

USC School of Pharmacy

USC and USC Affiliate

Pharmacy Residency Programs Manual

2022-2023

Maroon font = applicable to both USC and USC affiliate residents OR just USC affiliate residents (when a statement specific to USC residents is also present)

Introduction

The pharmacy practice residency programs offered by the University of Southern California in conjunction with the LAC+USC Medical Center Health Network, Hollywood Presbyterian Medical Center, Huntington Hospital, Clinicare, Ralph's Community Pharmacy, USC Campus Pharmacy, USC/Norris Comprehensive Cancer Center and Hospital, Keck Hospital of USC, Veterans Affairs Greater Los Angeles Healthcare System, and various Community/Safety Net Clinics are one-year, postgraduate, non-degree training programs. Available PGY1 and PGY2 residency programs are as follows (2.1.5.a):

- PGY1 Pharmacy in the acute care setting
- PGY1 Pharmacy in the ambulatory care setting
- PGY1 Community-based Pharmacy
- PGY2 Infectious Diseases Pharmacy
- PGY2 Oncology Pharmacy
- PGY2 Psychiatric Pharmacy

The residency programs offered through the University of Southern California School of Pharmacy are primarily designed to train and develop advanced skills in **pharmacy practice, teaching, and research** while increasing the resident's knowledge base through direct exposure. Depending on the area and the resident's focus, the resident will receive extensive clinical experience in primary, secondary, and tertiary care settings. In the various practice setting rotations the resident will refine their skills and develop expertise as a medication therapy specialist through the provision of patient care services. Teaching skills of the resident will be developed in both the clinical and classroom settings. **A Teaching Certificate program is available for residents interested in a career in academia or working in settings which involve teaching (e.g., precepting student pharmacists/residents/other healthcare trainees, education of staff).** Elective and assigned projects, including the required longitudinal residency research project, will enable the resident to develop administrative, analytical and research skills.

Recruitment and Selection of Residents (1)

Procedure for the Recruitment, Evaluation and Ranking of Applicants (1.1)

The USC Pharmacy Residency Programs (PRP) is committed to the recruitment of a diverse and inclusive applicant pool (1.1.a). To achieve this goal, the USC PRP engages in a variety of recruitment strategies including participation in three residency showcases (Southern California, California System of Health Pharmacists, and the American Society of Health System Pharmacists) which take place between August-December of each year. The USC PRP also holds an in-person or virtual open house in December annually for interested candidates. Additionally the USC PRP employs targeted recruitment efforts to seek and engage potential candidates who are underrepresented in the profession of pharmacy and/or reflect the patient populations served by the USC School of Pharmacy and its associated clinical sites. Consistent with the USC School of Pharmacy strategic plan, the USC residency programs specifically seeks candidates from underrepresented minority populations and from outside the state of California with the goal of having a diverse and inclusive residency class each year. The Residency Council serves as the oversight body for the USC PRP to ensure objective criteria are free from bias and methods are established to reduce and eliminate bias throughout the continuum of the recruitment, selection, and ranking process.

Broad criteria for selection to the USC School of Pharmacy residency program include leadership abilities, professional development, professional competence including in clinical situations, communication skills, scholastic achievements, and dependability and ability to work with others. Specifics for each criteria may be determined through personal interviews, peers, pharmacy school transcripts, evaluations by instructors and supervisors, and letters of recommendation in conjunction with the application. Persons involved in the review process include RPDs, preceptors, faculty, residents, the Co-Coordinator of the Resident Teaching Certificate Program (RTCP), and the Director of the Residency Programs. The preceptors and residents along with the RPD determine individual program rubric criteria, review and score applications, and interview candidates. The RPD is responsible for managing the interview process (including inviting candidates for an interview) and the final ranking of candidates to be submitted to PhORCAS. The RTCP Co-Coordinator and the Director of the Residency Programs may be included in individual program processes as deemed appropriate by the RPD.

A standard procedure is used by the USC PRP to formally evaluate the qualifications of applicants to the program (1.1.b). The Residency Council meets to determine the minimum requirements needed for full application review (e.g. minimum grade point average). For Doctor of Pharmacy programs that use a Pass/Fail system, a Pass grade for each class and rotation will be considered as meeting the minimum GPA requirement across all USC PRP. Individual residency programs may set more stringent minimum requirements through their Residency Advisory Committees (RAC). Each residency program uses a pre-determined, objective point-based rubric specific to their program for full application review and scoring of each candidate who meets the general residency program minimum requirements. The candidates are then ordered based upon the total score. Candidates are invited for an interview based upon their total application score and available residency slots (typically 6-12 interviews are conducted per residency slot).

Each residency program develops a form with pre-determined interview questions that will be used for each candidate's interview (1.1.c). A pre-determined, objective, point-based rubric system is also used to score interview performance on the criteria selected by the individual program. Similar to the rubric for full application review, each residency program determines the criteria contained on the program's rubric. The Residency Council may require up to three pre-determined questions to be asked of all candidates for USC PRP as part of the interview process.

The final resident ranking for each program is determined by one of the following methods (depending upon the individual residency program): Combination of application and interview score or interview score/ranking only (1.1.d). Once this ranking has been determined, the ranking list will be discussed and approved by each program's RAC. **Following individual program RAC approval, the candidates eligible for ranking for each USC and USC affiliate program are then presented to the Residency Council for review, comment, and approval. As the residents are part of the teaching faculty at the USC School of Pharmacy, this list is then forwarded to the Dean's office for final approval.** The RPD makes the final decision regarding the ranking order of all candidates that have been approved by the USC School of Pharmacy for inclusion in the ranking list.

All ASHP accredited USC PRP participate in the Phase I and Phase II match procedures (1.1.e). If a position is not filled in Phase I, the individual residency program(s) will participate in Phase II of the match. Programs will review candidates in PhORCAS and select candidates for interviews using the same process

from Phase I. Interviews will be conducted virtually, through Zoom or another digital platform, with the rank list determined based upon the same predetermined criteria as Phase I. The rank list for Phase II will be shared with and approved by the Director of the Residency Programs prior to being submitted. In the unlikely event that a position is still not filled after Phase II Match results are released, the individual RPD will discuss with the Director of the Residency Programs.

Early Commit Procedures for PGY2 Programs (1.1.f)

PGY2 Oncology Pharmacy. The PGY2 Oncology Pharmacy residency does not offer the opportunity to early commit to its program. Interested USC PGY1 residents will need to participate through the standard process through PhORCAS and the match.

PGY2 Psychiatric Pharmacy. The PGY2 Psychiatric Pharmacy residency offers an opportunity for early commit to its program. Interested USC PGY1 residents will need to submit a letter of intent and curriculum vitae to this program's RPD no later than November 1 to be considered. All USC PGY1 residents who submit these materials by the due date will be granted an interview. Upon reviewing the submitted materials and following completion of interviews with all interested candidates, the PGY2 Psychiatric Practice residency may select one of the candidates to offer early commit or the program may choose to not offer early commit to any of the candidates and instead, participate through the standard process through PhORCAS and the match. Any acceptance of an offer of early commit must be completed by November 30.

Applicant Selection Process Requirements (1.2)

In addition to the criteria stated above, all the following requirements must be met for an applicant to be considered during the selection process for the USC PRP:

- Graduate or candidate for graduation from an ACPE accredited degree program or one in the process of pursuing accreditation (1.2.a)
- Licensed or eligible for licensure in the state of California with the exception of applicants for the VAGLA affiliate program. **For the VAGLA affiliate programs, the candidate may be licensed or eligible for licensure in any state or U.S. territory (1.2.b)**

- For PGY2 residencies, applicant is completing or has completed an ASHP-accredited or candidate-status PGY1 residency (1.2.c)

The USC PRP does not have any international programs (1.2.d).

All ASHP accredited USC PRP abide by the *Rules for the ASHP Pharmacy Resident Matching Program* as described above (1.3).

Program Requirements and Policies Specific to USC-paid Residents (2)

Term of Appointment (2.1)

Individuals accepted to the Pharmacy Residency Programs at the USC School of Pharmacy actively participate in a twelve-month training and teaching program normally beginning July 1 and ending June 30 of the following year. The term of resident appointment is 52 weeks which may also be referenced as a 12-month contract period in this manual.

The resident is expected to attend all activities regularly scheduled and organized for the residency year. Residents who miss more than 25% of the scheduled activities for a specific learning experience will be required to make up the content or materials missed during that time to satisfactorily complete the residency (i.e. receive a certificate of completion). Those residents who miss 25% or more of the scheduled activities for a specific learning experience will receive written notice of their deficiencies by their RPD and the need to correct the situation as necessary. In cases in which this results in greater than a total number of 30 days of leave (excluding professional leave), the Extended Leave policy will also apply (see below).

Salary and Benefits Information (2.8.g, 2.12.a)

Residents accepted in the program are appointed as non-exempt staff with faculty appointments as Adjunct Clinical Instructor of Pharmacy Practice. USC residents receive a fixed-term contract; **USC residents are appointed voluntary faculty status at USC. As such, the resident will abide by the applicable University regulations, policies and procedures.** Professional liability insurance is provided through the various institutional job sites.

Residents salaried at USC are eligible for the following (leave policies, which may also fall under benefits, are detailed in a separate section below):

Annual Salary. The annual salary is approximately \$61,000 for PGY1 residents and \$67,000 for PGY2 residents. Staff at USC are paid on a bi-monthly basis. If the usual scheduled payday falls on a weekend or University closed holiday, payday is the previous workday.

Fringe Benefits. A fringe benefit orientation is provided on the first work day in July. The resident has a period of 30 days from the full-time hire date to enroll in benefits. The 30-day enrollment eligibility window is strictly enforced. Fringe benefits include health care insurance, voluntary retirement plan, basic and supplemental term life insurance, and various other options.

Separation & Layoff Pay. No separation or layoff benefits are paid to employees hired under fixed term contracts.

Continuation of Health Benefits After Termination. After termination of USC employment, the resident will be eligible to continue your health benefits for eighteen (18) months via the Consolidated Omnibus Budget Reconciliation Act (**COBRA**). The resident will be charged the full cost of benefits plus a 2% administrative fee. There will be no University contribution.

USC Identification. Upon receipt of a USC identification, the resident is eligible to use the USC libraries, to receive discounts at the USC bookstores, to attend USC cultural events, to submit applications for seasonal tickets to USC athletic events, to apply for membership in the Faculty Center, and to enroll in pharmacy postgraduate education courses at no charge. The resident is also eligible for discounts with various national hotel and car rental vendors, and southern California amusement sites. Upon completion of the Pharmacy Residency Program and/or termination of employment, the resident agrees to surrender the University ID card to the School of Pharmacy.

Drug Testing. Drug testing is not required by USC but may be required by individual clinical sites. The resident will be informed by the RPD at the time of assignment to the clinical site if drug testing is required.

Leave Policies (2.2)

All leave, excluding professional leave, that exceeds a combined total of 30 days will require extension of the program for the resident for them to be eligible for a certificate of completion. Any extension of the residency program must be approved by the Director of the Residency Programs. If an extension is granted to make up absences in excess of the allowed 30 days, the extension will be equal to the content and time missed which will be determined by the RPD. Additional information pertaining to program extension can be found below under Extended Leave.

All leave requests must be made by the USC resident using the [Resident Time Off Request System \(RTORS\)](#). The resident will be notified by email once the request has been approved by the RPD (and site coordinator for PGY1 Community-based residents). The decision to approve a time off request may include the RPD checking with the resident's preceptor as part of the process. The request must also be approved by the RTCP Co-Coordinators if the absence occurs on a teaching Thursday. **USC affiliate residents are only required to use the RTORS to request leave on teaching Thursdays.** The resident is responsible for entering vacation and sick the time into Workday by the appropriate pay period deadline. Professional leave does not need to be entered into Workday but still requires approval through the RTORS.

Vacation, Sick, Holiday, and Professional Leave (2.2.a)

Vacation Leave. Twelve (12) working days per 12-month contract per year are granted each resident for vacation leave. Requests for vacation must be submitted for approval at least two weeks prior to the requested time off using RTORS as described above.

Vacation requests are considered in the order in which the requests are submitted and approved contingent upon sufficient coverage of the clinical sites, teaching service, and administrative commitments normally performed by the resident. **Residents may NOT take vacation leave when they have classroom teaching responsibilities.** Job interviews, site visits, personal appointments, etc. count as vacation days. Vacation time should be used within the twelve-month appointment period.

Sick Leave and Family Care and Medical Leave. Sick leave is accrued at the rate of one day per month for each resident. Residents may not use sick time before it is accrued. Residents are generally not

eligible for Family Care and Medical Leave due to the requirement of USC employment for at least 12 months by the start of the leave.

In cases of unexpected illnesses, the residents is responsible for notifying their preceptor via the method described in the learning experience description. The resident must also notify their RPD. As soon as they are able, the resident must formally request use of sick time using TORS.

Holidays. The University recognizes the following as university holidays: New Year's day, Martin Luther King Day, Presidents' Day, Memorial Day, Independence Day, Labor Day, Thanksgiving, Christmas, and Winter Recess. The dates for these holidays can be found [here](#). The University also recognizes a "floating holiday" that can be used for a holiday not recognized by the University, birthday, etc.

Professional Leave. Professional leave to attend meetings and/or conventions is arranged on an individual basis. Requests for professional leave must be made in advance through RTORS, and are approved contingent upon sufficient pharmacist coverage of the clinical sites, teaching service and administrative commitments normally performed by the resident. Apporval criteria for professional leave requests will include, but are not limited to the following factors: Presentation of papers at meeting, participation in the meeting as an officer of the sponsoring organization, necessity of attending the meeting, and previous attendance at the meeting. Attendance at professional meetings beyond assigned activities at the professional meeting will count as vacation leave. Job interviews and site visits are not considered professional leave for the USC PRP. The date of the exam for both the  NAPLEX and the CPJE are considered professional leave for USC residents.

Residents are eligible for reimbursement, at minimum, for some expenses related to professional meetings (2.12.d). The amount of funding available for each resident for the year will be announced no later than Orientation and will be based upon the current fiscal year budget. For the 2022-2023 residency year, USC residents will receive a maximum of \$800 (PGY1) and \$1250 (PGY2) for approved expenses related to professional meetings for the residency year. USC PGY1 residents who are presenting a poster or platform session at a national meeting are eligible for an additional \$450 of support for the residency year as long as the abstract and the poster or slides are approved by all project advisors prior to submission/presentation. **USC affiliate residents are eligible for up to \$300 for expenses related to**

attendance at professional meetings that enhance their adjunct faculty role in the teaching certificate program.

Extended Leave (2.2a, 2.2.b)

An extended leave may be granted to a resident when they require leave in excess of what is allowed as described above or their total leave (excluding professional leave) will exceed a combined total of 30 days. All requests for an extended leave must be made in writing by the resident to the RPD and the Director of the Residency Programs. Only the Director of the Residency Programs may approve extended leave. Extended leave that results in a combined total leave of 30 days or less during the course of the residency year will be unpaid unless the resident chooses to use other benefits to which they are entitled (e.g. vacation, sick, disability coverage) that result in paid time off.

In cases in which extended leave would necessitate an extension of the residency program beyond the usual end date of June 30 to obtain a certificate of completion, the decision to grant the extended leave will be based on the resident's overall performance and progress in the residency program and the ability of the program/site to accommodate an extension to the resident's program. The extended program may be paid or unpaid depending upon budgetary restrictions/constraints and other factors. The resident will be informed during the discussion of the extended program as to whether this will be unpaid or paid time. The length of the program extension will also be discussed with the resident as each individual residency program may have differing abilities in terms of the maximum length of time of the extension they are able to accommodate.

Duty-Hour Requirements and Time Reporting (2.3)

Duty hours are defined as all hours spent on scheduled clinical and academic activities, regardless of setting, related to the pharmacy residency program that are required to meet the educational goals and objectives of the program. Duty hours include: inpatient and outpatient patient care (within a facility, at a patient's home, or from the resident's home if patient care is provided virtually); staffing/service commitment; in-house call; administrative duties; work from home activities (ie, taking calls from home, utilizing electronic health record related to at-home call program; and scheduled and assigned activities, such as conferences,

committee meetings, classroom time associated with a master's degree for applicable programs or other required teaching activities and health and wellness events that are required to meet the goals and objectives of the residency program. Duty hours do NOT include reading, studying, and academic preparation time (e.g. presentations, journal clubs, closing knowledge gaps); travel time (eg to and from work or conferences); and hours that are NOT scheduled by the RPD or preceptor. All residents should review the [ASHP Duty-Hour Requirements for Pharmacy Residencies](#) during orientation and again as needed throughout the residency year for further information (2.3.a)

The RPD is responsible for creating and overseeing the work hours/ schedules for the residents in their respective programs. The division of duty hours should reflect the following percent effort averaged over the course of the residency year: patient care or patient care related (75-80%), teaching (10-12%), primary research project (8-10%). It is expected that the percent effort will fluctuate on a monthly basis depending upon the activities of the residency program during that time. Division of time over the course of the residency year in a manner not consistent with these percentages should be discussed with the Director of the Residency Programs by the RPD prior to implementation.

Compliance with the schedule of duty hours is assessed in several ways by the USC PRP (2.3.b, 2.3.b.1). The RPD compares the work hours/schedule with the attestations made by residents in PharmAcademic™ regarding hours worked and hours free of work (plus moonlighting and frequency of all on-call programs if applicable) on a monthly basis (2.3.b.1, 2.3.b.2). If it is found a resident is reporting a number of duty hours that exceed their work hours/schedule developed by the RPD, the RPD will discuss with the resident, involved preceptors, and the RAC as needed. A plan will be developed to ensure the hours worked in the future are consistent with the work hours/schedule developed by the RPD. A second mechanism for monitoring compliance will be conducted by the Residency Programs Office. Timesheets that exceed the number of expected hours worked will be flagged and the resident will be contacted by the Residency Programs Office to determine the reason for the additional hours. The RPD will be provided with this information to develop a plan to ensure the resident is not working excessive hours.

Moonlighting (internal and external work) is allowed as long it is approved by the RPD and it does not interfere with the residency training and the combined time (residency duty hours plus outside employment) does not exceed 80 hours per week (2.3.c). If a resident's performance is negatively impacted by

the hours spent in moonlighting activities (e.g. resident fails to complete residency-related tasks by established deadlines, is late to the clinic site), the resident will be given a written warning by their RPD. If the resident continues to perform poorly, they will be required to decrease the number of moonlighting hours or cease the activity completely at the discretion of the RPD.

Participation in on-call programs (eg. in-house, call from home) is not a requirement for any USC PRP (2.3.d). For this reason, residents are not specifically asked to report on on-call hours as part of their duty hours report in PharmAcademic.

Residents are expected to submit their time bi-weekly on Wednesday by 2 pm in Workday. The typical workweek for residents should not exceed 40 reportable work hours each week.

Requirements for Licensure (2.4)

It is expected that all residents are licensed in the state of California (or any state or U.S territory for affiliate residents in Veteran Affairs residency programs) within 90 days of the start of the residency program (2.4.a). A grace period of an additional 30 days will be granted for circumstances specifically related to the Board of Pharmacy in the state of California (e.g. delay in processing applications or in releasing CPJE scores). In this case, it is expected the resident will still be able to complete at least two-thirds of their residency year as a licensed pharmacist so an extension of the program will likely not be necessary.

Residents who are not licensed to practice pharmacy in the state of California within 120 days of the start of the residency program may be subject to dismissal from the residency program, unless extenuating circumstances exist as deemed by the Director of the Residency Programs and the program/site is able to accommodate an extension to the resident's program as needed (2.4.c). If an extension to obtain licensure past 120 days is granted, the resident will still need to provide patient care services as a licensed pharmacist in the state of California for at least two-thirds of the residency year (at least 35 weeks) to complete the residency program per ASHP accreditation standards. This means the resident will be required to extend their program by the number of days necessary to meet this requirement. For example, a resident who does not obtain licensure until 152 days from the start of the residency program will have their program extended by 32 days. It should be noted that similar to an extended leave as described above, a program extension may be paid or unpaid time, depending upon how the residency position is funded and

budgetary restrictions/constraints. Residents will be notified at the time the extension is offered as to whether this will be unpaid or paid time.

Residents who are not licensed in the state of California by January 1 will be dismissed within 30 days of notification of failure to achieve licensure. In the event a resident was otherwise making exceptional progress in the residency program, the resident's program will be suspended with the option to restart the the residency program at a later date after they become licensed if agreed upon by all parties including the Director of the Residency Programs, RPD, site, and resident. In this situation, the resident will formally resign and be reinstated by the agreed upon date (varies by individual residency program) if they become licensed in the state of California. In this situation, the resident will need to complete the remainder of the program, including providing patient care services for two-thirds (or 35 weeks) of the full residency year as a licensed pharmacist.

Requirements for Successful Completion of the Residency Program (2.5, 2.13)

For the resident to complete the residency program and receive their certificate of completion from the USC School of Pharmacy, the resident shall meet all residency requirements as stated on the Checklist for Completion of Residency Requirements and Quarterly Progress Tracker for All Programs (Appendix A) as well as the requirements for their individual program (see Appendix C for applicable individual residency program checklist), as presented at the beginning of the residency year (2.5.a, 2.5.b, 2.5.c, 2.5.d).

Remediation/Disciplinary Policy (2.6)

In addition to not obtaining a license as stated above, the resident is also subject to automatic dismissal from the residency training program and/or teaching certificate program for any one of the following reasons:

- 1) unprofessional conduct (e.g., neglect of service, patient care, or teaching responsibilities; failure to participate in scheduled coursework and seminars; insubordination)
- 2) poor performance in the residency program, (e.g., unable to achieve goal and outcomes as required by the residency program, failure to progress and remediate per the individualized remediation plan, documented incompetence in patient care and teaching activities)

3) revocation of the pharmacist's license by the California State Board of Pharmacy

For situations which do not warrant automatic dismissal, the USC PRP follows a progressive discipline policy as follows:

1) Verbal warning. A resident may be given a verbal warning in which the specifics regarding the unacceptable performance or behavior will be described to them. At this time the resident will be provided with verbal and/or written information regarding acceptable standards of rules and expectations. The resident will also be provided with the consequences of failure to demonstrate immediate and sustained improvement. The verbal warning will be documented in PharmAcademic.

2) Corrective action or remediation plan. If the resident continues to engage in the problem performance or behavior which resulted in a verbal warning OR the initial problem performance or behavior warrants more than a verbal warning OR the resident is performing at a subpar level or failing to progress and at risk for dismissal, the resident will be provided an individualized corrective action or remediation plan to be agreed upon by both the resident and the RPD. If the performance or behavior involves the teaching certificate program, the RTCP Co- Coordinators will also be involved. The Director of the Residency Programs will be notified should such a plan needs to be implemented. The performance issues will be discussed in specific detail with the resident and the impact of the problem will also be described (e.g. safety issues, poor learning environment for students). The corrective action or remediation plan will clearly state the expectations regarding behavior and/or performance as well as the consequences for failing to do so which may include extension of the residency program or dismissal (including from the teaching certificate program for USC affiliate residents).

Residents who are subject to dismissal will be advised in writing of the events leading to recommendation for dismissal by the Director of the Residency Programs. The resident will have an opportunity to respond to the events leading to recommendation for dismissal. If the resident wishes to contest the recommendation for dismissal, the Residency Council will review events leading to dismissal of the resident for disposition.

Verification of Successful Completion of the PGY1 Residency Program for PGY2 Residents (2.7)

Verification of the completion of a ASHP-accredited or candidate-status PGY1 residency for PGY2 residents will be completed within the first month of the residency program. The PGY2 resident will need to submit a copy of their PGY1 residency certificate to the Residency Programs office (2.9.b). A signed letter sent directly to the Residency Programs office from the PGY1 RPD or Director of Pharmacy confirming successful completion of the PGY1 residency will be accepted in lieu of a certificate if it is not yet available. PGY2 residents who fail to provide documentation verifying completion of their PGY1 residency program within the allotted time frame will be dismissed (2.7.a).

Residency Completion Certificate (2.13)

Residents must complete both the all programs and their individual program's checklist for completion requirements as documented on the Checklist for Completion of Residency Requirements and Quarterly Progress Tracker and the individual program checklist (if the program opts for an individual checklist versus including their requirements on the all programs list). Verification of the completion of all required activities is completed by the RPD and is documented by their signature in addition to the signature of the Director of the Residency Programs (2.13.a). Eligibility for a residency completion certificate will be based on the achievement of the items on these checklists (2.13.b). The residency completion certificate is signed by the RPD and the Director of the Residency Programs (2.14.a).

Approved Program-type Names and PharmAcademic for Residency Program Management (2.15)

All residents represent the USC PRP and as such, must adhere to the provisions of the current version of the ASHP Regulations on Accreditation of Pharmacy Residencies in terms of the name of their program (2.15.a). The following are the accepted names for PGY1 programs per ASHP: PGY1 Pharmacy, PGY1 Managed Care Pharmacy, and PGY1 Community-Based Pharmacy. The ASHP accepted name must be used in all email signature blocks which include the residency program name and all documents related to the residency program. No modifiers (e.g. ambulatory care, acute care, psychiatry focus) may be added other than those listed below:

- “...Resident in [type of setting].” Example of types of settings include acute care and ambulatory care. Type of setting should be in all lowercase letters.
- “...Resident at [name of primary clinic or healthcare setting].” The official name of your clinic or healthcare setting can be capitalized. Alternatively, you can display the name of your primary clinic or healthcare setting in the line beneath your official title.

PGY2 residents must adhere to the current version of the ASHP Regulations on Accreditation of Pharmacy Residencies. The only exception is the official name of the clinic or healthcare setting can be added as described in the above second bullet point.

Per ASHP, the purpose of a PGY1 program is to “build on Doctor of Pharmacy (Pharm.D.) education and outcomes to contribute to the development of clinical pharmacists responsible for medication-related care of patients with a wide range of conditions.” No more than one-third of the twelve-month residency program may focus on a specific disease state or population for a PGY1 resident (3.1.c.4). This encompasses all learning experiences of the residency program, including clinical service, teaching, and research.

Organization of the Residency Programs

The Director of the Residency Programs chairs the Residency Council and is responsible for the overall vision and direction of the residency training programs. The other members of the Residency Council include the Co-coordinators of the Resident Teaching Certificate Program (RTCP), RPDs for the USC and affiliate residency programs, and the resident representatives. The Associate Dean of Clinical Affairs and the Chair of the Department of Clinical Pharmacy serve as ex-officio members of the Residency Council.

The primary responsibilities of the Residency Council are to advise and assist the Director of the Residency Programs in developing, implementing, and evaluating outcomes related to the USC PRP strategic plan (in alignment with the USC School of Pharmacy strategic plan) and in ensuring compliance with ASHP residency program standards. Specific activities related to these responsibilities include, but are not limited, to the following:

- Program planning activities
- Appointment and re-appointment of preceptors
- Preceptor development
- Allocation of residency positions
- Resident recruitment activities
- Resident candidate selection

At the discretion of the Director of the Residency Programs, committees and time-limited task forces may be created to accomplish the work outlined above.

Resident Class Leadership Opportunities

Resident Representative

The residents will select two Resident Representatives from their group by majority vote. One resident is selected to represent the USC residents, one to represent the USC affiliate residents. The Resident Representatives may serve the entire year or may make a change in January so that others may have an opportunity to serve. In addition, the Resident Representatives may be replaced if the majority of the residents deem it necessary.

The Resident Representatives' responsibility is to act as leaders for the group, to assist the Director of the Residency Programs and the RTCP Co-Coordinators, and to communicate information to the residents. Their responsibilities include but are not limited to the following:

1. Serve as the Resident Leadership Council representatives on the Residency Council.
2. Serve as chair of the Resident Leadership Council and at resident meetings.
3. Maintain attendance record of residents at scheduled activities.
4. Remind residents of deadlines, commitments, and events and ensure that requested forms and reports are completed and returned by the residents.
5. Coordinate the schedule of the Residency Showcases including the set-up/take down/transport of showcase materials.
6. Organize Patagonia custom jacket order for residents
7. Create a powerpoint presentation for the end of the year banquet

The Resident Representatives may delegate aspects of their responsibilities with the approval of the Director of the Residency Programs.

Resident Social Chairs

The residents should identify two Social Chairs (one USC and one USC affiliate) who will coordinate and plan activities for the residency class. The intent is to provide some levity and fun activities to encourage participation among the residents aside from their professional responsibilities during the residency training activities. Some of these activities can include outings, or simply activities planned during the residents' meeting, etc.

Resident Wellness Committee (RWC)

The residency program can at times be very busy and stressful. The purpose of the RWC is to address resident well-being during the residency year. The membership of this committee consists of all interested residents and is chaired by the Director of the Residency Programs although a resident co-chair may also be appointed. The RWC meets at regularly scheduled times during the year to discuss issues related to the mental well-being of USC and affiliated residents and takes steps, as necessary, to address issues that may negatively

impact resident well-being. The RWC also assists in the identification of topics related to wellness to be included as part of the resident teaching seminar each year. The residency programs is represented on the USC School of Pharmacy Project Wellness committee by 1-2 members of the RWC who serve as liaisons. One USC and one USC-affiliate resident from the RWC will represent the RWC on the Resident Leadership Council. Other leadership positions may be available through the RWC as needs dictate.

Diversity, Equity, and Inclusion (DEI) liaisons

The residency programs are committed to DEI within, and outside of our programs. The residency programs is represented on the USC School of Pharmacy DEI committee by 2 residents (one USC and one USC affiliate) who serve as liaisons. The DEI liaisons will also be involved in other discussions related to DEI efforts for the USC PRP which may include education/training of current residents/preceptors and making recommendations related to our residency recruitment and selection process.

Resident Leadership Council (RLC)

The RLC consists of the Resident Representatives, Social Chairs, two members of the RWC as described above, and the DEI liaisons. The RLC meets on a regular basis to discuss and resolve issues that impact residents, plan and coordinate for events that occur within and outside the resident seminar schedule, and make recommendations to the Director of Residency Programs and the RTCP Co-Coordinators. The Resident Representatives represent the RLC at Residency Council meetings and report on the RLC's activities and recommendations. The Resident Representatives, as chairs of the RLC, also schedule and coordinate the RLC meetings. The Director of the Residency Programs and the RTCP Co-Coordinators will attend a minimum of five RLC meetings annually (July, September, December, March, and June) but may be invited by the Resident Representatives to other RLC meetings as deemed appropriate or necessary.

Goals and Objectives

The overall goals of the pharmacy residency programs of the University of Southern California School of Pharmacy are to train a resident to be competent in the provision of care using the Pharmacists' Patient Care Process, to educate others including healthcare providers, trainees, and patients, and to conduct outcomes-based research and projects. Specific objectives related to these goals include the following:

1. Developing the resident's understanding and philosophy of pharmaceutical care so that with this conceptual base they will be able to contribute to the development of the profession.
2. Increasing the resident's knowledge and appreciation of how other health care professionals approach patient care and their responsibilities so they may work with them more effectively.
3. Enhancing the resident's communication skills so they may effectively manage patients by recognizing their needs and sensitivities.
4. Honing the resident's clinical expertise as a medication therapy specialist in their particular area of interest.
5. Improving the resident's teaching skills in both clinical and classroom settings for the education of pharmacy students and other health care professionals.
6. Exposing the resident to various types of pharmacy services and drug delivery systems.
7. Providing the resident with opportunities to work on projects that could involve either program development or clinical research.
8. Prepare a manuscript for publication.

Activities and Responsibilities

The following resident activities and responsibilities have been developed toward achievement of the aforementioned goals. Specific objectives are identified for each rotation or area of specialization.

Resident activities and responsibilities are divided into three primary components. 1) patient care, 2) teaching; and 3) project/research.

Patient Care/Service Responsibilities (Clinical Practice)

The residents will be assigned specific patient care responsibilities on each rotation. The responsibilities may include but are not limited to the following:

1. Attend and participate in patient rounds with the health care team.
2. Provide medication information and consultation where appropriate.
3. Ensure the selection of appropriate, effective, and safe pharmacotherapy to which the patient can adhere.
4. Ensure accurate distribution and administration of medications including preparation of parenteral drug products in their respective practice sites at appropriate.
5. Provide initial and follow-up patient care using objective and subjective monitoring parameters.
6. Provide patient focused care.
7. Provide patient education and take patient medication and medication-related histories.

Teaching Responsibilities with USC Student Pharmacists

To Fourth Year Student Pharmacists (P4): The residents are responsible for teaching and for serving as a role model pharmacist to fourth year student pharmacists during their advanced pharmacy practice experiences (APPE). This will involve serving as a preceptor during team-based experiences, small group conferences and one-on-one interaction with the students. Specific responsibilities vary with each rotation and are outlined in the respective sections of the syllabus dedicated to the various rotations.

To Second- and Third-Year Student Pharmacists (P2, P3): Each resident will be responsible for teaching activities associated with the Case Conference series for P2 or P3 students. Specific teaching responsibilities include 1) facilitating a discussion group for Case Conference for one (PGY2) or two (PGY1) semesters, to be held weekly during the school year, and 2) evaluating the case conference discussions and provide formative, criteria-based feedback to students for each weekly case. In addition, the residents will be responsible for serving as a preceptor for introductory pharmacy practice experiences (IPPE) for the second- and third-year pharmacy students in the clinical practice settings as appropriate. All PGY2 residents will provide a minimum of one didactic lecture in a therapeutics course related to their specialty area.

To First Year Student Pharmacists (P1): Residents assigned to P3 case conference in the spring will also serve as case facilitators for the P1 student pharmacists as part of the Introduction to Therapeutics course. Responsibilities of the resident are similar to those described for the Case Conference series. Residents may also work with P1 student pharmacists during IPPE rotations.

To Undergraduate Students Interested in Pursuing a Doctor of Pharmacy Degree: Undergraduate students shadowing pharmacists in clinical practice sites may be assigned to a resident as part of their learning experience. All PGY1 residents will also provide a minimum of one didactic lecture to undergraduate students who are enrolled in pharmacy-related undergraduate courses.

Other Teaching Responsibilities

Other teaching responsibilities of the resident are outlined in the Teaching Certificate Program Manual and are included on the checklist of requirements to earn a teaching certificate.

Teaching Certificate

The residents have the option to pursue a Teaching Certificate at the USC School of Pharmacy. Requirements for the Teaching Certificate include the completion of the above teaching activities as well as completing other requirements as outlined on the Teaching Certificate Checklist. Residents must achieve all items to be considered for a Teaching Certificate at the end of the residency year. Residents who do not meet expectations for a particular item may be offered an opportunity for remediation. Please see the separate Teaching Certificate Manual for more detailed information related to the Teaching Certificate Program including the Teaching Certificate Checklist. Residents who have an interest in pursuing a career in academia or in participating in teaching activities beyond the basic requirements for the teaching certificate program have an option to participate in an elective longitudinal academia rotation.

Resident Project

Residents in the various rotations will have opportunities to work on projects which may be administrative or clinical research in nature. This will afford the residents the opportunity to gain experience and to develop administrative and research skills. These opportunities are outlined in the respective sections of the syllabus dedicated to the various rotations.

The residents should begin to identify projects for the residency beginning July 1 following meetings with their residency program directors (RPDs). Projects that will be presented must be cleared through the appropriate pharmacy supervisors and the University of Southern California Health Science Institutional Review Board (IRB) for approval as necessary. IRB approval will take time, so it is essential that all residents submit their IRB applications no later than September 15. Progress reports on the projects will be performed regularly. It is important that the resident select his/her project early so that it may be prepared in time for presentation in a national pharmacy forum in addition to a residency specific conference near the end of the residency year. Residents are highly encouraged to submit Works in Progress abstracts for meetings they are already planning to attend for other reasons (e.g. residency recruitment) such as the California Society of Health-System Pharmacists (CSHP) Seminar in the fall and/or the American Society of Health-System Pharmacists (ASHP) Midyear Clinical Meeting in December. Research presentations at national meetings is preferred.

Manuscript Requirement

A manuscript prepared suitable for publication by the end of the residency training program is a requirement. Upon project completion, residents will document their experiences and prepare a manuscript suitable for publication. The resident will be required to submit drafts of the manuscript at various intervals during the residency for review and feedback. The manuscript required may include projects other than the one presented at the regional residency conference. It may include review articles, case reports, original research, or other topics deemed appropriate by the residency program director. The manuscript must be completed and submitted by the due date (typically at the end of May or early June) in order for the resident to satisfactorily complete the residency program.

Resident Evaluations

Residents will be evaluated using PharmAcademic or the equivalent throughout the year in order to maintain standards of performance, ensure improvement during the year, and to achieve program goals and objectives. Evaluations will be performed at regular intervals as determined by the respective residency program directors with both the resident and preceptor discussing and signing off the evaluation at the appropriate intervals. Residents taking consecutive or longitudinal practice experiences in the same practice area from the same preceptor(s) will be evaluated at a pre-determined interval not to exceed three-months as specified by the respective program directors or in the case of the teaching certificate program, as determined by the RTCP Co-Coordination. The evaluation will include such items as achievement of the general goals and objectives of the program, and performance of the activities and responsibilities of each practice area. Evaluations can be completed electronically and kept in the residents' portfolio.

Evaluations for the Teaching Certificate program/learning experience will be completed by the assigned Resident Teaching Mentor (RTM). Residents must upload all teaching documentation to their electronic teaching portfolio on the residency Blackboard site at least one week prior to each quarterly evaluation to allow adequate time for the RTM to review. RTMs and residents are required to meet with each other in person or via Zoom a minimum of five times per year, once following the mentor-mentee match and then each quarter to correspond with PharmAcademic evaluations.

Residents are also required to engage in criteria-based self-evaluation as part of the resident evaluation process. Residents are provided with instruction on how to do this near the beginning of the residency year with periodic sessions throughout the year to reinforce concepts and to assist residents in their ability to engage in this process.

Preceptor Evaluations

At the end of each rotation, the resident is required to complete an evaluation of the learning experience and preceptor using PharmAcademic. This will aid in designing an experience so that the resident may benefit maximally from each learning experience. See above section on Resident Evaluations.

Residency Program End of Year Awards

Resident of the Year Award

Each year one resident is selected to receive the Resident of the Year Award. This award is designed to recognize and acknowledge one of our residents for his or her leadership qualities. The resident selected ideally should be an example of a "role model" for other residents to follow.

Criteria for the award may include, but are not limited to, qualities such as leadership and commitment to the profession, not only in teaching but also in service and research. The resident should also be someone who has contributed to the overall residency program and is respected among his or her colleagues. The Resident of the Year candidate is nominated by the residents and selected by the Residency Awards Committee. The resident selected will be recognized at the Annual Residency and Fellowship Banquet held at the end of the training period.

Excellence in Teaching Award

Each year one resident will be selected for the Excellence in Teaching Award by the Residency Awards Committee based on nominations submitted by faculty, resident preceptors, residents and students. Consideration will include overall contributions to the USC School of Pharmacy programs. Candidates for the award must have completed the teaching portfolio and be eligible for the USC Teaching Certificate.

Project of the Year Award

There will be up to two Project of the Year Awards at the end of the residency year; one for a PGY1 resident and one for a PGY2 resident when appropriate. The Project of the Year Award(s) will be selected by the Residency Awards Committee based on nominations submitted by the residents and or by the resident's faculty/project advisor. Selection of the Project of the Year Awards includes criteria developed by the Residency Advisory Committee and/or review of poster or platform presentations by the residents. Quality and completion of the manuscript that meets criteria for publication in a scientific or professional journal will be considered as part of the selection process.

Preceptor of the Year Awards

This award complements the Resident of the Year Award. The intent of this award is to recognize and promote residency preceptor participation, support and interest in our residency programs. All resident preceptors are eligible for the award. Residency program directors (RPDs) will not be considered for this award as they are already recognized for their dedication and commitment to residency training programs by virtue of being appointed RPDs. The residents from each individual residency program will select a Preceptor of the Year among the preceptors in their respective programs to be finalized by May 31. The Preceptor of the Year selection will be made by the residents using the criteria developed by them. The selected preceptor should have demonstrated commitment to the residency program in general as well as to individual residents. Criteria that have been developed by past residents may include the following:

Criteria

1. Be devoted to pharmacy education for all residents, students, peers, and colleagues.
2. Devote time to assist residents when needed.
3. Be interested in developing the expertise of the resident.
4. Be devoted to research for the betterment of pharmacy.
5. Possess leadership qualities.
6. Be compassionate.
7. Be involved with extracurricular pharmacy activities.
8. Be responsible.
9. Be an expert of their area of specialty.
10. Be respected by their colleagues.
11. Demonstrate exemplary teaching abilities.
12. Be a role model for the residents.

Teaching Faculty of the Year

This award complements the Excellence in Teaching Award. The intent of this award is to recognize and promote faculty participation, support, and interest in the teaching certificate program. All faculty involved with the teaching certificate program, including faculty advisors and teaching mentors, are eligible for this award. The RTCP Co-Coordinators will not be considered for this award as these individuals are already recognized for their dedication and commitment to teaching in the residency training programs by virtue of being appointed to this position. The teaching faculty of the year recipient will be selected by the current residency class through a nomination process and be finalized by May 31, Nominations are to be submitted to the Resident Representative or their designate. The Teaching Faculty of the Year selection will be made by the residents using criteria developed by them. The selected teaching faculty should have demonstrated commitment to the teaching certificate program in general as well as to individual residents. Suggested criteria for this award that could be considered by the residents include devotion to the activities of the teaching certificate program, quality of the guidance and feedback provided to residents in the development of teaching skills and materials, leadership in teaching and the scholarship of teaching, and role model behavior when interacting with residents and students.

Appendices

Appendix A – Checklist for Completion of Residency Requirements for All Programs

Appendix B – Checklists for Completion of Individual Residency Program Requirements

- B1. PGY1 Pharmacy in the ambulatory care setting
- B2. PGY1 Pharmacy in the acute care setting
- B3. PGY1 Community-based Pharmacy
- B4. PGY2 Psychiatric Pharmacy
- B5. PGY2 Oncology