



# PHARMACY RESIDENCY MANUAL



# Pharmacy Residency Manual

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## INTRODUCTION

### **Welcome to the University of California, Davis Medical Center Pharmacy Residency Program!**

We would like to take this opportunity to welcome you all to the UC Davis Medical Center Pharmacy Residency Program. We are very excited about the new residency year, and confident that we can meet your professional goals, as well as our program goals.

The UC Davis Medical Center residency program was established in 1984 and has since grown to include specialized training opportunities to match the dynamic needs of the profession. As of 2025, our department offers more than a dozen unique residency training programs, which train our residents to become effective practice leaders and well-equipped clinicians to serve their patients and the community. As part of a top-rated hospital in California which provides world class care in 150+ specialties, the UC Davis Medical Center Department of Pharmacy Services has board certified preceptors in every specialized Practice setting. We are proud to provide our residents a diverse learning experience in both the acute and ambulatory care settings, at various training sites throughout Sacramento, California, and the surrounding areas.

#### **Residency Program Mission**

- To support the overall pharmacy mission to provide patient care, educate, and conduct research
- To produce capable and adaptable practitioners through focused intensive clinical post-graduate training in a variety of patient-care environments
- To develop expertise in optimal medication use and safety, foster professional integrity, and promote effective teamwork to provide optimal pharmaceutical care
- To create effective practice leaders and educators that are capable of proactively identifying, analyzing, and initiating process improvements

We are truly excited to have you at UC Davis Medical Center, and we are confident that a fun and educational year lies ahead!

## UC Davis Medical Center Pharmacy Services Overview

UC Davis Health is a nationally recognized leader in the provision of high-quality, patient-centered care, based in the Greater Sacramento area of Northern California. UC Davis Health has a Comprehensive Cancer Center, internationally recognized MIND Institute, and a nationally ranked pediatric hospital. The UC Davis acute care hospital has 646 beds and an ambulatory care service area spanning north to the Oregon border, east to Nevada, and down the Central Valley to Fresno, California, covering 65,000 square miles across 33 counties.

The Department of Pharmacy is a dynamic, integral, and critical part of patient care provided by UC Davis Health. As a department of greater than 600 professional, technical, and administrative support personnel, we focus on providing patient-centered medication management that optimizes outcomes through practice, education, research, and leadership through the continuum of care. We also have the largest pharmacy residency program in the country with 46 total residents in 13 different programs.

The Department of Pharmacy offers comprehensive pharmaceutical services (unit dose, IV admixtures, clinical services, infusion pumps, and teaching) throughout the health system complex 24 hours a day, 7 days a week. The pharmacy services encompass inpatient pharmacy services as well as an expansive footprint in the ambulatory care space where we have clinical pharmacists embedded within our clinics and specialty care locations. Our operational teams support the health system enterprise with three inpatient pharmacies, five outpatient pharmacies, two infusion pharmacies, a home infusion service line, and the full complement of pharmacy purchasing, stores, and distribution.

### **Our Department of Pharmacy Services Strategic Pillars:**

#### **The 5 Pillars**



Clinical Services	Operational Excellence	People	Financial Stability	Innovation
Service our patients in all clinical aspects with pharmacy service lines	Meeting and exceeding our customers and regulatory boards needs/regulations all while ensuring zero waste and enhanced patient care experiences	To take care of our staff	The ability for the department of pharmacy to be resistant to economic shocks and provides security and positive influence for the health system.	To strive for the impossible.
<b>Example:</b> Clinical Excellence	<b>Examples:</b> quality, safety, operations	<b>Examples:</b> EOS, staff education, recognition	<b>Examples:</b> net income from operations	<b>Examples:</b> research, technology, growth

**UC Davis Medical Center Mission:**

Grounded in equity, we provide unparalleled care across California, transforming lives and communities. Our teams research and develop trailblazing therapies and technologies, educate and prepare a future-ready workforce, and drive excellence into all we do.

**Department of Pharmacy Services Mission:**

Provide the highest quality and most cost-effective pharmaceutical care in an environment that fosters efficient patient-focused care, education and research.

**Our vision:**

Providing patient-centered, proactive, and innovative pharmaceutical care.

**Our Values:**

Kindness, Trust, Inclusion

Learn more about our institution here: <https://health.ucdavis.edu/about/>

**Pharmacy Residency Program**

Pharmacy Residents are valuable contributions to the overall mission of education, research, patient care, and public service at UC Davis Medical Center. It is the purpose of this manual to set forth policies and practices specific to the role of residents. UC Davis Health is comprised of the School of Medicine, the Betty Irene Moore School of Nursing, UC Davis Children's Hospital, the Medical Center and the Medical Group.

UC Davis Medical Center will provide residents the procedural due process rights. Procedural due process, which includes providing both notice and an opportunity to be heard, provides protection from arbitrary, capricious, or unreasonable action on the part of the University.

**RESIDENT RESPONSIBILITIES**

The UC Davis Medical Center Pharmacy Resident must fulfill certain responsibilities toward the University and the American Society of Health-System Pharmacists (ASHP) training programs. All members of the Pharmacy Resident Program are to have the opportunity to:

- develop a personal program of learning to foster continued professional growth with guidance from the teaching staff;
- participate in safe, effective and compassionate patient care, under supervision, commensurate with their level of advancement and responsibility;
- participate fully in the educational and scholarly activities of their program and, as required, assume responsibility for teaching and supervising other residents and pharmacy students as well as pharmacy technicians; and
- Participate in the ongoing and yearly quality improvement efforts and initiatives of the program
- participate as appropriate in institutional programs and departmental staff activities and adhere to established practices, procedures and policies of the department and institution.

## 100 GENERAL PROVISIONS

### 100.1 APPLICATION

Although the programs vary to fulfill the needs and requirements of their specialties, certain policies are common to all. These policies convey to the UC Davis Medical Center pharmacy residents specific rights and benefits which recognize their professionalism and contributions as residents in training.

These policies apply to those individuals who are appointed to the University titles PGY-1 Pharmacy Resident (title code 4220) and PGY-2 Pharmacy Resident (title code 4236).

### 100.2 AMMENDMENTS

This policy manual will be reviewed on an on-going basis. Amendments will be approved by the UC Davis Medical Center Chief Pharmacy Officer (CPO), the Educational Enterprise Manager (EEM) and/or HR.

### 100.3 PROCEDURES

The CPO and Education Enterprise Manager will ensure the development of procedures necessary to implement these policies.

## 101 DEFINITIONS

**Accreditation:** a voluntary process of evaluation and review performed by a non- governmental agency of peers.

**Competencies:** specific knowledge, skills, behaviors and attitudes and the appropriate educational experiences required of residents to complete the Pharmacy Resident Program.

**CPO:** The individual responsible for all functions and activities of the Department of Pharmacy.

**Institution:** An organization having the primary purpose of providing educational programs and/or health care services (e.g., a university, a medical school, a hospital, a school of public health, a health department, a public health agency, an organized health care delivery system, a medical examiner's office, a consortium, and/or educational foundation).

**Education Enterprise Manager (EEM):** The individual responsible for assuring the Pharmacy Residents comply with UC Davis Medical Center policies and the policies of the Pharmacy Residency Manual.

**Postgraduate Year (PGY):** a term indicating the level of relevant post-doctoral experience that a trainee has accomplished or in which the resident is currently training. For example, PGY-2 indicates a second-year resident.

**Residency Program Director (RPD):** the one pharmacist designated to oversee and organize the activities for an educational program. The Program Director is responsible for the implementation of the Program requirements as established by the American Society of Health-System Pharmacists (ASHP) for a specific residency program.

**University:** a public corporation officially known as the Regents of the University of California. It comprises ten campuses, five medical centers, and three affiliated national laboratories, which include the

University of California, Davis, campus, its School of Medicine and Medical Center, and Medical Group.

**Time away from the program:** Total number of days taken for vacation, sick, interview, and personal days; holidays; religious time; jury duty; bereavement leave; military leave; parental leave; leaves of absence; and, extended leave. Other types of leave may be included at the discretion of the institution on a case-by-case basis.

## 200 RESIDENTS EXPERIENCING HARRASSMENT AND DISCRIMINATION

As noted by the Harassment & Discrimination Assistance and Prevention Program (HDAPP), the University of California, in accordance with applicable Federal and State law and University policy, does not discriminate on the basis of race, color, national origin, religion, sex, gender identity, pregnancy, physical or mental disability, medical condition (cancer related or genetic characteristics), ancestry, marital status, age, sexual orientation, citizenship, or service in the uniformed services. The University also prohibits sexual harassment. This nondiscrimination policy covers admission, access, and treatment in University programs and activities. HDAPP provides assistance to students, faculty and staff regarding reports of bias, harassment and discrimination. Our mission is to educate the entire UC Davis community about these issues and to assist with the prevention and resolution of these issues in a fair and responsible manner. In collaboration with other UC Davis resources, HDAPP promotes an environment in which all members of the UC Davis community can work, learn and live in an atmosphere free from all forms of bias, harassment and discrimination. HDAPP supports UC Davis's Principles of Community, and our mission reflects the University's commitment to maintaining "a climate of fairness, cooperation, and professionalism." We join others at UC Davis in embracing diversity, equity, and inclusion as essential ingredients of academic excellence in higher education. UC Davis is committed to the highest standards of civility and respect toward all as reflected in the UC Davis Principles of Community. The university rejects acts of harassment and discrimination, works to resolve concerns, and investigates known facts to determine if university policies have been violated.

An overview on the institution's Harassment & Discrimination Assistance and Prevention Program and reporting can be found here: <https://ucdavis.app.box.com/s/pyy2upe5o5z1nmvv2vwxiortr4uxk9tc> & <https://hdapp.sf.ucdavis.edu/report-incident>

### Why Report?

Filing a report helps the university maintain a safe environment that supports the educational mission of the institution. In addition, unreported bias incidents can perpetuate continued bias and erode the campus climate.

### Ways to Report

Report suspected incidents to the HDAPP office via one the available methods below:

Anonymous: <https://hdapp.sf.ucdavis.edu/anonymous-reporting>

In-person & phone reporting: <https://hdapp.sf.ucdavis.edu/person-reporting>

Online & Mail Reporting: <https://hdapp.sf.ucdavis.edu/online-reporting>

Reports can also be made at any time (including off-hours) to Title IX Officer, Wendi Delmendo. You can make a report to the Title IX Officer by email ([wjdelmendo@ucdavis.edu](mailto:wjdelmendo@ucdavis.edu)), phone (530-752-9466), or mail (Wendi Delmendo, University of California - Davis / Office of Compliance and Policy / One Shields Ave. / Davis CA 95616)

If you are experiencing an emergency and need **immediate assistance**, please call UC Davis Police Department at 911, 530-752-1230 (Davis), or 916-734-2555 (Sacramento).

## 201 PROFESSIONAL CONDUCT

UC Davis Medical Center cultivates a learning environment free of harassment, intimidation, disrespect, exploitation, and abuse. We are dedicated to ensuring pharmacy residents function in a respectful and abuse-free environment. Mistreatment of any member of our healthcare community will not be tolerated.

If you witness or experience mistreatment, please report it to the EEM and HDAPP, as appropriate.

All employees have a shared responsibility to promote and maintain a healthy working environment, learning and social environment where every individual is treated with civility and respect.

Related Policies & Information:

Incivility and Bullying in the Workplace Policy: <https://ucdavishealth.ellucid.com/documents/view/1336>

Code of Conduct: [http://www.ucdmc.ucdavis.edu/compliance/general/code\\_of\\_conduct/](http://www.ucdmc.ucdavis.edu/compliance/general/code_of_conduct/)

The Principles of Community: <https://diversity.ucdavis.edu/principles-community>

## 202 REASONABLE ACCOMMODATIONS

The University provides reasonable accommodation to otherwise qualified residents who need assistance to perform the essential functions of their positions. Accommodation options will be considered in an interactive process with the resident. Both the University and the resident are expected to participate in the interactive process in good faith.

<https://policy.ucop.edu/doc/4010420/PPSM-81>

Questions regarding reasonable accommodation can also be directed to contact Domini Hood, Manager for the Educational Enterprise, Department of Pharmacy at [dmhood@ucdavis.edu](mailto:dmhood@ucdavis.edu).

## 300 RESIDENT ELIGIBILITY AND SELECTION GUIDELINES

UC Davis Medical Center abides by all Rules for the ASHP Pharmacy Resident Matching Program and the ASHP Standard in accordance with ASHP guidelines. This residency agrees that no person at this residency will solicit, accept, or use any ranking-related information from any residency applicant.

### 300.1 INITIATION AND APPROVAL

Appointments to Resident titles will be initiated according to the results of the National Match or Early Commitment agreement and will be conducted by routine HR procedures.

### 300.2 DURATION

Appointment to a PGY-1 or PGY-2 title will be for no more than the typical one-year term; extension beyond one year is considered on a case-by-case basis for unusual circumstances. Appointment to



a PGY1/PGY2 program are established as two consecutive one-year terms.

### **300.3 CONFIRMATION**

Within 30 days of the Match, candidates will be asked to confirm and document their acceptance of the Match through signature of an offer letter.

Each confirmation of appointment will provide notice of the terms and conditions of that appointment, including general information or links/attached documents to general information about the hiring process, including pre-employment requirements and confirmation of program start date and term of appointment, and requirements for successful completion of their program. Additionally, matched PGY2 candidates will be provided information related to verification of PGY1 residency program.

### **300.4 PRE-APPOINTMENT CONDITIONS**

The appointment will require the successful completion of all residency prerequisites as determined by the Department of Pharmacy, Employee Health, and HR. The prerequisites may include, but are not limited to, a medical clearance examination, compliance with vaccination protocols, drug testing, and criminal background investigation.

#### **300.4.1 DRUG TESTING**

UC Davis Medical Center requires post-offer, pre-employment substance abuse screening. Hospital policy 2177: <https://ucdavishealth.ellucid.com/documents/view/1587>

#### **300.4.2 BACKGROUND CHECK REQUIREMENTS**

Employment with UC Davis Medical Center is contingent upon completion of a criminal background check and may include Live Scan fingerprinting.

#### **300.4.3 EMPLOYEE HEALTH CLEARANCE**

A condition of employment at UC Davis Medical Center is clearance by the Occupational Health & Employee Clinic (formerly known as EHS). Services required as a part of the health clearance process are provided free of charge if conducted by EHS. If the resident is not able to travel to the Sacramento area prior to the deadlines established by the health system to receive clearance by their start date, they will be responsible for obtaining the services at their own expense.

### **300.5 APPLICANT QUALIFICATIONS AND ELIGIBILITY**

#### *PGY-1 Pharmacy Residency Programs*

- a. Applicant must be graduates or candidates for graduation from an ACPE accredited degree program (or one in the process of pursuing accreditation) or have a Foreign Pharmacy Graduate Examination Committee (FPGEC) certificate from the NABP. A FPGEC certificate indicated that the candidate graduate from a pharmacy school outside of the US and is eligible for pharmacist licensure, FPGEC status is not related to citizenship or visa sponsorship. UC Davis Medical center does not provide visa sponsorship for pharmacy residency candidates. Residents must be able to produce proof of pharmacy degree within 30 days of start date.

- b. Applicant must be recommended by his or her school faculty and/or previous employers.
- c. Applicant must be registered for the Resident Matching Program.
- d. Applicant must qualify for licensure and, if accepted, shall take the appropriate licensing exams as soon as possible after graduation. The California Pharmacist Licensing is two parts. Part 1 is the North American Pharmacists Licensing Examination (NAPLEX). Part 2 is the California Pharmacists Jurisprudence Exam (CPJE). Please note the CPJE is different than the Multistate Pharmacists Jurisprudence Examination administered by National Association of the Boards of Pharmacy (NABP) (<https://dashboard.nabp.pharmacy/Login/Splash>).
- e. Residents must have an active American Heart Association BLS provider certification at start date.

#### *PGY-2 Pharmacy Resident Programs*

- a. Applicant must be graduates or candidates for graduation from an ACPE accredited degree program (or one in the process of pursuing accreditation) or have a Foreign Pharmacy Graduate Examination Committee (FPGEC) certificate from the NABP. A FPGEC certificate indicated that the candidate graduate from a pharmacy school outside of the US and is eligible for pharmacist licensure, FPGEC status is not related to citizenship or visa sponsorship. UC Davis Medical center does not provide visa sponsorship for pharmacy residency candidates.
- b. The applicant must be participating in, or have completed, an ASHP-accredited or candidate-status PGY1 pharmacy residency program. Verification of completion of PGY1 program will be completed by RPD or designee within 30 days of start date. Options for verification include, but are not limited to, direct communication with PGY1 RPD, graduate tracking in PharmAcademic™, or copy of PGY1 certificate of completion. If a method other than graduate tracking in PharmAcademic™ is used to complete the verification, it will be documented in the resident folder or on PharmAcademic. In addition, the applicant must further provide a copy of the PGY1 certificate of completion during the orientation and onboarding process for HR purposes.
- c. Applicant must be recommended by his or her school faculty and/or previous employers.
- d. Applicant must be registered for the Resident Matching Program.
- f. Applicant must qualify for licensure and, if accepted, shall take the appropriate licensing exams as soon as possible after graduation. The California Pharmacist Licensing is two parts. Part 1 is the North American Pharmacists Licensing Examination (NAPLEX). Part 2 is the California Pharmacists Jurisprudence Exam (CPJE). Please note the CPJE is different than the Multistate Pharmacists Jurisprudence Examination administered by National Association of the Boards of Pharmacy (NABP) (<https://dashboard.nabp.pharmacy/Login/Splash>).
- g. Incoming residents must have an active American Heart Association BLS provider certification at start date.
- h. Incoming PGY2 residents must have an active pharmacist license in one of the 50 United States prior at the time of the residency program start date.

**For All PGY-1 and PGY-2 applicants, the California Pharmacist Licensure Policy in this manual will apply.**

If the applicant is not a licensed pharmacist in the State of CA before the start of the residency program, the resident must be registered as a current California Intern Pharmacist.

### **300.6 PROCESS FOR OFFER OF INTERVIEW AND RESIDENT RANKING FOR SELECTION**

In selecting from among qualified applicants, UC Davis Medical Center participates in an organized matching program: the National Resident Matching Program (NRMP).

UC Davis Medical Center pharmacy residency programs have unique and customized selection procedures to accommodate the needs of their program and are available in readily retrievable residency program documents, however the following procedures shall apply to all programs:

#### **300.6.1 Application Review**

Current residents, preceptors, and the program RPD work collaboratively to review qualified applications in PhorCAS, applying the respective residency program's pre-determined, objective scoring rubric. Any member of the applicant review personnel shall disclose any conflict of interest and recuse themselves from reviewing applicants with whom they have a prior personal, non-work related relationship. Program rubric may score applicants based on Academic performance, Letters of Recommendation, Personal statement, Research, Teaching, Employment and Leadership experience, Relevant clinical experience, and Extra-curricular activities, etc.

Phone screenings may be used when:

- there is a cluster of applicants too closely scored to ascertain differences among applicants
- there is interest in re-ordering the applicants by the RPD or delegate

Phone screenings will involve at least two members of the applicant review personnel and will be uniform in nature. Questions will be standardized and may include an evaluation of:

- 1) applicant's communication skills
- 2) applicant's knowledge of UC Davis residency program
- 3) applicant's applicable clinical, vocational, and research activities
- 4) applicant's clinical knowledge

#### **300.6.2 Interview offers:**

The process above will create a distinct list of applicants in order of priority for interview. Offers of interview are awarded typically by email notification to the top applicants, number based on the number of available interview slots. Any declinations to interview may then be awarded to the applicant in the next highest position on the scoring list. At the time the invitation to interview is extended, the program will provide at least the following list of informational items through a combination of links, attached documents, and text in the body of the email:

- Leave policies
- Duty-hour policies

- Licensure policy
- Requirements for successful completion of the program
- Residency specific remediation/disciplinary policy
- Program start date (or approximate start date) & term of appointment
- Stipend & benefit information, including vacation, holiday, professional, and sick leave allotment and general employee health benefit information
- If financial support is awarded for required professional meeting attendance
- If program structure includes required travel to experiences that are not conducted at the Primary Practice Site

### **300.6.3 Interview Day:**

Residents will be reminded of their electronic access to the Resident Program requirements for successful completion of the residency, structure of the program, salary, benefits, and pharmacy resident personnel policies. Applicants may be asked to sign a confidentiality agreement to maintain the integrity of the interview process.

Interview questions are based upon the position description and specific requirements of the residency program to which the application is made. Individual programs have established interview questions and pre-determined, objective scoring rubrics. The same questions and interview process will be applied to all applicants invited to interview for a given program.

The University of California is an Equal Opportunity/Affirmative Action Employer advancing inclusive excellence. All qualified applicants will receive consideration for employment without regard to race, color, religion, sex, sexual orientation, gender identity, national origin, disability, age, protected veteran status, or other protected categories covered by the UC nondiscrimination policy.

### **300.6.4 Ranking of Candidates:**

The rank order of applicants will be created based on program specific preferences but typically considers the score from the interview day activities, the original interview package, and the number of residency positions available. Each program is free to determine how to weigh each individual component. The RPD reserves the right to move candidates based on unprofessionalism or other acts inconsistent with the Mission, Vision, and Values of the health system or department. The final ranking list is at the sole discretion of the RPD and is submitted to the National Matching Program.

### **300.6.5 Phase II Match Procedures**

Unfilled positions in Phase I will be offered in Phase II of the Match if funding is still available and if the program desires to continue to fill that position for the following residency year. Should any positions go into Phase II of the resident match, applicants will be scored again according to the general procedures listed above and program specific procedures. Interviews may be revised to include an abbreviated process, such as the panel interview and 1-on-1 interview with the RPD virtually.

### **300.6.6 Post Match Procedures**

Programs may elect to participate in the post-match offer process with the approval of pharmacy residency leadership and in accordance with the Rules for the ASHP Pharmacy Residency Matching Program if there are still unfilled positions remaining.

**300.6.7** Other Opportunities for Candidates to be Considered as Determined by the UC Davis Medical Center Pharmacy Executive Residency Advisory Committee:

- An applicant to a given residency program may be asked if they wish to be considered by another UC Davis Medical Center residency program when the RPD who received the application finds significant interest and skills appropriate for another program.
- When additional positions are added to a residency program, the candidate next listed on the Match ranking list will be offered the residency position, if they remain unmatched after Phase II.

### **300.7 PGY2 PHARMACY RESIDENCY EARLY COMMITMENT POLICY**

**300.7.1** Promotion of UC Davis Medical Center PGY2 pharmacy residency programs to PGY1 residents for early commitment will begin with an overview during PGY1 orientation as well as the PGY2 Residency Town Hall in fall of each year. An informational email to all PGY-1 residents on will be sent annually to include the Early Commitment Policy.

- All materials and promotional efforts will be: Non-coercive, promotional materials, activities and discussions will be made available to all the UC Davis Medical Center PGY1 Residents.
- The UC Davis Medical Center PGY1 Residency Program Directors must be made aware of promotional activities, discussion and materials being distributed.
- PGY1 Residents must be informed that early commitment is **not** required for pursuit of a UC Davis Medical Center PGY2 residency. PGY1 residents may also apply to the UC Davis Medical Center PGY2 residency program through the ASHP match.
- The PGY1 and PGY2 residencies must be continuous years of employment for the resident.
- Recruitment for positions must be approved by the UC Davis Medical Center Chief Pharmacy Officer

**300.7.2** UC Davis Medical Center participates in the University of California Systemwide Early Commitment (UC-SWEC) Post-Graduate Year 2 (PGY2) Residency Program Process and complies with the UC-SWEC Policy & Procedures as set forth below

#### **UC-SWEC Background**

This policy applies to all Post-Graduate Year 2 (PGY2) pharmacy residency programs offered at University of California (UC) Health medical centers including UC Davis Health, UCSF Health, UCLA Health, UCI Health, and UC San Diego Health. UC Health PGY2 pharmacy residency programs offering early commitment will do so in accordance with guidelines established by the American Society of Health-Systems Pharmacists (ASHP) and National Matching Service (NMS). The policy will be maintained by the UC Health Residency Pharmacy Collaborative Team (PCT) and approved

by the UC Pharmacy Chiefs, annually.

### **UC-SWEC Policy**

1. All UC Health PGY2 programs will continue to adhere to ASHP Residency Accreditation Standards throughout the early commitment process.
2. All UC Health PGY1 residents will be informed during orientation that UC Health PGY2 residency programs offer the potential for early commitment for the year immediately following the successful completion of their PGY1 residency program.
  - a. PGY1 residents should request an early learning or shadowing experience in an area where they wish to complete a PGY2 residency. These experiences are intended to help residents make informed decisions regarding the second year of training by maximizing their exposure to the specialty practice before a commitment is finalized.
3. All UC Health PGY1 residents are eligible to apply to early commitment. Only PGY1 residents with a California Registered Pharmacist license in good standing will be considered for UC-SWEC PGY2 early commitment. Good standing is determined by the local site's Residency Advisory Committee and RPD through review of the following:
  - a. The majority of a resident's PharmAcademic summative evaluations demonstrate that the PGY1 resident is making satisfactory progress and is anticipated to successfully complete their PGY1 residency program requirements by the expected conclusion of the training program.
  - b. There is no evidence of transgressions as outlined in the residency program policies and procedures.
  - c. PGY2 RPDs may reach out to the resident's PGY1 RPD for further information, as needed.
4. UC Health PGY1 residents may apply to multiple program types.
5. Following the UC-SWEC match:
  - a. Programs will update the NMS system with position availability. Ideally, this will be done within 48 hours of candidate acceptance.
  - b. Programs will login to Pharmacy Online Residency Centralized Application Service (PhORCAS) and remove eligible position(s).
  - c. RPD will update UC Health SharePoint with position matching
  - d. It is also suggested that the RPD also contact all non-matched candidates.
  - e. The UC Health PGY2 program will pay a non-refundable fee to the NMS for each position committed to a resident through the early commitment process.

### **UC-SWEC Procedure:**

1. There will be one stage in the UC Systemwide Early Commit (SWEC) process where all UC Health PGY2 programs with open early commitment positions will interview eligible UC Health candidates.
2. The RPD will register the program on UC-SWEC SharePoint Database. Any program that offers early commitment will register with the following information.
  - a. UC site
  - b. ASHP program code
  - c. PGY2 program type
  - d. Accreditation status
  - e. RPD name
  - f. RPD or designee email
  - g. Link to website and or program recruitment material
  - h. Number of position(s) open for early commitment
3. All submission portals application components and accompanying links will be housed on [UC Health SharePoint](#)

4. The submission portal for letters of recommendation will be housed on [UC Health SharePoint](#). Letters of recommendation must be submitted directly by letter writers.
5. The following timeline will be adhered to during the UC-SWEC process:

Date	Responsible Party	Action	Notes
September 30	RPD	Program Declaration of SWEC	To be completed on <a href="#">UC Health SharePoint</a> . Any/all open houses and supplemental application materials will be posted by this time.
October 1 – October 25	RPD	Virtual open houses	Posted on <a href="#">UC Health SharePoint</a>
October 27	Resident	Early Commitment Applications Due	<a href="#">UC Health SharePoint</a>
October 30	RPD	Interview invitations extended	
October 30 – November 16	RPD	Interviews and ranking	
November 17	RPD	Rank list due	<a href="#">UC Health SharePoint</a>
November 21	SWEC	Match results	<a href="#">UC Health SharePoint</a>

#### **Required Application Materials**

1. Two letters of recommendation. Letters must be written by preceptors in current PGY1 program. One letter must come from a learning experience (aka rotation) preceptor.
2. Application questionnaire
3. 1<sup>st</sup> quarter finalized customized development plan (for applications outside of the Primary Practice Site)
4. Curriculum vitae (CV)

#### **Optional Application Materials**

UC Health PGY2 programs may elect to request supplemental application materials including a letter of intent. All programs must list their supplemental materials on [UC Health SharePoint](#) by September 30th.

#### **Definitions:**

**Primary practice site (pharmacy residency):** The physical location, designated by the Program Operator, where the majority of a resident's training is conducted.

**University of California Health (UC Health) System (pharmacy residency):** Single practice-site residency programs offered at a University of California medical center or school of pharmacy.

### **300.7.3 UC Davis Medical Center PGY2 Early Commitment participation:**

- PGY2 residency positions that are not filled through early commitment will participate in the ASHP Residency Match unless otherwise approved or total number of positions are reduced.
- A formal interview will be conducted between any interested PGY1 Resident(s) and the RPD. The interview will include pre-determined interview questions. The PGY2 resident will be selected based on performance and conduct during the interview as scored by a program specific predetermined, objective rubric, as well as the supplementary materials provided through the application process.

## **301 REAPPOINTMENT AND NON-REAPPOINTMENT**

### **301.1 PROGRAM CLOSURE/REDUCTION**

In the unlikely event that the institution reduces or closes a Residency Program, residents will be informed as soon as possible, and the institution will make every effort to allow residents to complete their program or assist them in identifying another program. Residents will be eligible to apply to alternate programs in future residency years.

### **301.2 DISMISSAL DUE TO LICENSURE**

If the resident is dismissed due to lack of licensure, they may reapply to the residency program in a subsequent year.

## **302 SALARY**

### **302.1** The salary communication will be as delineated in the offer letter.

Residents will be paid a bi-weekly salary in accordance with the current annual salary published in the ASHP Residency Directory and affirmed by the compensation unit within UC Davis Medical Center. Salary information is provided in writing upon acceptance of the position.

### **302.2** HR will notify the Pharmacy Resident Program staff of changes in the salary schedule as they are made by the University. Information regarding salaries will be available at all times from HR.

## **303 RESIGNATION**

### **303.1** Residents who voluntarily separate from the residency program are considered to have resigned.

### **303.2 PROVISIONS**

#### Notice By Resident:

A resident is expected, whenever possible, to give at least thirty calendar days' notice prior to a resignation during the course of an appointment term. The Training Program Director or Educational Enterprise Manager will, whenever possible, obtain written notice of resignation, including the specific reason for the resignation.



#### Recording of Resignation:

The reason for a resident's resignation will be clearly documented and reported to HR. If a resident refuses or fails to provide the reason for resignation, a notation to this effect will be made on the in the employee file or equivalent.

## 400 SCHEDULING, DUTY HOURS, AND MOONLIGHTING

Residency program directors, preceptors, and leaders have the professional responsibility to provide residents with a sound training program that must be planned, scheduled and balanced with concerns for patient safety and resident well-being. Therefore, programs must comply with the requirements outlined in this policy to ensure optimal clinical experience and education for their program's residents.

- 400.1** Details of the resident duty hours policy reflect the *ASHP Duty Hour Requirements for Pharmacy Residencies* and can be found here: <https://www.ashp.org/-/media/assets/professional-development/residencies/docs/duty-hour-requirements>

### **400.2 RECORD KEEPING**

The resident will maintain accurate records of their own night, weekend, on call and holiday staffing shifts. These records should always be accurate and available for review by the Program Director and/or the Education Enterprise Manager.

The Residency Program Director will be responsible to oversee the resident's maintaining and reporting of the hours of training completed in that Director's residency program. Hours worked, hours free of work, moonlighting, and frequency of on-call programs are maintained on the duty hours tracker. Duty hour tracking is maintained in the resident's folder and through the tracking tool in PharmAcademic.

Monitoring of compliance on a monthly basis by review of Duty Hours Tracker shall be completed and attestation of compliance maintained in PharmAcademic by resident and RPD. Instances of non-compliance will result in a written warning being issued after the first offense of not including proper documentation or not keeping compliance with duty hour requirements. Subsequent offenses will result in a root cause analysis and documented action plan to maintain compliance. The analysis and action plan will be brought to Ex RAC on case-by-case basis for evaluation of possible disciplinary action.

## SUPPLEMENTAL EMPLOYMENT (MOONLIGHTING)

Time spent by residents participating in internal Moonlighting must be counted towards the 80-hour averaged maximum weekly hour limit as well as all other duty hour limitations.

### **MOONLIGHTING – INTERNAL**

Because residency education is a full-time endeavor, the Residency Program Director must ensure that moonlighting does not interfere with the ability of the resident to achieve the goals and

objectives of the educational program nor interfere with scheduled learning experiences.

Stipend Shift Eligibility:

If a business need exists and department funding allows, internal moonlighting for stipend payment may be available after the resident has been deemed competent in the focused area of practice where there is a schedule need. Residents can work shifts outside of their residency requirements or on their weekend day off, if they are not currently on rotation in the area in need of coverage or scheduled “on-call” for the time of the shift needed. Permission for the resident to staff a shift-needed must be granted by the RPD. Stipends must always be offered to represented qualified staff prior to being made available to a resident. Stipend request forms are available on the Department of Pharmacy Intranet and should be forwarded to Pharmacy Administration for payroll processing within 7 days of the shift worked.

If permitted to engage in moonlighting, the resident must obtain approval from the current preceptor and Residency Program Director or Coordinator utilizing the provided approval form and save in their designated folder. The resident’s performance will be monitored by the Residency Program Director for the effect of moonlighting activities in the training program. Residents are allowed to engage in internal moonlighting activities up to the maximum hourly weekly average limit; any adverse effects may lead to withdrawal of permission to moonlight.

**MOONLIGHTING – EXTERNAL**

Participation in external moonlighting in a pharmacist capacity is prohibited.

**RECORD KEEPING & TRACKING**

Stipend shift records will be reviewed on a monthly basis by the EEM or designee to ensure at a minimum that the approval document was submitted and that duty hours were abided by. A warning will be issued after the first offense of not including proper documentation or not keeping compliance with duty-hour requirements. Subsequent offenses may result in withdrawal of permission to moonlight.

## 401 RESIDENT SERVICE CONTRIBUTION

**RESIDENT SERVICE CONTRIBUTION**

Staffing contributions are key in our justification of the residency training programs, and each resident contributes ~400 hours per year toward departmental staffing. It is expected that staffing shifts be transparently displayed on the resident’s duty hour tracker. This is audited utilizing the PharmAcademic attestation and duty hours tracking sheet to ensure residents are in compliance with the duty hours policy.

**COVERAGE AND AUTHORIZED LEAVE**

- It is the responsibility of the resident to make trades with other residents for staffing coverage if preauthorized leave is needed. Residents will be permitted to exchange staffing shifts with each other, provided that proper coverage is arranged **with a resident who has competency in that area of staffing.**

- For instances of unexpected leave (sick, emergency, etc.) the resident shall be responsible to notifying the area supervisor or the EEM as soon as is feasible. In accordance with department policy, callouts should occur no later than 2 hours prior to the shift start time.

#### **WEEKEND STAFFING REQUIREMENT (All programs)**

Approximately 272 hours per resident:

- Every 3<sup>rd</sup> weekend, with independent coverage of a shift on the schedule by ~September 1, or as soon thereafter as licensed. Earlier is okay if resident is capable.
- If the resident is working the PM shift on a weekend, this counts toward weekend staffing only (not also counted toward evening staffing requirement).
- If required training or formal events (i.e. MBA, retreat, Midyear) precludes the resident fulfilling their assigned weekend staffing, some weekend hours may be reduced at the discretion of the EEM and/or Ex RAC.
- Weekend staffing area assignments are subject to change based on department need.

#### **2025-2026 WEEKEND STAFFING ASSIGNMENT:**

<b>Program</b>	<b>Shift Structure and Service Assignment</b>	<b>Service Line &amp; Supervisor</b>	<b>Total Approx. Hours</b>
PGY1 Pharmacy Care Setting: Acute (n=15)	Acute Care Clinical or Central (block schedule)	Rob Nietupski, Kary Urena: Acute Care Clinical David Dakwa: Central	272
PGY2 HSPAL (n=3)	CIVA or Infusion	David Dakwa: CIVA Andrea Iannucci: Infusion	272
PGY 1 Pharmacy Care Setting: Ambulatory Care (n=6)	Refill	Kassi Bugg	272
PGY 1 Pharmacy Care Setting: Ambulatory Care/HIV (n=3)	Transplant	Selina Somani	272
PGY2 Ambulatory Care (n=3)	Primary Care/Coag	Heather Martin	272
PGY2 Critical Care (n=2)	Any CC area as trained	Rob Nietupski: Critical Care	272
PGY2 ID (n=2)	ASP or ID/OPAT	Kary Urena: Infectious Diseases	272
PGY2 Pediatric (n=2)	Peds areas as trained	Andrew Lee: Peds	272
PGY2 EM (n=3)	EM shifts as trained	Rob Nietupski: Emergency Medicine	272
PGY2 Cardiology (n=2)	CRD1 or CRD2	Rob Nietupski: Cardiology	272
PGY2 Oncology (n=2)	Oncology areas as trained	Andrea Iannucci: Oncology	272

**EVENING STAFFING REQUIREMENT (All programs)**

Approximately 120 hours per resident:

Three weeks consecutive or three 1-week blocks spread over the year, can overlap with learning experiences. If the resident has an unexpected leave or extenuating circumstance, evening staffing may be rescheduled in single day increments to meet minimum hour requirements.

If the resident is working the PM shift on a weekend, this counts toward weekend staffing only (not also counted toward evening staffing requirement).

**EVENING STAFFING ALLOCATION:**

Program	Shift Structure	Service Line & Supervisor	Total Hours
PGY1 Pharmacy Care Setting: Acute (n=15) PGY2 ID (n=2)	#15 8-hour shifts, 1230-2100 1-week blocks	Kary Urena: Med-Surg	120
PGY2 Cards (n=2)	#15 8-hour shifts, 1230-2100 1-week blocks	Rob Nietupski: Cards	120
PGY2, HSPAL (n=3)	#15 8-hour shifts, 1230-2100 Typically 1-week	David Dakwa: OR	120
PGY 1 Pharmacy Care Setting: Ambulatory Care (n=6) Ambulatory Care/HIV (n=3) PGY2 Amb Care (n=3)	#15 8-hour shifts, 1230-2100 Typically 1-week blocks	Kevin Lau: Meds to Beds	120
PGY2 Critical Care (n=2)	#15 8-hour shifts, CCPM (week blocks)	Rob Nietupski: CCPM	120
PGY2 Onc (n=2)	#15 8-hour evening shifts in Oncology	Andrea Iannucci: Onc 3	120
PGY2 Pediatric (n=2)	#15 8-hour shifts, Peds	Andrew: Peds	120
PGY2 EM (n=3)	#15 8-hour shifts, EM2	Rob Nietupski: EM	120

**What is NOT counted toward staffing hour contributions:**

- Resident overlapping or shadowing a staff member on a standard evening shift as an extra pharmacist.
- Resident being on pager/call overnight from home. These are reported in the on-call program hours.
- Resident coverage of a service independently as part of their scheduled learning experience(s) may not be counted as this may simply be a progression of the resident to independence during the learning experience.

## 402 HOLIDAYS

### 402.1 SCOPE

The 14 holidays listed below are observed by the University as administrative holidays. Holidays are considered to extend over a 24-hour period. The granting of leave/holidays requires approval from the Program Training Director and preceptor. If the resident is not granted paid leave on the University designated date, the paid day can be floated to another day in accordance with department policy. Banked holidays must be used within the residency year and are not subject to pay out. **Residents must document in their duty hours tracker and in a comment in the time keeping system (Ecotime) whether they are working or floating any given holiday** (see section 307 below).

New Year's Day	Veteran's Day (November 11)
Third Monday in January (MLK Day)	Thanksgiving
Third Monday in February (President's Day)	Friday after Thanksgiving
Cesar Chavez Day*	Christmas Eve
Last Monday in May (Memorial Day)	Christmas Day
Juneteenth	New Year's Eve
Independence Day	
First Monday in September (Labor Day)	

### 402.2 HOLIDAYS ON SATURDAY OR SUNDAY

When a holiday falls on a Saturday, generally the preceding Friday is observed as a holiday unless an alternate day is designated by the President. When a holiday falls on a Sunday, generally the following Monday is observed as a holiday unless otherwise stated.

\*Cesar Chavez Day is observed on a day designated by the Office of the President, typically the last Friday in March.

## 403 PAID TIME OFF (PTO)

A certificate of completion may not be awarded for leave in any or all categories exceeding 37 days over the course of the 52-week residency appointment.

**403.1** PTO is provided to residents for rest, relaxation, renewal and illness, when required.

**403.2** The granting of leave **requires departmental approval from the Training Program Director and the preceptor**. Following obtaining the required approvals are obtained, the resident must document their PTO time off request in the Health System's time keeping system, Ecotime (see section 307 below).

- 403.3** A full-time resident receives PTO according to health system policies

<https://hr.ucdavis.edu/employees/leave-time-off/pto-ucdhs>

PTO accruals consist of vacation hours and a portion of the sick leave (50%) distributed into a single bank.

- 403.4** PTO usage must be reported in full day increments.

PTO will be reported for Monday through Friday. Weekend shifts must be switched or coverage found to ensure adequate staffing while maintaining total minimum staffing days required for the residency year.

- 403.5** Residents may only use PTO hours as they accrue per health system policies. If a resident should need to be away from the program and does not have the appropriate amount of leave to use, leave without pay may be granted. The granting of leave without pay will be at the discretion of the Training Program Director and Education Enterprise Manager and may only be used if a resident does not have adequate leave balances or in other case-by-case situations.

- 403.6** PTO will be **requested by the resident and scheduled only with the agreement of the Training Program Director and preceptor**. To the extent allowed by the clinical and training requirements of the program, leaves will be granted in accordance with resident requests. Requests to use leave are balanced, at a minimum, against requirements of the learning experience and the minimum of 75% of days required attendance for all learning experiences.

- 403.7** Changes in the leave schedule may be initiated by the Training Program Director or EEM when required by the department. The Training Program Director will endeavor to give notice in advance of any change.

- 403.8** Residents wishing to make a change in the posted leave schedule must submit a written request. Approval of such requests is subject to the staffing requirements of the department and the discretion of the Training Program Director and EEM.

- 403.9** PTO accrual balances will be transferred to vacation and sick leave balances upon reassignment, promotion, or demotion to an eligible position not covered under the PTO program.

- 403.10** Upon separation from employment or transfer to a university position ineligible to accrue vacation or PTO, PTO accrual balances will be paid pursuant to university policy applicable laws.

## **404 SICK LEAVE**

A certificate of completion may not be awarded for leave in any or all categories exceeding 37 days over the course of the 52-week residency appointment.

- 404.1** Sick leave is provided to residents to continue their salary during illness, disability, medical appointments and, as allowed by university policy, in the event of death or illness of a family member among other covered reasons.

- 404.2** A full-time resident receives extended sick time (EST) of approximately 6 days per year and may be

used after the 3<sup>rd</sup> consecutive day of an illness. EST also may be used for FMLA leaves of absence and for bereavement consistent with university policies. Residents are also allotted 6 days of sick leave in the form of PTO-S (sick). Illnesses of less than 4 days will be debited entirely from the resident's PTO-S days in accordance with UC Davis policies.

**404.3** EST may only be used as accrued.

**404.4** EST must documented be in the duty hours tracker & the time keeping system (Ecotime).  
[Instructions on how to report in Ecotime can be found in section 307]

**404.5** EST accrual balances may be transferred to sick leave balances upon reassignment, promotion, or demotion to an eligible position not covered under the PTO program.

## **405** PROFESSIONAL DEVELOPMENT LEAVE

Educational/professional development leave is provided so residents may fulfill training program requirements and/or enhance their knowledge and skill in their specialties. The granting of educational leave requires departmental approval from the Training Program Director.

Educational leave is provided so residents may fulfill training program requirements and/or enhance their knowledge and skills in their specialty. Educational leave will be granted for the days that the resident actively participates in the professional meeting for at least six hours (residency recruiting and/or other program activities). Pre-symposium, exhibit theaters, etc. must be pre-approved by the Training Program Director to count in the six hours of programming. PGY-1 residents should anticipate educational leave for the ASHP Clinical Mid-year Meeting, and any other conference required by the individual residency program. PGY-2 residents should anticipate educational leave for the ASHP Clinical Mid-year meeting and/or a meeting specific for their PGY-2 program.

## **406** OTHER LEAVE & EXTENSIONS OF PROGRAM DUE TO LEAVE

Eligibility for other types of leave will be in compliance with University policy.

More information can be found here: <https://hr.ucdavis.edu/employees/leave-time-off> .

Use of leave requiring extension of the residency appointment term will require an approval of the residency extension from Ex RAC. The extension time required, if granted, will be equivalent to the time away from the program in excess of 37 days and/or time required to meet the educational objectives and requirements of the training program which includes 52 weeks of residency training. Funding for salary and benefits during the extended time beyond the original period of appointment is at the discretion of the institution. If an extension is denied, residents taking leave in excess of the allotted time will not receive a certificate of completion.

## **407** DOCUMENTATION & RECORD KEEPING

All documentation and record keeping of leave must be maintained in both the duty hours tracking tool and in Ecotime for full visibility to program leadership. All documentation in Ecotime must occur

after appropriate approvals have been obtained.

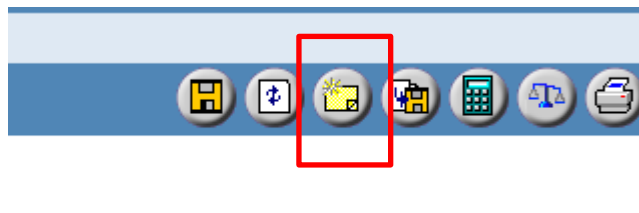
At the close of each pay period, the resident must “complete” their timecard to certify its accuracy. The Education Enterprise Manager or designee will then review and approve the timecard based on the duty hours tracker, approved time off, and/or other forms of communication (i.e. Ecotime notes). The responsibility is on the residents to ensure that their timecard is correct or changes required have been communicated appropriately.

How to complete a timecard in Ecotime can be found [here](#)

- 407.1** Prior to completion of timecard, documentation of unexpected leave (i.e. PTO-S or extended sick time) and holiday tracking, as needed, must be completed in Ecotime by means of a time off request or adding a note. **Time off requests are preferred.**

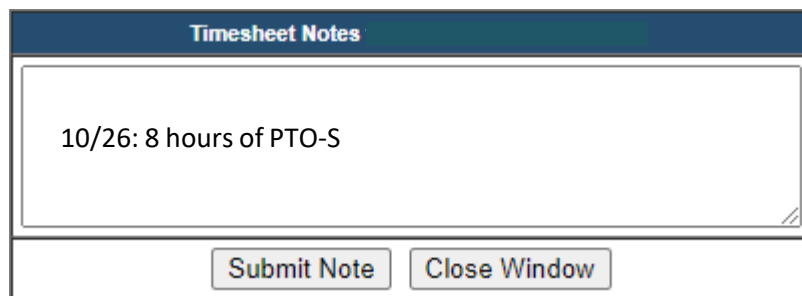
**Adding a note in Ecotime:**

Navigate to the appropriate pay period and then locate the “view/add/edit notes” in the upper right hand corner.



**Unexpected leave (i.e. PTO-S or extended sick time):**

Include in your note the date and the type of leave that you would like reflected on your timecard (see example below). Click Submit Note.



**407.2 Holidays:**

Include in your note if you worked (you do not need to differentiate in Ecotime if it was rotation or staffing – only in your duty hours tracker) and if floating the holiday or if you had the day off. Click Submit Note.

-



Timesheet Notes	
11/10 Holiday: Worked and will float holiday	
Submit Note	Close Window

**407.3** Requests to utilize planned & approved PTO should be submitted in advance in Ecotime.

**Submitting a request for PTO:**

1. On the home screen, navigate to “Employee Tasks”

Employee Tasks	Manager Tasks	Messages	History	Reports	Employee Setup	Log Off	Help
Welcome to HBS Time System							

2. Select “Time Off Requests”

Employee Tasks	Manager Tasks	Messages	History	Reports	Employee Setup	Log Off	Help
Timesheet	Balances	Time Off Requests	Cost Center Favorites	FMLA Request			

3. Enter the starting and ending dates of your leave period
4. Select “PTOP (personal) or PTOS(sick)” or other appropriate leave from the first dropdown menu and then select “Submit”

Submit Time off Request			
From mm/dd/yyyy	To mm/dd/yyyy	Type	Action
<input type="text"/>	<input type="text"/>	< Select Dates First > ▼ < Select Dates First > ▼	Submit

OCT 2023

Su	Mo	Tu	We	Th	Fr	Sa
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31	1	2	3	4

Close Move

## 500 TRAVEL FUNDING

### POLICY

**500.1** It is the practice of the department to provide assistance and support residents to enhance their professional growth and development. A salary supplement of \$3000 is included in the resident's annual salary for the purpose of funding travel and registration to enhance the resident's knowledge and skill.

### RESPONSIBILITY

**500.2** The resident will develop a personal program of self-study and professional growth with guidance from UC Davis Medical Center faculty.

## 600 SUPERVISION

### POLICY

It is the responsibility of the Pharmacy Resident Program to ensure and provide supervision of all residents. The Department Training Program Director (or Designee) will provide adequate supervision appropriate to each level of training, recognizing that pharmacy residency training is based on a system in which the level of resident responsibility increases with years of training.

The resident shall be supervised in a manner that promotes the development of progressive responsibility for patient care. Progressive responsibility shall be assessed according to the resident's level of training, ability, and experience.

Faculty and residents must be educated to recognize the signs of fatigue and adopt and apply procedures to prevent and counteract any potential negative effect.

### DEFINITION

**Supervisor:** A supervisor is defined as teaching staff identified by the Department Training Program Director or Designee.

### LEVELS OF SUPERVISION

**600.1** The program must demonstrate that the appropriate level of supervision is in place for all residents who care for patients. To ensure oversight of resident supervision and graded authority and responsibility, the program must use the following classification of supervision:

- a. **Direct Supervision** – Supervising pharmacist is physically present with the resident and patient. PGY-1 residents should be supervised either directly or indirectly with direct supervision immediately available.
- b. **Indirect Supervision** – Supervising pharmacist is not physically present within the hospital or other site of patient care but is immediately available by means of telephonic and/or

electronic modalities, and is available to provide direct supervision.

- c. Oversight – Supervising pharmacist is available to provide review of encounters with feedback provided after care is delivered. Faculty members functioning as preceptors should delegate portions of care to residents, based on the needs of the patient and the skills of the residents. PGY-2 Residents should serve in an advisory role to PGY-1 Residents in recognition of their progress toward independence, based on the needs of each patient and the skills of the individual resident or fellow. Faculty direct oversight should be of sufficient duration to assess the knowledge and skills of each resident and delegate to him/her the appropriate level of patient care authority and responsibility.

## **METHODOLOGY**

**600.2** The components of supervision shall include:

- a. The supervisor's assessment of the skill level of the trainee;
- b. The supervisor's judgment regarding independent action;
- c. The supervisor's assessment of resident progressive independence of performance functions. The supervisor starts with close supervision leading to progressive encouragement of independent functioning as skills are assessed;
- d. The supervisor's written evaluation and verbal feedback throughout the progression levels. The supervisor will provide advice and direction to the trainee in a formative and summative fashion.

## **601 EVALUATIONS**

The Program Director and preceptors must evaluate each resident's abilities based on specific criteria. The Training Program Director (or designee) will review summative evaluations and consider if objectives have been Achieved for Residency during the quarterly development plan meetings, at a minimum frequency, with each resident.

## **DEFINITIONS**

The following definitions will be applied for each learning objective evaluated within a Learning Experience:

### **Needs Improvement**

Resident displays  $\geq 1$  of the following characteristics:

- Requires direct and repeated supervision, guidance, intervention or prompting
- Make questionable, unsafe, or non-evidence based decisions; deficient in knowledge/skills in area
- Fails to complete tasks in a timely appropriate manner
- Fails to incorporate or seek out feedback
- Unable to ask appropriate questions to supplement learning
- Acts in an unprofessional manner

Suggested Preceptor Action: The preceptor shall document qualitative written comments specific to the resident's

progress toward achievement of assigned learning objectives in PharmAcademic via the summative evaluation and/or formative feedback utilizing the PharmAcademic feedback tool. Formative and summative evaluations should be discussed with the resident. The preceptor should contact the RPD/RPC prior to the end of the learning experience if resident performance concerns at the “needs improvement” level are noted.

Qualitative evaluations:

- Are specific and actionable
- Use criteria related to specific educational objectives
- Recognize residents’ skill development
- Focus on how residents may improve their performance

**Satisfactory Progress:**

Resident is meeting expectations and performs at the level expected for their training:

- Requires infrequent supervision, guidance, intervention or prompting
- Makes appropriate, safe, or evidence-based decisions with limited prompting or intervention from the preceptor
- Resident responds to feedback and requires limited prompting and guidance to complete tasks appropriately
- Able to ask appropriate questions to supplement learning
- Resident can accurately reflect on performance and create a sound plan for improvement
- Acts in a professional manner

Suggested Preceptor Action: The preceptor shall document qualitative written comments specific to the resident’s progress toward achievement of assigned learning objectives in PharmAcademic via the summative evaluation and/or formative feedback utilizing the PharmAcademic feedback tool. Formative and summative evaluations should be discussed with the resident.

**Achieved**

Resident displays all the following characteristics:

- Independently and competently completes assigned tasks
- Appropriately asks for guidance when needed
- Consistently makes appropriate, safe or evidence-based decisions independently
- Consistently displays ownership of actions and consequences
- Reflects on performance and can create and implement a plan for future growth

Suggested Preceptor Action: The preceptor shall continue to document qualitative feedback as above, where pertinent, and until the resident has “achieved for residency” the specific objective being evaluated.

**Achieved for Residency**

- Resident can perform associated activities independently across the scope of pharmacy practice and demonstrates continued competency of the assessed objective/goal
- ACHR may be designated by program director or coordinator based upon review and assessment of each resident’s performance from summative evaluations
- Program directors will determine whether preceptors may mark achieved for residency

Suggested Preceptor Action: Once an objective is marked ACHR, future evaluations do not need to include comment unless there is a recognized area of improvement or deficiency.

#### **601.1 ACCESS**

All summative evaluations will be made available for review in PharmAcademic.

If the resident files a complaint, the individual faculty evaluations may be subject to review as a part of the grievance process.

#### **601.2 METHODOLOGY**

Evaluations should contain an accurate and complete assessment of the resident's performance of assigned clinical and didactic duties as reflected on the resident's specific learning experience description. They will be based upon the observations of the faculty members, residents, nursing staff or other professional staff involved in supervising and/or training of the resident.

Aspects of a resident's job which were not performed or observed during the review period will not be evaluated, but may be documented as on demand feedback in PharmAcademic.

Deficiencies in performance of assigned clinical or didactic duties will be described in detail in the performance evaluation or through documented formative assessment and feedback. The Residency Program Director will take appropriate action consistent with the Corrective Action & Remediation Planning Policy in this manual.

**601.3** Written evaluations will be used as a part of the foundation for determining the resident's suitability for certification of completion of training objectives and will inform the Training Director of any program design adjustments that would benefit the resident.

## **700 CORRECTIVE ACTION & REMEDIATION PLANNING**

### **700.1 POLICY**

Pharmacy Residents are employees of UC Davis Medical Center and, as such, must adhere to and be compliant with all applicable health system policies and procedures.

Corrective actions are usually issued by the Education Enterprise Manager. Corrective actions under this policy requiring a letter of expectation or more significant disciplinary action may occur in consultation with the assigned Employee and Labor Relations (ELR) representative. Certain actions may require the approval of the CPO and the Executive RAC.

#### Definitions

Failure to meet expectations as it relates to training & learning:

- $\geq 2$  Needs Improvements of the same learning objective

- Regression of evaluation of a learning objective from Achieved or Satisfactory Progress to Needs Improvement

Failure to progress:

- $\geq 5$  Needs Improvements documented at any time throughout the year in evaluations

#### **700.2 REASONS FOR CORRECTIVE ACTION**

Corrective action or remediation planning will be used to notify residents of concerns relating to the resident's failure to meet the UC Davis Medical Center and ASHP residency standards. These standards include but are not limited to:

- Inability to comply with licensing requirements
- Patient safety concerns
- Professionalism concerns (i.e. plagiarism/inappropriate use of AI, incivility)
- Failure to progress or failure to meet expectations as it relates to training & learning (defined above)
- Failure to adhere to the rules, regulations, policies, or procedures of the University

Plagiarism or use of AI technology to complete residency related deliverables without expressed approval is not allowed. Violations will be brought to HR/ELR & Ex RAC and consequences, including progressive or not progressive, will be determined by a majority decision of an ad-hoc Ex RAC committee meeting convened to review the materials suspected of plagiarism or inappropriate AI use.

#### **700.3 TYPES OF CORRECTIVE ACTION**

Coaching is encouraged as a first mechanism to address residents that need redirection, reminder of policies, or are failing to progress. More egregious actions or deficiencies as assessed by the RPD/EEM/Ex RAC may require formal corrective action or remediation planning.

Corrective action may or may not be progressive. If progressive, corrective actions may occur in sequence to include letters of expectation, warning, and dismissal. Principles of due process will be applied prior to any dismissal from the program. Below standard performance evaluations, failure to make expected progress or a particular incident may serve as the foundation for the issuance of a letter of expectation, letter of warning or intent to dismiss. Remediation plans can be used to address concerns listed in section 700.2 above or at the discretion of the EEM.

#### **700.4 CORRECTIVE ACTION & REMEDIATION PLANS**

Instances where residents are failing to meet expectations as it relates to training & learning or failing to progress will be brought to Ex RAC on a case-by-case basis. Failing to meet expectations or failure to progress that involves the assignment of "needs improvement" requires a customized action plan be created in collaboration with the RPD. This action plan/remediation plan must include the areas where it has been identified that the resident needs improvement(s), a description of how it will be addressed, and a metric or definition to determine when/if the resident has achieved proficiency or achieved the goal(s). RPDs will meet regularly with the resident to assess progress. Resident

responsibilities include participation in the creation of the action plan, regular check ins with RPD/preceptors to address deficiencies, and any assigned action items to facilitate the close out of the plan.

As noted, continued deficiencies or failure to meet expectations may result in corrective action as described above.

Except in cases where extenuating circumstances are present and an extension of the residency (and all applicable salary/benefits) is granted by Ex RAC, a term of appointment will not be extended for a resident to meet the requirements for successful completion of the program and a certificate of completion will not be awarded.

## 800 CALIFORNIA PHARMACIST LICENSURE

### PURPOSE

The purpose of this policy is to define the requirements of California Pharmacist Licensure.

### 800.1 POLICY

#### Licensure

- I. The pharmacy resident shall submit appropriate documentation to the State Board of Pharmacy where they will pursue pharmacist licensure as soon as possible after learning where they have matched for their residency program.
- II. The resident shall be fully licensed as a pharmacist (successfully passing the NAPLEX and CPJE exam in the state of California and having an active pharmacist license) by October 1<sup>st</sup> following the beginning of the residency.
- III. If the resident is not licensed by October 1<sup>st</sup> following the beginning of the residency program, the following describes the outcome for the resident:
  - a. If the resident has taken, but not successfully passed either the NAPLEX or CPJE exam, or both, Executive RAC may consider allowing an extension of up to 31 days for a retake to occur. Extensions are granted on a case-by-case basis and are not a guarantee for any resident.
    - i. If approved, this extension will be noted in the Executive RAC minutes.
    - ii. If this extension is not approved, the resident will be dismissed.
  - b. If the resident has not taken both the NAPLEX and CPJE exams by October 1<sup>st</sup>, the resident may be dismissed from the program.
- IV. If an extension has been provided for a retake and the resident is not successful in passing the NAPLEX or CPJE exam, or both, if needed, during the extension, the resident may be dismissed.

- V. If the resident is successful at passing the examination(s) during the extension, they will be permitted to finish their residency. The residency may be extended to ensure that the resident completes at least two-thirds of the residency as a licensed pharmacist.
- VI. While it is the resident's right to request a rescore of their exam from the board of pharmacy or NABP, the deadline or extension set forth by Ex RAC may not take this action into account.
- VII. If the resident is dismissed due to lack of licensure, they may reapply to the residency program in a subsequent year.

If the applicant is not licensed before the start of the Residency as they are awaiting their California Board of Pharmacy results, they will need to be registered as a current California Intern Pharmacist. The applicant may not be able to start the residency on the scheduled start date, if the applicant is not either a California Registered Pharmacist or a current California Intern Pharmacist.

## 801 RESIDENT STAFFING IN UNEXPECTED SITUATIONS

Several situations in the past 5 years have arisen where residents are needed to staff outside of expectations laid out in their program structure. Residents may be called upon to staff during unexpected situations, e.g. fires, earthquakes, pandemic, etc. Balancing departmental patient care and operational needs while maintaining ASHP residency accreditation standards should be of the utmost importance.

To provide safe and effective patient care, pharmacy standards of care should be maintained as close to normal as possible. Additionally, the resident program structure should be maintained as much as possible (Std. 3.1.a.1; Std 3.1.a.3.). It is not intended that unexpected staffing will interfere with completion/scheduling of required learning experiences or compromise the resident's ability, and program's pre-defined standard, to facilitate achievement of all required objectives (std. 3.1.b.1 CF). This is balanced with reasonable expectations that residents can fulfill the unexpected staffing duties when needed.

The Program Directors' and residents' first point of contact for answers to questions regarding an unexpected staffing situation is the EEM or CPO.

- a) Unexpected staffing situations can be a result of external or internal disasters, pandemics, staff callouts or labor events, or other events declared emergencies by the institution or Department of Pharmacy Services.
- b) Residents may be expected to staff with consideration to their degree of competence, their specialty training, and the context of the specific situation. Residents at an advanced level of training should be fully licensed and, therefore, able to provide patient care independent of supervision in areas for which they are trained. Resident performance in extreme situations will not exceed expectations for their scope of competence as judged by program directors and other supervisors. In addition, a resident must not be expected to perform in any situations outside of the scope of their individual license.
- c) If the educational experience/rotation area is depleted of the entire resident complement, the



following steps should be taken by the pharmacy area leader and/or EEM and/or RPD:

- Assess availability of faculty (and other resources available in consultation with leadership of the institution) to provide coverage.
  - Assess services to see if schedule changes can accommodate the decrease in manpower.
  - Review of resident rotation and staffing schedules to determine who may be competent to provide patient care services in the area of need.
- d) All RPDs, at minimum, should document any unexpected staffing as 'changes to the program' in the resident's development plan. (std. 3.3.d.2.d CF)
- e) The EEM will contact the Executive Residency Advisory Committee if an extreme situation causes serious, extended disruption to resident assignments, educational infrastructure or clinical operations that might affect the Sponsoring Institution's or any of its programs' ability to conduct resident education in substantial compliance with ASHP program requirements. On behalf of the Sponsoring Institution, the CPO or EEM will provide information to the Executive RAC regarding the extreme emergent situation and the status of the educational environment for its accredited programs resulting from the situation at hand.
- f) Additional stipends may be available to residents based on the following criteria:

Scenario	Resident Action	RPD Action	Service Line Manager with Staffing Gap	Stipend paid to Resident
Resident on rotation and there is no pharmacist preceptor due to staffing call outs	Provide pharmacist services on the rotation and contact another pharmacist for support as needed	Support Resident and service line manager as needed	Notify Resident and RPD of preceptor non-availability and provide suggested back up pharmacist for support	No
PGY2 on rotation is needed in a different area within same specialty (i.e. PGY2 Onc on rotation in Infusion is needed to cover inpatient BMT service)	Monitor for minimum number of days in learning experience and cover alternate needs as requested	Communicate resident re-allocation to resident and preceptor(s)	Communicate needs with RPD for resident re- allocation	No
PGY1 or PGY2 on any management rotation is needed in any area of the department for which they are competent to assist	Cover alternate needs as requested	Support Resident and service line manager as needed	Communicate need for assistance to management rotation primary preceptor & EEM	No

Open Shift on department schedule occurs on a day the resident is scheduled to be off or in the hours immediately following the resident's full regular day on rotation (starting at 4 pm or later)	Offer to work open shift if you are fully qualified/competent and obtain appropriate approvals. Check duty hours compliance before considering shift. Submit for stipend	Verify duty hours compliance is maintained	Ensure shifts are being offered to represented staff prior to accepting resident to work for a stipend	Yes, unless the scenario below applies
Resident has not completed their service commitment of evening shifts and current rotation allows for incorporation of shifts to cover an unplanned staff absence	Coordinate with RPD and preceptor to cover shift and document on duty hours tracker. This will count toward the service commitment for evening staffing	Verify duty hours compliance is maintained	Schedule resident into staffing gap	No

## 900 PRECEPTOR SELECTION AND DEVELOPMENT

The residency program 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, in accordance with the standards of the American Society of Health-Systems Pharmacists (ASHP). Above all, preceptors must have the desire to teach!

### **Definitions:**

#### **Pharmacist Preceptors**

Who may be considered competent licensed pharmacists determined by the RPD and EEM based on resident evaluations, peer review, annual performance review (when available), and preceptor biennial review.

PGY1 Preceptors must be licensed pharmacists who:

- have completed an ASHP-accredited PGY1 residency program followed by a minimum of one year of pharmacy practice experience in the area precepted; or
- have completed an ASHP-accredited PGY1 residency program followed by an ASHP-accredited PGY2 residency and a minimum of six months of pharmacy practice experience in the area precepted; or
- have three or more years of pharmacy practice experience in the area precepted if they have not completed an ASHP-accredited residency program.

PGY2 Preceptors must be licensed pharmacists who:

- have completed an ASHP-accredited PGY2 residency program followed by a minimum one-year of pharmacy practice experience in the area precepted. OR
- have three or more years of pharmacy practice experience in the area precepted if they have not completed an ASHP-accredited PGY2 residency program.

### **Non-Pharmacist Preceptors**

Competent Physicians, physician assistants, certified nurse practitioners, microbiologists, etc. as determined by the review, annual performance review (when available), and credentialing process

- Non-pharmacist preceptors are not required to meet preceptor qualification requirements below or complete an Academic and Professional Record form.

### **General Responsibilities of a Preceptor**

- contribute to the success of residents and the program;
- provide learning experiences in appropriate format per RPD instruction;
- participate actively in the residency program's continuous quality improvement processes;
- demonstrate practice expertise and preceptor skills and strive to continuously improve;
- adhere to residency program and department policies pertaining to residents and services;
- demonstrate commitment to advancing the residency program and pharmacy services;
- instruct, model, coach, facilitate at the level required by residents;
- deliver specific, constructive action-based verbal feedback continuously during the learning experience as well as formal summative criteria based written feedback at the end of the learning experience or as assigned, for longitudinal rotations, utilizing program policies for interpretation of NI, SP, ACH,ACHR.

### **Preceptor Qualifications**

Preceptors must demonstrate the ability to precept residents' learning experiences as evidenced by the ASHP Standard required components in the following areas:

- Content knowledge/expertise in the area(s) of pharmacy practice precepted
- Contribution to pharmacy practice in the area precepted
- Preceptors maintain an active practice and ongoing responsibilities for the area in which they serve as preceptors

Additionally, preceptors must meet institution specific criteria as it relates to professional development and professional engagement:

- Must complete 2 hours of preceptor development per appointment cycle
- Must attend 2 grand rounds presentations per year (reappointment only) – will be evaluated starting with July 2026 reappointments
- Participation in biennial review process (reappointment only)
- Participation in annual QI program review process (reappointment only)

Must have 2 of the following within the last 4 years:

- UC Davis Campus and/or Health Committee Involvement (service beyond membership)
- Primary preceptor of journal club/topic discussion for UC Davis Health Learners
- Primary preceptor grand rounds resident presentation for UC Davis Health Residents
- Authorship worthy involvement in a resident research project
- Primary preceptor for a UC Davis Health Resident MUE/monograph
- Primary preceptor of a UC Davis Health IPPE/APPE student
- Serving as a UC Davis Health resident mentor

- Classroom/lab teaching experiences – OSCE, STLP, Podcasts, Webinar, Lecture to UC Davis Health staff
- Audio/Visual Presentations – Professional tutorial or training module, Expert interview (professional podcast, journal, organization, news outlet), Professional development, Poster presentation at local, state or national level
- Awards – Apples award from UCSF, Preceptor of the Year, Department of pharmacy awards, Teaching award from regional/national/international organization
- Completion of teaching certificate or Master Preceptor Program
- Primary preceptor CPA or protocol development
- Primary preceptor service line expansion
- Hold a leadership position in a professional regional, state and/or national organization (e.g. President, Vice President, Secretary, Treasurer, Chairperson, Vice Chairperson, Committee Chair, Interest Group Lead, Advocacy Group Lead)
- Fellowship status in a state/national organization

### **Preceptor Appointments**

Preceptor appointment terms are awarded for 2 years maximum or will be prorated based on criteria expiration dates (all examples must have occurred in the last 4 years to be eligible for use). All appointments will be documented.

At the time of initial appointment or reappointment, the preceptor (or preceptor candidate) must submit all required forms for consideration of initial appointment or reappointment.

#### **Initial Appointment Documents Required:**

- ASHP APR
- Cover Sheet (institution requirement)
- If needed, development plan

#### **Reappointment Documents Required:**

- ASHP APR
- Cover Sheet (institution requirement)
- Biennial Review (self-assessment and preceptor evaluation form – initiated by Education Enterprise)
- If needed, development plan

### **Preceptor on Development Plan**

Preceptors who do not meet criteria above shall have a documented individualized preceptor development plan to achieve qualification criteria and/or institution requirements within two years. The plan will be customized to the preceptor needs and a coach/mentor, who is a fully qualified preceptor, will be found by the preceptor or assigned, if needed. In addition to the formal development plan, they will be oriented by their mentor and/or program RPD to the design of the residency, use of PharmAcademic, and the criteria used in providing formal summative evaluations.

A development plan does not have to be created if the only reason the preceptor is not considered fully qualified is due to the time needed to meet eligibility criteria.

### **Preceptor Development**

RPDs serve as organizationally authorized leaders of UC Davis residency programs and as such, have responsibility for creating and implementing a preceptor development plan for the residency program to address both new and established preceptors. Preceptor development at UC Davis Medical Center is a group plan for

the entire Department of Pharmacy, to address all preceptors and potential preceptors. Individual preceptors are encouraged and empowered to pursue additional preceptor development to address individual needs (i.e. attend National Pharmacy Preceptor Conference, apply to UCSF Master Preceptor Program, apply for Faculty appointment with SOM/SOP, etc). Preceptor development is intended to assist pharmacist preceptors in enhancing their skills as teachers, mentors, and evaluators of pharmacy resident performance. Preceptor development can come in many forms such as CE events, online programs, newsletters and informational sessions provided by UC Davis Medical Center Pharmacy Staff or from external sources.

The Pharmacy Education and Development Committee is authorized by the RPDs and RAC to conduct the annual assessment of needs, create a schedule of activities to address identified needs, and to review the effectiveness of development plan. Individual preceptors are expected to attend a minimum of 2 hours of preceptor development every 2 years.

## 901 RESIDENT AND PRECEPTOR RECOGNITION AWARDS

All residents are eligible to be nominated for end-of-the-year resident recognition awards as follows:

### **PGY-1 Resident of the Year Award & PGY2 Resident of the Year Award** (1 of each selected each year):

The award recognizes a pharmacy resident who has exemplified characteristics of a practice leader, provided significant contribution to the pharmacy department, and displayed exceptional clinical and critical thinking skills.

Selection:

- Staff/Preceptor/Resident/Technician/Medical staff nominations
- Committee comprised of all RPDs, Education Enterprise Manager, Chief Pharmacy Officer. Winner determined by vote and resident with the highest number of votes wins.

Additionally, all residents will be involved in nominating and selecting preceptor end-of-the-year awards as follows:

### **Preceptor of the Year Award**

The award recognizes a pharmacy preceptor who has shown commitment to teaching, serves as a role model by inspiring residents to become a Practice leader and who themselves are Practice leaders.

How selected:

- Nominations from residents
- Current Residents make up the committee
- Final approval needed by the Education Enterprise Manager and/or pharmacy leadership

### **Research Mentor of the Year**

The award recognizes a pharmacist who has provided exceptional guidance and mentorship of resident research to PGY1 and/or PGY2 resident(s) throughout the year.

- Developed a supportive environment for research and scholarship
- Demonstrated a commitment to mentorship and established a track record for successful mentorship

- Provides instruction on research skills such as preparing presentations, writing manuscripts
- Is a successful advocate and guide in administrative, organizational, and professional matters for resident investigators
- Demonstrates personal concern for his/her mentees and supports both his/her personal and professional development
- Demonstrates leadership skills and professionalism
- Places an equal or greater emphasis on the professional development of his/her trainees than on self-promotion or advancement

How selected:

- Written nominations by residents
- Current Residents make up the committee
- Final approval needed by the Education Enterprise Manager and/or pharmacy leadership

## 902 RESOURCES PROVIDED TO RESIDENTS

**902.1** Residents will be provided an area to work that is free from frequent distractions and in a safe environment.

**902.2** As department resources allow, residents will be provided a laptop, laptop charger, and Vocera device to use while working onsite and remotely, where permitted.

**902.3** Residents will also have access to clinical information systems, databases, and references through the department of pharmacy services intranet.