the specialty pharmacy.

Goal R7.2: Manage all operational and clinical aspects of the specialty pharmacy.

- Objective R7.2.1: (Applying) Participate in quality control measures for mail order operations.
- Objective R7.2.2: (Evaluating) Evaluate REMS processes and make appropriate recommendations to ensure compliance with REMS requirements.
- Objective R7.2.3: (Understanding) Understand specialty infusion and home infusion practice.

Goal R7.3: Demonstrate the skills required to lead specialty pharmacy contract initiatives.

- Objective R7.3.1: (Analyzing) Participate in a manufacturer negotiation(s) for gaining access to a limited distribution drug.
- Objective R7.3.2: (Applying) Participate in payor contract negotiations.
- Objective R7.3.3: (Understanding) Understand data requirements for contractual obligations and accreditation standards.
- Objective R7.3.4: (Applying) Participate in billing and payor audits.

Goal R7.4: Market specialty pharmacy services to patients and interested stakeholders.

- Objective R7.4.1: (Applying) Participate in the development of specialty pharmacy's marketing and patient education materials.
- Objective R7.4.2: (Evaluating) Identify and analyze market trends and create quality improvement initiatives and marketing plans for the specialty pharmacy service.

Learning Experience Descriptions

Orientation (required)

During this one month learning experience, the resident will undergo an orientation to gain an understanding of the provision of services throughout the department. Specifically, the time will be spent familiarizing the resident to Northwell Health, Vivo Health Pharmacy, the PGY2 Residency Program, and the relationships the health-system has with various vendors and stakeholders. The orientation is designed to review several areas including but not limited to information systems (e.g., EHR, dispensing software), policies and procedures, and clinical topics related to specialty pharmaceuticals and management thereof.

Introduction to Specialty Pharmacy Operations (required)

This extended learning experience will introduce the resident to key areas of specialty pharmacy operations over 2 months. The resident will spend time in various Vivo Health Pharmacies to build a foundation of knowledge on assessing the quality and efficiency of pharmacy operation processes. The resident will have an opportunity to develop skills necessary for business development and participate in projects designed to evaluate specialty pharmacies and formulate recommendations for improvement. The resident will also gain exposure to the basic concepts of strategic planning, finance and budgeting. The rotation will also have a focus on compliance to specialty pharmacy accreditation standards. The resident will have an opportunity to gain experience in marketing pharmacy services, and be exposed to elements circling human resources, including the interviewing and hiring process.

Specialty Pharmacy Based Patient Management (required)

During this one month learning experience, the resident will work with the patient management program (PMP) team and participate in patient initial assessments, reassessments, design care plans, and communicate with patients, caregivers and the healthcare team. This learning experience will also provide exposure to the clinical components of specialty accreditation requirements and performance standards of payor requirements. By the end of this learning experience, the resident will have established a firm foundation on the patient management program and be able to independently engage with patients.

Practice Based Patient Management I-III (required)

This extended learning experience will have three areas of focus. Each specialty area will have a duration of one month and will be based on the resident's interests. The areas of focus available may be: endocrine, gastroenterology, hepatology, HIV/ID, oncology, pulmonary, rheumatology, and solid organ transplant. These clinical experiences are designed to develop the resident's knowledge and understanding of the pharmacotherapy and outpatient management of special patient populations. Although the individual clinic/practice activities may vary, the resident will gain hands-on experience in assessing patients and managing treatment plans, as well as providing drug information at the request of providers. By the conclusion of each therapeutic area, the resident will have gained insight on clinic workflow and best practices for those disease states and apply that knowledge towards specialty pharmacy practice.

Clinical Pharmacy Services Administration (required)

This one month learning experience will provide the resident with opportunities to evaluate outpatient clinical pharmacy services. This may include assessment of clinical services and care coordination and creating recommendations to implement for optimization. The resident will gain experience in developing clinical initiatives, such as identifying ways to optimize the patient management program (PMP) for specialty patients, get involved with patient access and hub services, and determine areas for placement of new pharmacy resources/services.

Advanced Specialty Pharmacy Operations (required)

This two-month extended learning experience is designed to provide opportunities for the resident to implement process changes with subsequent monitoring for efficacy. This will include developing strategies for reporting quality data and improving use of technology and automated systems. The resident will also be exposed to billing and revenue optimization when working with the Vivo Health Pharmacy Directors. The resident will be involved with developing projects with industry leaders that may involve creating contracts and value-based agreements and participate in manufacturer negotiations for accessing a limited distribution and/or REMS medications.

Management and Leadership (required)

This longitudinal rotation aims to develop management skills that will support the resident in their current and future responsibilities related to practice management, business operations, medication use safety, and quality assurance. This learning experience will also encompass several aspects of leadership at a health-systems level. This longitudinal experience will allow for opportunities to actively participate in analyses of departmental programs, budgets, and review of policy and procedures. Opportunities to contribute to the development of business plans or enhancement of pharmacy services will be provided, where the resident will participate in analyzing the organizational environment and determine a strategy for achieving success. The resident will also gain experience in human resources management, such as recruitment and hiring, evaluating performance appraisals, writing job descriptions, and disciplinary action. The resident will devise a plan for life-long learning and career development in the profession of pharmacy. At the conclusion of this learning experience, the resident shall be able to perform management functions for various pharmacy services and apply principles of strategic planning, professional development, program assessment, fiscal responsibility, and regulatory compliance. The resident will become familiar with developing or optimizing pharmacy services while taking into consideration the expectations of organizational leaders, current trends, and advancements of the profession.

Research (required)

Medication use evaluations and translational research are important to the ongoing evolution of the practice of pharmacy. Understanding the methodology and challenges of conducting research is valuable for the resident in order to develop an analytical skillset. Throughout this longitudinal learning experience, the resident will complete a research project related to quality improvement, healthcare pharmacy administration, or a topic for advancing the pharmacy profession. At the conclusion of the research project, the resident shall be able to evaluate data and identify a need for changes based on the results and communicate recommendations effectively. The resident will present the findings via poster or platform presentation at a relevant conference prior to graduation.

Staffing (required)

This longitudinal learning experience is designed to allow the resident to develop their knowledge and skills throughout the year. The resident will become well versed in the Vivo Pharmacy dispensing system and determine any needed recommendations for improvement. The resident will also have opportunities to staff at various Vivo Pharmacy locations to develop an understanding of the special needs of the different populations serviced. Staffing requirements will be equivalent to an average of one half-day per week and the resident will rotate among the specialty Vivo Pharmacy locations. The resident will work with the pharmacy staff as well as the supervising pharmacists to conduct fulfillment activities, assess and counsel patients, and participate in activities to maintain compliance with ACHC and URAC accreditation standards.

Teaching (required)

During this longitudinal learning experience, the resident will have opportunities to develop skills necessary to be an effective educator. The resident will explore various methods of teaching and dissemination of knowledge tailored to a variety of audiences. This may range from leading oral topic discussions to writing clinical pearls in a monthly newsletter. The resident will be a co-preceptor to pharmacy students completing their advanced pharmacy practice experiences. An opportunity to present an accredited CE lecture to pharmacists and technicians or a didactic lecture to an affiliated school of pharmacy during the residency year will also be provided. In addition, the resident will participate in evaluating Jointly Accredited continuing education (CE) programs for pharmacy credits.

Patient Management (elective)

This elective rotation is designed to be an in depth experience with the patient management program. The resident will spend this rotation with the Vivo Health Pharmacy clinical team and manage specialty pharmacy patients. The resident will conduct initial assessments and reassessments, as well as devise care plans while using motivational interviewing skills to engage patients and empower them to participate in their care. The resident will also participate in assessing components of the patient satisfaction survey that address the patient management program and conduct quality assurance monitoring to identify opportunities for improvement. In addition, the resident will present a journal club based on a topic pertinent to the specialty patient populations managed by the team.

Informatics & Analytics (elective)

This learning experience will provide opportunities to explore technical aspects of pharmacy operations and analyze the information technology workflow to assure safe and effective patient care. The resident will participate in developing effective strategies for obtaining and reporting quality data. In addition, opportunities to design projects and/or implement improvements on automated systems will be provided.

Pharmacy Benefits Management (elective)

This focused learning experience will provide opportunities for the resident to develop a deeper understanding of formulary systems and the impact they have on the health-system. The resident will be exposed to the collaboration with an integrated delivery network to maximize employee benefit and cost savings. The resident will be involved with assisting the PBM and benefits department when determining pharmacy coverage by providing expert opinion and clinical recommendations. This rotation will also provide opportunities to identify utilization trends of specialty vs non-specialty medications and brand vs generics.

Quality Management (elective)

This focused learning experience will provide an opportunity to assess the Vivo Health Pharmacy policy and procedures and ensure continuous compliance to policy and accreditation standards. The resident will participate in assessments and mock audits of specialty pharmacies in order to identify areas for improvement. The resident will be exposed to the development of quality improvement plans and participate in the implementation of changes. This rotation will also provide the resident with an opportunity to conduct a root cause analysis and/or gap analysis and evaluate current REMS program procedures.

Transitions of Care (elective)

This learning experience will focus on the development and implementation of transitions of care programs. The resident will engage in communication with other healthcare professionals about available pharmacy services and meds-to-bed programs. The resident will participate in planning meetings for new meds-to-bed programs and expansion of pharmacy services. This rotation will also provide opportunities to evaluate existing services and programs and identify areas for improvement.

Appendix A	Application and Interview Process
Effective Date: 7/1/20	
Last Revised Date: 2/24/21, 1/31/20	
Approval Date: 3/19/21, 3/20/20	
Approved by: RAC	

Application / Candidate Requirements:

- Applicants must have graduated from an accredited Doctor of Pharmacy (PharmD) program
- Eligible for licensure as a pharmacist in the State of New York
- Interested applicants must submit the following via PhORCAS™ by [date TBD annually]:
 - Curriculum vitae
 - Letter of intent (2 page maximum)
 - Three (3) letters of recommendation (including one from PGY1 Residency Program Director or preceptor)
 - Official college of pharmacy transcript
- Have registered with the ASHP Resident Match program

Pre-Interview Process

The Residency Selection Committee will be responsible for reviewing and interviewing all candidates. The Residency Selection Committee consists of, but is not limited to:

- The Residency Program Director
- Select preceptors (appointed by RPD)
- Current PGY-2 Resident

All applicants will be reviewed utilizing the Residency Application Pre-Evaluation rubric (scored by RPD or designee) which includes a point-system based upon letters of recommendation, letter of intent, personal involvement and motivation, career goals, and FLEX points. Applicants invited on site will be evaluated using an Interview Tool rubric (scored by interview participants from the section committee).

The top scoring (i.e., cumulative score) applicants will be invited for an on-site interview via e-mail or phone. The number of candidates interviewed will be based on interview availability/capacity of the Residency Selection Committee.

Interview Process

During the interview, each candidate will be asked a set of pre-determined general questions and candidate-specific questions related to their unique experiences (i.e., CV).

Each reviewer will then complete a point-based Residency Candidate Interview Form for each respective candidate, consisting of various clinical, professional, and behavioral skills as determined by the on-site interview. Each reviewer will tally his or her total score for each candidate and submit the form to the RPD or designee.

Ranking Process

Once the interviews are complete, the RPD and RPC (or RPD appointed preceptor) will tally up the total scores for each candidate.

The Residency Selection Committee will then meet to discuss the candidates based upon the Residency Application Pre-Evaluation, Interview Tool and FLEX score utilizing the total score to facilitate the discussion. The Residency Selection Committee will be asked to submit their personal rank list to validate the scoring system and the discussion.

- Consensus determined by the individual personal rank lists may be used to determine the candidate's rank if the scoring does not appear to correlate with the overall views of the group at large. In this case, rationale shall be documented and considerations for rubric modification shall be explored where warranted.
- If consensus cannot be achieved, the Residency Director will make the final decision in terms of rank.
- The Residency Selection Committee or RPD may also decide to not rank certain candidates if a legitimate concern exists which cannot be resolved prior to the National Matching Service deadline.
- This residency agrees that no person at this residency will solicit, accept, or use any ranking-related information from any residency applicant.

If one or more positions are left unfilled after Phase I Match results, the residency program will offer the positions in Phase II. The interview and ranking process will be consistent with the aforementioned sections. If one or more positions after left unfilled after Phase II Match results, the residency program will make direct offers to available candidates upon verbal verification that the applicant has not been matched to other programs nor accepted other offers.

Appendix B		Acceptance Letters & Residency Program Requirements
Effective Date:	7/1/20	
Last Revised Date:	2/24/21, 1/31/20	
Approval Date:	3/19/21, 3/20/20	
Approved by:	RAC	

Sample Acceptance Letter

[Date]

Northwell Health & Vivo Health Pharmacy
 Pharmacy Service Line Headquarters
 1983 Marcus Ave, Suite 118
 New Hyde Park, NY 11042

Dear [prospective resident name],

It is my pleasure to congratulate and welcome you to the Northwell Health – Vivo Health Pharmacy Leadership Post Graduate Year-2 Residency Program in Specialty Pharmacy Administration. Your appointment will begin on [date] and is anticipated to end on [date] contingent upon successful completion of the program. We are excited to have you become an integral part of our team. We all understand the value that pharmacy residents bring to an institution and we are confident that your efforts will enhance the services we provide.

Please take a moment to read and sign the Residency Program Requirements Graduation and the manual consisting of the program’s policies and procedures. I will be sending you some additional forms to complete via PharmAcademic, which will assist in creating your initial Resident Development Plan.

Additionally, Northwell Health’s Human Resources department will be contacting you prior to your arrival to address some additional requirements (e.g., health clearance, background check). Please ensure that all deadlines are met as to not delay your program start date.

Finally, please e-mail me your current Curriculum Vitae (CV) in order expedite the orientation process.

Again, congratulations on your acceptance! If you have any questions, please do not hesitate to contact me.

Ashley R. Galla, PharmD, MBA, BCACP, CSP

AVP, Pharmacy

Northwell Health

1983 Marcus Ave Suite 118 | New Hyde Park, NY | 11042

Phone: 516-719-5799 | Email: arichards4@northwell.edu

Requirements for Graduation

In order to be considered as having successfully completed the program and receive a residency certificate, the following requirements must be satisfied:

Program Requirements

1. Complete 12 month commitment including all required learning experiences.
 - At least 8 months of the 12 month commitment (2/3) must be completed as a licensed pharmacist in the state of New York
2. All required goals and objectives must be achieved at least once by the end of the residency.
3. At least 90% of these objectives must be "Achieved for Residency".

Longitudinal Requirements

1. Complete Vivo Health Pharmacy outpatient staffing requirements (avg. 0.5 days/wk)
2. Conduct a research project through implementation
3. Prepare a manuscript for publication related to research project or another project completed during residency year as approved by RPD
4. Provide one accredited Continuing Pharmacy Education (CE) activity for pharmacists and technicians or one didactic lecture at an affiliated School of Pharmacy
5. Maintain an electronic Residency Portfolio, including, but not limited to, business plans, proposals, drug information questions, topic discussions, journal clubs, informal/formal presentations, and CE presentations

Professional Meeting Attendance Requirements

1. Poster and/or platform presentation at a professional meeting as assigned by RPD
2. Attend residency showcases (as required) for recruitment of future residents
3. Become an active member in a professional organization (i.e., assume a leadership role and/or participate in planned activities outside of general membership meetings)

Other

1. Participate in residency program development and contribute to the Residency Selection Committee during the recruitment period.

I have read the above requirements and understand that in order to successfully complete the PGY-2 Residency Program in Specialty Pharmacy Administration and Leadership at Northwell Health - Vivo Health Pharmacy the above requirements must be satisfied.

Signature _____

Print name _____

Date _____

Appendix C	New York State Licensure Policy
Effective Date: 7/1/20	
Last Revised Date: 1/31/20	
Approval Date: 3/20/20	
Approved by: RPD	

In order for residents to successfully complete the program and learn to perform independently as pharmacists, they must achieve New York State (NYS) licensure. The following licensure procedure must be adhered to in order to maximize the resident’s experience during this post graduate training program.

PGY-2 Pharmacy Resident

1. Must be eligible for New York State licensure at time of hire
2. Whenever possible, all examinations for NYS licensure (Parts I, II, & III) must be successfully completed prior to commencement of the PGY-2 residency program.
 - a. Part III may not be required when pursuing license by reciprocity in New York State (NYS).
 - b. If resident did not practice for a full year in the state of original licensure (i.e., ineligible for license by reciprocity), passing of NYS compounding exam or equivalent proven competency must be achieved.
3. The Residency Program Director (RPD) must be informed when each licensure examination has been scheduled, passed, or failed.

Passing of the New York State Licensure Examinations

1. The pharmacy resident must immediately notify the RPD after receiving a passing score on any NYS licensure examination.

Failure to Pass the New York State Licensure Examinations

1. The pharmacy resident must immediately notify the RPD after receiving a failing score on any NYS licensure examination.
2. The pharmacy resident must schedule a retake of the examination as soon as possible and inform the RPD of the scheduled date(s).
3. Failure to attain licensure by September 30th of the residency calendar year may result in termination from the program. Program extensions must receive formal approval by the RPD and Northwell Health Human Resources department. An extension may be denied on the basis of budgetary constraints. Consideration will be given to the resident’s progress to date and whether or not the resident is expected to complete all program requirements in the proposed timeframe for extension (at the RPDs discretion). No more than one extension may be granted for reasons related to licensure.

License by Reciprocity

1. For those eligible, the process of achieving license by reciprocity, as outlined by the NYS Board of Pharmacy, must be initiated before July 31st of the residency calendar year.

2. The pharmacy resident must immediately notify the RPD after receiving a passing score on any NYS licensure examination as required by reciprocity (e.g., NYS Law).
3. Failure to attain licensure by September 30th of the residency calendar year may result in termination from the program. Program extensions must receive formal approval by the RPD and Northwell Health Human Resources department. An extension may be denied on the basis of budgetary constraints. Consideration will be given to the resident's progress to date and whether or not the resident is expected to complete all program requirements in the proposed timeframe for extension (at the RPDs discretion). No more than one extension may be granted for reasons related to licensure.

Appendix D	Time Off, Attendance & Leave Policy
Effective Date: 7/1/21	
Last Revised Date: 2/25/21, 1/31/20	
Approval Date: 3/19/21, 3/20/20	
Approved by: RAC	

The resident is expected to work a minimum of 37.5 hours (40 scheduled hours with breaks) per week excluding approved time off.

Paid Time-Off (PTO)

The resident is eligible for 20 days of paid time off (PTO). Residents will be required to use PTO towards conference days. Planned PTO requires approval of the primary preceptor and Residency Program Director (RPD). The resident must notify the preceptor and RPD of any planned or unplanned absence or lateness as soon as possible.

Absences/Lateness

Any resident with unplanned absences exceeding six (6) total or three (3) consecutive days or is absent (unexcused) immediately following a conference, vacation, or holiday; he/she must provide written documentation upon return (e.g., physician’s note). Unexcused absences, lateness, and/or excessive use of personal time-off (PTO) days without prior approval from RPD may subject the resident to disciplinary action and/or dismissal from the program.

Please refer to Northwell Health’s Human Resources Policies and Procedures Manual for the following:

- Legal Holidays
- Marriage Leave
- Bereavement Leave
- Blood Donations
- Jury Duty
- Disability/Extended Leave
- Family and Medical Leave

You may find access to the Policies and Procedures Manual here:

<https://intranet.northwell.edu/NSLIJ/hr/aboutus/HR%20PnP/Pages/default.aspx>

Completion of Residency Program with Extended Leave

Once PTO is exhausted, any remaining approved time off will be unpaid. Program extensions must receive formal approval by the RPD and Northwell Health Human Resources department. An extension may be denied on the basis of budgetary constraints. Consideration will be given to the resident’s progress to date and whether or not the resident is expected to complete all program requirements in the proposed timeframe for extension (at the RPDs discretion). If an extension is granted, the resident must complete program requirements within one academic calendar year from anticipated graduation, or at the discretion of the RPD.

Appendix E	Duty Hours Policy
Effective Date: 7/1/20	
Last Revised Date: 1/31/20	
Approval Date: 3/20/20	
Approved by: RPD	

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

Supervision of Residents

All residents will be supervised by licensed pharmacists and/or qualified preceptor who are available during scheduled work hours (some by pager or cell phone).

- Unlicensed pharmacy residents shall be supervised by a licensed pharmacist.

Duty Hours

As per ASHP's Duty-Hour Requirements for Pharmacy Residencies document, duty hours are defined as "all scheduled clinical and academic activities related to the pharmacy residency program. This includes inpatient and outpatient care; in-house call; administrative duties; and scheduled and assigned activities, such as conferences, committee meetings, and health fairs that are required to meet the goals and objectives of the residency program". Duty hours do not include: reading, studying, and academic preparation time for presentations and journal clubs; travel time to and from conferences; and hours that are not scheduled by the RPD or a preceptor.

- Supervisory responsibilities and staffing all count towards duty hours.
- Duty hours are limited to no more than 80 hours per week, averaged over a period of four weeks.
- Residents must have a minimum of one day in seven days free of duty (when averaged over four weeks). One day is defined as one continuous 24-hour period free from all clinical, administrative, and educational responsibilities.

Appendix F		Moonlighting Policy
Effective Date:	7/1/20	
Last Revised Date:	1/31/20	
Approval Date:	3/20/20	
Approved by:	RPD	

Moonlighting must be counted toward the 80 hour weekly limit on duty hours. The intent of this policy is to limit a resident’s moonlighting activities to ensure that the 80 hour weekly limit on duty hours is not exceeded. This will provide the resident with sufficient time for rest and restoration to promote safe and effective pharmaceutical care and ensuring that moonlighting experiences do not eclipse residency rotation experiences.

- Moonlighting is prohibited during resident duty hours Monday thru Friday from the hours of 0900 to 1700, excluding weekday holidays.
- A resident must request approval from the RPD in advance for any moonlighting activities at an external site.
- The RPD must provide a written statement of permission for the resident to moonlight at any external site. A copy of this written statement will be kept in the resident’s file.
- Any adverse event that may compromise the resident’s well-being or patient care may lead to withdrawal of permission.

Appendix G		Discipline Policy
Effective Date:	7/1/20	
Last Revised Date:	11/7/19	
Approval Date:	3/20/20	
Approved by:	RPD	

Residents are required to conduct themselves in a professional and ethical manner to include but not limited to accepting constructive criticism from preceptors and/or colleagues. Residents are required to strictly adhere to the Northwell Health and Vivo Health Pharmacy policies and procedures. If at any time, a resident does not conduct themselves in a professional and ethical manner or strictly adheres to policy and procedures dictated by the Northwell Health or Department of Pharmacy, disciplinary action will be taken.

Process for Disciplinary Action

1. If a resident is not performing at an adequate level of competence, demonstrates unprofessional or unethical behavior, engages in misconduct, or otherwise fails to fulfill the responsibilities of the program in which he/she is enrolled, the resident will be subject to disciplinary action. This decision is left to the discretion of the Primary Preceptor (PP) involved with the resident at the time of the incident and the Residency Program Director (RPD).
2. The PP will devise a plan of action in order to correct the behavioral discrepancy. The PP will document the incident, corrective action taken, and the outcome. The PP shall inform the RPD of the incident and forward all necessary documentation. If the incident or behavior may lead to negative consequences to patient outcomes or the organization, the RPD shall be immediately notified and will escalate accordingly. The RPD will maintain all documentation of the incident in the resident’s personnel file.
3. If the resident still fails to correct the behavioral discrepancy, the PP shall orally counsel the resident. The PP will document the incident, corrective action taken and the outcome. The resident shall be informed that if the behavioral discrepancy is not corrected, the resident is subject to dismissal from the program. The PP shall forward all documentation to the RPD who will in turn maintain the documentation of the incident in the resident’s personnel file.
4. If the resident has failed to correct the behavioral discrepancy after two oral counseling sessions, the resident is subject to termination from the program. Additionally, the PP can recommend to the RPD that the resident be withdrawn from the residency program. Residents cannot under any circumstances appeal the final decision of the RPD and Director of Pharmacy.
5. If the resident fails to show satisfactory progress or performance in any clinical, professional, or educational requirement of the residency program twice (as voted on by the RAC), disciplinary action (repeat learning experience, dismissal from the program, etc.) will be determined by the members of the RAC, including the RPD.

Appendix H	Preceptor Development Policy
Effective Date: 7/1/20	
Last Revised Date: 11/7/19	
Approval Date: 3/20/20	
Approved by: RPD	

Throughout each residency year, the program will offer educational opportunities for preceptors to improve upon their teaching skills. Towards the end of each residency year, the Residency Program Director (RPD) will assess each preceptor’s development and identify areas for improvement and strategies to foster further development for the following year.

Assessment

Resident Feedback:

1. The RPD will review resident evaluations of preceptors and learning experiences annually to identify potential preceptor development needs.
2. The RPD will collect verbal feedback from the residents annually.

Preceptor Feedback:

1. The RPD will assess each preceptor’s progress in attaining “Preceptor Development Points” annually to determine gaps in preceptor development needs.

Development

1. Preceptor development needs are identified through the assessment process and are discussed annually between the preceptors and RPD.
2. The RPD and preceptors will agree on areas of preceptor development to focus on during the upcoming residency year.
3. The RPD will develop a tentative “Residency Preceptor Development Schedule” for the upcoming residency year with activities to address areas of further development for the preceptors during each Residency Advisory Committee meeting.
4. This tentative plan will be discussed and finalized at the June RAC meeting (formal annual evaluation of the residency program).
5. Each preceptor will complete a “Preceptor Development Form” annually which will be translated by the RPD into a “Preceptor Development Plan”.
6. The “Preceptor Development Plan” will identify gaps in each individual preceptor’s development and determine preceptor development goals to work towards during the residency year.

Review

1. Review of the current “Residency Preceptor Development Schedule” will occur annually. The effectiveness of the preceptor development schedule will be determined by:
 - Assessment of resident evaluations/verbal feedback of preceptors and learning experiences (review of preceptors needs).
 - Discussion with preceptors of the effectiveness of the activities used in the past year to address preceptor development needs.

- Review of the previous year's schedule will be utilized when developing topics and scheduling preceptor development activities for the upcoming year.
- Review of each preceptor's individualized "Preceptor Development Plan" will occur annually between the RPD and preceptor at the end of the residency year.
- The effectiveness of the individual plan will be determined by attainment of goals set forth at the beginning of each residency year – this will also assist the preceptor in completing the "Preceptor Development Form" for the subsequent residency year, which will aid in determining future goals.

Additional Required Preceptor Training for New Preceptors and Preceptors-In-Training

- Read PGY-2 Residency Manual and review with RPD.
- Read and discuss "Guidance Document for the ASHP Accreditation Standard for Postgraduate Year Two (PGY-2) Pharmacy Residency Programs" with RPD.

Additional Requirements for Preceptors-In-Training

- The RPD will develop an individual plan designed to ensure that the preceptor-in-training meets all ASHP preceptor requirements within 2 years.
- The RPD will appoint an advisor to mentor preceptor-in-training. Advisors will be required to co-sign any summative evaluations completed by the preceptor-in-training.

Other Opportunities for Preceptor Development

- Preceptor development discussion/activity at every RAC meeting (e.g., Pharmacist Letter preceptor development module discussion).
- Preceptors may attend local, regional, or national programs to enhance teaching and precepting skills. If requesting professional leave or travel reimbursement, must submit request to respective manager for review and approval documentation.

Attestation

I have read and understand the information found within the *Postgraduate Year Two (PGY2) Residency Specialty Pharmacy Administration & Leadership Residency Program Manual*. I hereby agree to adhere to the outlined policies, procedures, and requirements found therein. Failure to do so may result in disciplinary action and/or termination from the program.

Signature _____

Print name _____

Date _____