

# Mercy Hospital PGY1 Pharmacy Residency Manual



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## Definitions

- *ASHP*: American Society of Health System Pharmacists
- *MSHP*: Minnesota Society of Health System Pharmacists
- *PharmAcademic*: standardized residency evaluation tool
- *Pharmacy Online Residency Candidate Application System (PhORCAS)*: pharmacy residency application system
- *Preceptor Committee*: committee at Mercy Hospital pharmacy that ensures quality standards are met
- *PTO*: Paid Time off
- *Residency Advisory Committee (RAC)*: Group of department leadership and preceptors who are engaged in design and oversight of the residency program.
- *Residency Program Director (RPD)*: responsible party for oversight/design of the residency program

## PGY1 Program Purpose

The postgraduate year one (PGY1) pharmacy residency program at Mercy Hospital, a part of Allina Health, builds upon Doctor of Pharmacy (PharmD) education and outcomes to develop pharmacist practitioners with knowledge, skills, and abilities defined in the educational competency areas, goals, and objectives. Residents who successfully complete the PGY1 residency program will be skilled in diverse patient care, practice management, leadership, and education, and be prepared to provide patient care, seek board certification in pharmacotherapy (i.e. BCPS), and pursue advanced education and training opportunities including postgraduate year two (PGY2) residencies.

## Program Structure

Mercy Hospital's Residency Program structure incorporates the ASHP required competency areas as follows into our required rotations:

- R1: Patient Care: Orientation, Internal Medicine, Critical Care, Patient Education, Cardiology, Mental Health, Emergency Medicine, Infectious Diseases, Practice Management, Staffing
- R2: Advancing Practice and Improving Patient Care: Medication Safety, Practice Management, Project, Staffing, System Formulary
- R3: Leadership and Management: Orientation, Medication Safety, Cardiology, Emergency Medicine, Practice Management, Precepting, Project, Staffing, System Formulary
- R4: Teaching, Education, Dissemination of Knowledge: Internal Medicine, Medication Safety, Mental Health, Patient Education, Precepting, Staffing, System Formulary

Mercy Hospital is part of Allina Health, which is a nonprofit health system that cares for individuals, families, and communities throughout Minnesota and western Wisconsin. Allina Health is comprised of 12 hospital campuses, 65 primary care clinics, and 14 urgent care centers.

Mercy Hospital is one hospital with two campuses located in Coon Rapids and Fridley, Minnesota. Our one hospital, two campus structure builds on our strength as the premier tertiary/specialty hospital in the north metro area, more effectively meeting patients' needs. Mercy Hospital is certified as a primary stroke center and is licensed for 546 beds between the two campuses; we provide care for all age groups. The Unity campus focuses on mental health and addiction treatment services. The Mercy campus is a level II trauma center and houses a number of specialty services including a Mother Baby Center in coordination with Children's Hospital, an Allina Health Cancer Institute (AHCI), as well as Allina Home Infusion Services.

The PGY1 Residency program was established at Mercy Hospital in 2003. Our residency program offers 21 learning experiences primarily based at Mercy Hospital; 4 of these learning experiences are offsite electives. Generally, required and selective required rotations vary in length from 4-6 weeks with the exception of the required system formulary rotation and precepting rotation which are more abbreviated rotation experiences. Elective learning experience vary in length between 1-6 weeks and 1 longitudinal option (teaching). Residents typically have space in their schedules to select 2 elective rotations. See [Appendix C](#) and [Appendix D](#) for more details.

## Eligibility Requirements

- Applicants are required to have/will have a Doctor of Pharmacy Degree from an ACPE-accredited school of pharmacy (or are in the process of becoming accredited) or who have a Foreign Pharmacy Graduate Equivalency Committee (FPGEC) certificate from the National Association of Boards of Pharmacy (NABP). At minimum, the program must be a 5 year pharmacy degree program.
- Participate/adherence to the Rules for the ASHP Pharmacy Resident Match Program.
- Must be currently authorized to work in the United States for any employer. No visa/sponsorship is available for this position.
- Meet pre-employment requirements including, but not limited to passing a background check and completion of all requirements of the New Hire Health Screen appointment: <https://www.allinahealth.org/careers/join-our-team>.

## Recruitment and Applicant Selection Process

- The pharmacy department will participate in the Residency Program Showcase at both the Minnesota Society of Health-System Pharmacists (MSHP) and American Society of Health-System Pharmacists (ASHP) midyear meetings; additional recruitment events (e.g. residency roundtables) will be attended as able/appropriate.
- Diversity creates a healthier atmosphere for our employees, patients, and community. Allina Health, through Mercy Hospital, is proud to be an Equal Employment Opportunity employer, and will make employment decisions without regard to race, color, creed, religion, sex, age, national origin, protected veteran status, disability status, sexual orientation, gender identity or expression, marital or familial status, genetic information, covered veteran status, or any other characteristic protected by law.
- Candidate review and selection process will follow procedure M\_RX406.
- The pharmacy department shall participate in the National Matching Services, ASHP Match (Mercy Hospital PGY1 match number: 167513).
- The residency will adhere to the Rules for the ASHP Pharmacy Resident Match Program.
- Those candidates who wish to be considered for an interview shall enroll in ASHP National Matching Service and submit an application via ASHP PhORCAS including letter of intent, curriculum vitae, pharmacy transcripts, and three letters of recommendation by early January. (M\_RX404).
- The RPD and program preceptors will evaluate all applicants using a pre-interview scoring rubric to reduce implicit bias and help determine which candidates will be invited for an interview.
- A sufficient number of candidates shall be invited for an interview.
- The interview shall include meeting with the RPD, pharmacy leadership, preceptors from each site, as well as the current program resident(s).
- Consideration will be given to holding a virtual interview option to reduce the financial burden of the interview process and promote diversity, equity, and inclusion.

- After the interview process is complete, the interviewers shall meet to discuss and evaluate each candidate. A post-interview scoring rubric is available for preceptor use and can aid in candidate discussion and ranking consideration.
- The RPD shall submit the approved rank list to ASHP Resident Matching Program.
- This residency agrees that no person at this residency will solicit, accept, or use any ranking-related information from any residency applicant.

### *Phase II of the Match*

- If positions are left unfilled after Phase I of the Match, they will be offered in Phase II of the Match and will follow the ASHP Rules for Resident Matching Program.
- Candidates must submit applications via PhORCAS (letter of intent, curriculum vitae, pharmacy transcripts, and three letters of recommendation).
- A sufficient number of candidates shall be invited for an interview.

### *Post-Match Process/Scramble*

- If the program has unfilled positions after both phases of the match, they will participate in the post-match process/scramble.

## **General Employment Information**

- The residency is a 12-month learning experience, starting in late June/early July.
- The RPD will provide a list of matched residency applicants to human resources after the match.
- Within 30 days of the match results, the program will contact the candidate in writing and request that the candidate confirm and document their acceptance of the offer and its contingencies; the contingent offer letter will include general information such as pre-employment requirements and salary.
- A copy of the Residency Manual shall be provided electronically to each resident outlining the requirements of the residency program. Residents shall make themselves knowledgeable of all program requirements and dates/deadlines. Residents will acknowledge review/understanding by signing and returning to the RPD.
- Pharmacy residents are classified as regular, full-time (1.0), non-contract, exempt employees of Allina Health working at Mercy Hospital.
- As Allina Health employees working at Mercy Hospital, residents are responsible for following Allina Health and Mercy Hospital policies/procedures as well as pertinent regulatory guidelines.
- Orientation will take place during the first few weeks of the program.

## **Benefits**

- Resident annual pay will be included in the contingent offer letter; current PGY1 pharmacy resident annual pay is \$50,000.
- Residents are eligible for benefits; benefits include paid time off, health and dental insurance, retirement savings plan, and access to well-being resources through Employee Assistance Program. An overview of available benefits can be found [here](#).
- Benefit questions can be answered by the HR Service Center (1-877-992-8099).
- Residents will have professional liability coverage for work done on behalf of and for Allina.
- Additional benefits: free parking, personal office space, and laptop for use during the residency period.

## Licensure

- A pharmacist licensure in Minnesota is required for the position.
- It is strongly recommended that residents obtain pharmacist licensure in Minnesota by July 1<sup>st</sup>.
- It is an expectation that residents obtain pharmacist licensure in Minnesota by August 1<sup>st</sup>. Each instance of non-licensure will be evaluated on a case-by-case basis by the RPD. Failure to obtain licensure by this date may lead to disciplinary action up to and including termination.
  - At a minimum, if the resident is not licensed by August 1<sup>st</sup>, the resident's orientation rotation will be extended to provide sufficient time/opportunity to orient and train under their pharmacist license.
  - A minimum of 2/3 of the residency must be completed as a pharmacist licensed to practice in Minnesota.
  - To ensure the ASHP residency standard is met, such that the resident is licensed for two-thirds of the residency year, the resident will be dismissed from the program if they are not licensed by October 31 of the residency year.

## Scheduling and Staffing

### *Duty Hours*

- ASHP Duty-Hour Requirements of Pharmacy Residencies ([here](#)) will be followed at all times.
  - A resident will take an 8 hour break from duty between scheduled duty periods; the resident is encouraged to take a 10 hour break from duty between scheduled duty periods.
  - Continuous duty periods of residents should not exceed 16 hours.
  - Duty hours will be limited to 80 hours per week (averaged over a 4 week period).
- Hours of practice vary according to the requirements set forth by the preceptor and director. The resident is expected to be present for all assigned activities of the service they are currently a part of, including clinical responsibilities, educational classes and administrative activities.
- It is not uncommon for the resident to be assigned duties that require early hours and work after-hours, or duties that continue during days away from the hospital. Although these assignments may be frequent, they will not be beyond the expectations of other pharmacy professionals' duties. An eight-hour day is a minimum requirement for physical presence on site during non-remote, assigned work days.
- Duty hour compliance will be documented on a monthly basis and monitored through PharmAcademic™ via attestation of compliance by the resident.
- Instances of non-compliance with duty hour requirements will be reviewed by the RPD and resident(s) involved on a case by case basis. Modifications to rotation hours and/or adjustments in staffing shifts will be considered. See moonlighting section for actions regarding duty hour violations due to moonlighting.

### *Staffing:*

- The Mercy pharmacy managers are responsible for coordinating staffing requirements and scheduling with the resident/RPD.
- Residents will staff 3 out of 8 weekends and approximately 1 weekday every 4 weeks.
  - Residents will staff at both Mercy and Unity campuses.
  - Weekend shifts may be either day or evening shifts; weekday shifts will be evening shifts.
  - Staffing may be either central or decentral.
  - Residents will receive six, 4-hour floating project days to be used on weekday staffing days; if a resident does not use project time on their weekday staffing day, they will have an

abbreviated rotation day (required minimum of 4 hours). Residents and preceptors should work together to determine a schedule that will maximize learning experiences/accommodate staffing shift (e.g. late start vs early start with a break between rotation and staffing).

- If a resident would like to take a regularly scheduled weekend off, they will generally be responsible for trading with another resident or staff pharmacist (without incurring overtime) who can work the assigned shift to ensure adequate coverage. Exceptions to this requirement can be made by the RPD or the appropriate clinical manager on a case-by-case basis or as required by law.
  - Casual and part-time staff may not be utilized to pick up the resident's shift(s) without a corresponding trade.
  - The RPD and appropriate clinical manager must be notified of and approve the trade.

#### *Holiday Staffing:*

- Residents are required to staff two-three holidays during the year. Holiday staffing may differ between the two campuses.
- Holidays covered by residents are Labor Day, Thanksgiving Day, Christmas Day, New Year's Day, and Memorial Day.
- Residents not scheduled to staff on a holiday will be excused from rotation that day. They may utilize PTO or they may elect to utilize a project day if project work equals (at minimum) 8 hours.

#### *Rotation Schedule:*

- A preliminary rotation schedule will be drafted in July.
- Residents seeking to pursue a PGY2 will have specialty rotations prioritized for the first half of the residency year.
- Once residency rotations have been assigned, the resident may request a change in assigned rotations. Requests will be accommodated whenever possible and appropriate for their training plan.

### **Moonlighting**

- The work of the pharmacy department is the resident's most important commitment. Working outside the residency program (moonlighting) is strongly discouraged. Currently, internal moonlighting is not permitted; internal moonlighting practices may be reconsidered based on department needs.
- If residents participate in moonlighting, residents are responsible for following ASHP duty hour requirements at all times ([here](#)). Additional requirements:
  - Moonlighting must be approved in advance by the RPD.
  - Moonlighting hours shall not exceed an average of 16 hours per week.
  - Resident will record moonlighting hours on a weekly basis in the Accountability Log and attest to duty hour compliance on a monthly basis through PharmAcademic™.
- Residents participating in moonlighting will have monthly check-ins with the RPD to assess performance and progress towards goals/objectives of the residency.
- Resident performance impacted by moonlighting will be addressed by the RPD. Action may include, but is not limited to, requiring the resident to decrease or stop moonlighting activities.
- Duty hour violations due to moonlighting activities will result in requiring the resident to decrease or stop moonlighting activities.

## Time Off

- Time away from the residency program will not exceed a combined total of 37 scheduled training days per 52 week training period; time away from the program includes paid time off, leave of absences, jury duty, bereavement leave, and conference attendance.

### *Paid Time Off (PTO)*

- Residents will follow the Paid Time Off policy and procedures ([here](#)).
- PTO may be used for things such as vacation time, illness, doctor appointments, job interviews and educational meetings that are **not** sponsored by the program.
- Once a resident has accrued enough PTO to cover requested time off, they may submit PTO requests via email to the program director after they have discussed the request with the affected rotation preceptor(s). Except in the event of sudden illness or emergency, PTO requests must be made at least 24 hours in advance. Once approved, the resident will be required to record PTO in Kronos and on the Resident Rotation Schedule and Time Accountability excel spreadsheet.
- Notwithstanding the above, residents requesting five or more consecutive days of PTO for vacation should request this within the first two weeks of the residency, as possible, to facilitate rotation scheduling.
- Failure to timely request PTO may result in the denial of the requested time off.
- To ensure quality rotation experiences, it is strongly recommended that vacation days are limited to a maximum of two days per rotation. If more time off is required, the RPD must be informed to ensure rotation objectives can be met. The rotation may need to be extended, possibly shortening an elective rotation, if rotation objectives cannot be met. This decision will be made by the RPD after discussion with the rotation preceptor(s).

### *Unscheduled Absence (e.g. sick day):*

- Residents will accrue and may use sick and safe leave in accordance the Unpaid Sick and Safe Leave Tracker policy and procedures ([here](#)).
- When a resident is unable to work as a result of illness or other condition, the resident shall immediately notify central pharmacy staff on pertinent campus via telephone and rotation preceptor(s) via email.
- The resident shall also notify the RPD of the absence and record PTO in Kronos and on the Resident Rotation Schedule and Time Accountability excel spreadsheet.
- Missing more than 4 days of a rotation may impact elective rotation time.

### *Leaves of Absence:*

- Leaves of absence are administered through Allina Health's Leave of Absence process; Leaves of Absence Policies can be found on HRConnect. The residency will comply with applicable Allina Health policy in the event that a resident requests a leave of absence. Time off may be covered under short & long-term disability if eligible and for a covered reason.
  - A Personal Leave of Absence may be requested during the residency for a limit of a 2-week interval. Personal leaves are subject to manager approval and will be considered on a case by case basis.
  - A preceptor, site coordinator, or the RPD may determine that absences from the rotation or the program are excessive when there is concern about the resident meeting program expectations and/or completing program requirements. Excessive absence may be due to illness or other factors.
  - When situations such as these occur, the resident must work closely with the preceptor, site coordinator and RPD to develop an action plan to ensure the resident meets program requirements.



- Despite all arrangements, a situation may arise where the resident has not completed the rotation experience and program requirements. This determination shall be made by the rotation preceptor in conjunction with the site coordinator and RPD. An alternate written plan will be developed to enable the resident to successfully complete the program requirements if possible. For example, extending the residency year may be considered.
- If the resident fails to complete the plan, disciplinary action will be considered. Residents unable to complete program requirements according to the written plan in the specified timeframe will not graduate from the program or receive a certificate of completion.
- Residents taking leave greater than the PTO allowed by Allina Health generally cannot be awarded a certificate of completion unless that additional leave is made up to equal 12 months of training.
- Extension of the residency year shall be paid with the same rate and available benefits; extension shall not surpass 3 months from original end date. Leave of greater than 3 months may result in resident dismissal due to inability to complete the program requirements.

### Supervision, Work Ethic, and Professionalism

- The resident is expected to achieve the objectives of the residency program related to both administrative and professional practice skills. The resident reports to and is supervised by the rotation preceptor and the RPD. During staffing, the resident is under the supervision of their primary staffing preceptor or the most senior pharmacist.
- The resident is expected to professionally represent pharmacy at all times and adhere to the Dress Code Policy ([here](#)).
- It is acceptable to bring a smart phone or other electronic handheld device for use when away from the computer. If the use of the device becomes excessive or inappropriate as deemed by preceptor, or if such use violates the Personal Electronic Equipment Policy ([here](#)), the device may be disallowed or its use may be limited.
- The resident is expected to carry their personal resident phone when they are on-site.

### Assessment and Performance Evaluation

- The RPD shall serve as program advisor for each of the residents and will guide the resident in meeting the requirements for successful completion of the residency.

#### *Resident Self-Assessment Form, Initial Development Plan, and Quarterly Updates*

- The resident shall complete a Resident Self-Assessment Form and return it to the RPD prior to starting residency. This evaluation includes short and long term career goals, personal and professional strengths and opportunities for improvement, as well as incoming learning interests.
- The resident shall meet with the RPD/residency coordinator(s) at the beginning of the program year to review their Resident Self-Assessment Form; an Initial Development Plan and preliminary rotation schedule will be created based on this discussion. This Development Plan will be documented in PharmAcademic™ and shared with resident preceptors.
- 1<sup>st</sup>, 2<sup>nd</sup>, and 3<sup>rd</sup> Quarter updates will be completed and discussed with the resident. Adjustments will be made based on resident performance, identification of new strengths or areas for improvement, changes in career goals, as well as completion of training checklists. Quarterly updates will be documented in PharmAcademic™ and shared with resident preceptors.

- Resident progress towards achieving goals and objectives as well as completion of required projects will be tracked quarterly. Adjustments will be made to learning experiences if necessary to facilitate achievement of pertinent goals and objectives.

*Pre rotation assessment*

- A pre rotation assessment should be completed and sent to upcoming rotation preceptor(s) at least 7 days in advance to facilitate rotation planning.
- Concomitant responsibilities/conflicts, rotation goals, and desired learning experiences/topic discussions should be included on this evaluation.

*Self-Assessment:*

- Some rotation learning experiences may require a self-assessment. These assessments should be emailed to rotation preceptor(s) (and if applicable, residency coordinator, and RPD) for review and uploaded into PharmAcademic™.

*Preceptor Evaluation of Resident:*

- Preceptors will provide formative, on-going, regular feedback to residents about their progression and how they can improve. Learning activities will be modified based on resident performance and feedback.
- PharmAcademic™ will be utilized to document the preceptor’s formal “Summative evaluation.” This will be documented within 7 days of the learning experience ending. The ASHP Rating Scale will be used to evaluate resident performance (noted below) and comments should be included so the resident can improve in subsequent learning experiences. Resident will verbally discuss and cosign written evaluations.
  - RPD will review all evaluations to monitor for trends/deficiencies and intervene as appropriate.
  - Learning experiences greater than or equal to 12 weeks will have a summative evaluation completed at least every three months.

PharmAcademic™ Rating Scale Definitions	
Rating	Definition
Needs Improvement (NI)	<ul style="list-style-type: none"> <li>• Deficient in knowledge/skills in this area</li> <li>• Often requires assistance to complete the objective</li> <li>• Unable to ask appropriate questions to supplement learning</li> </ul>
Satisfactory Progress (SP)	<ul style="list-style-type: none"> <li>• Adequate knowledge/skills in this area</li> <li>• Sometimes requires assistance to complete the objective</li> <li>• Able to ask appropriate questions to supplement learning</li> <li>• Requires skill development over more than one rotation</li> </ul>
Achieved (ACH)	<ul style="list-style-type: none"> <li>• Fully accomplished the ability to perform the objective</li> <li>• Rarely requires assistance to complete the objective; minimum supervision required</li> <li>• No further developmental work needed</li> </ul>
Achieved for Residency (ACHR)*	<ul style="list-style-type: none"> <li>• Resident consistently performs objective at Achieved level (as defined above) for the residency</li> <li>• Only the RPD will designate this rating</li> </ul>

### *Failure to Progress:*

- If  $\geq 50\%$  of a rotation's objectives assessed are marked as "needs improvement," the resident will fail the rotation.
- Resident performance concerns will be addressed by the RPD and will follow the Corrective Action Policy ([here](#)). Examples of performance concerns include, but are not limited to, inadequate progression on residency goals/objectives, instances of unprofessional behavior, non-compliance with organizational policies and procedures. Depending on gravity of the deficiency, a Performance Improvement Plan (PIP) may be initiated and reviewed periodically. Failure to resolve performance concerns may result in disciplinary action up to and including termination.
  - No action shall be taken against the resident for performance-related reasons until the Director of Pharmacy Services reviews the report and recommendations concerning any final action to be taken. If the director of Pharmacy Services feels that the action recommended by the Preceptor/RPD is appropriate, the action will be implemented.
  - When and if dismissal is recommended by the RPD, the director of Pharmacy Services will have a meeting with the resident to discuss the final decision.
- Residents will retake a failed required rotation. All required rotations must be passed in order to complete the residency.
- Failing two rotations will be grounds for dismissal.

### *Resident Assessment of Preceptor/Learning Experience:*

- Residents will complete "Preceptor evaluations" within 7 days of the learning experience ending within PharmAcademic™. The ASHP Rating Scale (always, frequently, sometimes, never) will be used and comments should be included so the preceptor can improve. Preceptors and RPD will review and cosign evaluations in PharmAcademic™.
- Residents will complete "Learning Experience evaluation" within 7 days of the learning experience ending within PharmAcademic™. The ASHP Learning Experience Scale (consistently true, partially true, false) will be used and comments should be included so learning experiences can be improved. Preceptors and RPD will review and cosign evaluations in PharmAcademic™.

## **Disciplinary Action and Dismissal**

- Residents will follow the Harassment Free Workplace policy and procedures ([here](#)).
- In addition to the Corrective Action Policy ([here](#)), ASHP dictates specific requirements need to be met in order to progress through the residency. Anything that would cause a resident to be discharged from their residency would also result in termination of employment. Some examples include, but are not limited to:
  - Failure to complete licensure as a pharmacist as detailed above (licensure required for at least 2/3 of the residency year).
  - Continued failure to meet rotation objectives after implementation of corrective action plan.
  - Excessive absences resulting in an inability to complete the program requirements.
- Instances of conduct that violates Allina Health policies, including but not limited to unprofessional behavior or plagiarism, may result in discipline, including but not limited to the creation of a Performance Improvement Plan (PIP) or, in some instances, termination of employment.
- Should dismissal occur, the RPD will notify ASHP of the concern and final decision; residents who are dismissed shall not receive a certificate of completion.

## Resident Portfolios

- Each resident is responsible for continuously maintaining their professional resident portfolio throughout the year; portfolios include all completed projects, presentations, and write-ups the resident has completed during the year.
- Portfolios will be maintained electronically.
- Portfolios will be retained by residency program to assist with future ASHP accreditation surveys.

## Travel

- Travel required by the residency program will follow the Travel, Entertainment & Other Business Expense Reimbursement Policy ([SYS-Fin-Fcouncil-105-02](#)).

### *Professionalism:*

- Residents are required to be active members in professional societies including MSHP and ASHP; residents will be reimbursed for these memberships. Professional societies are vital to developing a resident's network and achievement of professional and personal goals.
- Residents must appropriately represent the residency programs at all times. It is expected they act in a professional manner including attending multiple sessions at conferences and not leaving early.

### *Conferences:*

- Residents are provided financial support to attend ASHP Midyear Clinical Meeting (Winter).
- Residents are provided financial support to attend several local conferences including MSHP Midyear Clinical Meeting (Fall), and a Regional Resident Conference (Spring).

### *Reimbursement*

- All travel requests must be pre-approved by RPD by assigned deadline in accordance with the Travel, Entertainment & Other Business Expense Reimbursement Policy ([SYS-FIN-Fcouncil-105-02](#)).
- Registration will be reimbursed at the member rate.
- Flights are subject to RPD approval prior to booking.
- RPD approval is required for hotel room costs > \$200/night.
- The program will not reimburse for any flight upgrades.
- The program will only reimburse for lodging during the attended conference dates. Residents are responsible for any additional costs not covered, or any costs incurred outside of the conference dates. Residents are responsible for following the applicable PTO procedures if choosing to extend stays outside of conference dates.
- Reimbursement may not be provided if the resident does not attend the educational program.

### *Poster/Presentations:*

- Posters
  - Residents will need to make a poster for display at ASHP midyear clinical meeting.
  - It is expected that residents work with their project preceptor teams to develop and review the posters.
  - Residents are required to verify ASHP poster requirements to ensure compliance.
  - Residents will use the template located [here](#) to create their poster.
- Presentation
  - Residents will create a PowerPoint presentation for a Regional Residency Conference in May of each year.
  - Residents can use the template located [here](#) to create their presentation.

- It is expected that residents will deliver a practice/CE presentation to staff prior to attending the spring Regional Residency Conference.

## Teaching

- Residents may be involved in teaching experiences at the University of Minnesota, College of Pharmacy depending on site and college of pharmacy capacity. In exchange for teaching assistant work, residents will participate in a teaching certificate program. Time spent performing teaching assistant work is considered as duty hours.
- Residents will not receive monetary payment for teaching assistant work.

## Residency Program Certificate

- Upon successful completion of all program requirements and compliance with all conditions of the residency program, the resident shall be awarded a certificate in accordance with the provisions of the ASHP Regulations on Accreditation of Pharmacy Residencies.

### *Residency requirements:*

- Completion of Goals/Objectives:
  - Completed 100% of goals/objectives as achieved for residency (ACHR) within the patient care competency area (R1).
  - Completed 80% or more of goals as ACHR and all other goals and objectives marked as “satisfactory progress” or “achieved” in PharmAcademic™ within all four competency areas.
- Completed all required activities, projects and presentations for residency. ([Appendix A](#)).
  - Completion of requirements in Appendix A will be tracked and documented quarterly with Quarterly Evaluations.
- Completed electronic e-portfolio of all written projects, presentations, and other documents as appropriate.

## Preceptor and Program Quality Assurance:

### *Preceptor Appointment:*

- All preceptors will meet ASHP preceptor criteria or have an individualized development plan in place to meet criteria within 2 years.
- Preceptors will be members of the preceptor committee.
- New preceptors will meet with the RPD for a brief preceptor orientation.
- Preceptor evaluation and appointment will be conducted as needed and at a minimum, every four years. Evaluation by the RAC and pharmacy leadership will include:
  - Verification of preceptor eligibility and qualifications.
  - Organization-specific criteria including completion of preceptor self-assessment.

### *Preceptor Development Plan:*

- A preceptor development plan is created annually to support ongoing refinement of precepting skills; educational opportunities to improve preceptor skills will be incorporated throughout the year (e.g. precepting pearls, preceptor bootcamp).
- At minimum, preceptors must participate/review 1 activity annually.

### *Quality Assurance:*

- Resident preceptor and learning experience feedback will be reviewed by the RPD during the year to ensure program quality. RPD will monitor for trends/deficiencies and intervene as appropriate.
- RPD, residents, preceptors, and residency coordinators will participate in residency feedback day at the end of the year. Residents will collectively document global comments for rotations regarding what went well, what can be improved, as well as other recommendations. These comments will be discussed with preceptors, RPD, and residency coordinators.

### *Residency Advisory Committee (RAC):*

- RAC will consist of the RPD and residency coordinators.
- RAC will meet at least quarterly to discuss overall progress by residents. These adjustments will be incorporated into quarterly updates.
- RAC and pharmacy leadership will meet annually (generally after residency feedback day) to evaluate the residency program and discuss areas of strength, opportunities, and brainstorm strategies.

### **References**

1. [ASHP Accreditation Standards for Postgraduate Residency Programs](#); Accessed November 2023
2. [Duty Hour Requirements](#); Accessed January 2023.
3. [ASHP Resident Matching Program](#); Accessed January 2023.

## Appendix A: PGY1 RESIDENCY REQUIREMENT TRACKING FORM

RESIDENT: \_\_\_\_\_

Requirements	Date Completed (if applicable)	Title (if applicable)
Complete and turn in Initial Assessment of Competency during orientation		
Plan and coordinate activities for Pharmacy week		
Participate regularly in residency touchpoint meetings		
Complete a minimum of two (2) Medication Use Evaluations (MUEs), one of which must be a multisite evaluation; one must be safety focused: <b>Med Safety, Practice Management, Emergency Medicine, Other.</b>		
MUE #1 (multisite)		
MUE #2 (single or multisite)		
Develop or revise a policy and seek approval via appropriate committees		
Successfully complete all required rotations, including rotation projects, and achieve ≥80% of all goals and objectives; 100% of all goals within patient care competency area (R1). Note: "Needs Improvement" cannot be the final designated of a goal/objective for successful completion of the residency program		
Participate in Substance Abuse Patient Education as part of longitudinal patient education rotation		
Organize 1 safety topic speaker for residency touchpoint meetings Pick topics from list (in syllabus), organize topic expert to present at touch point, PGY1 to facilitate discussion		
Speaker (topic)- Due June		
Complete a minimum of three (3) continuing education presentations: <b>--Clinical Pearls (ASHP/MSHP), Resident Capstone Practice Presentation (for Regional Conference)</b>		
Continuing education #1		
Continuing education #2		
Continuing education #3		
Complete a minimum of two (2) informal (journal club or case) presentations (1 must be a journal club): <b>--Cardiology, ID, Mental Health</b>		
Journal club presentation #1		
Presentation #2 (journal club or case presentation)		
Complete a minimum of one (1) health care professional in-services: <b>--Internal Medicine</b>		
Health care in-service #1		
Routinely participate in assigned Pharmacy & Therapeutics Committee duties including presentation (e.g. ISMP, projects, system formulary agenda preview), minutes		

Requirements	Date Completed (if applicable)	Title (if applicable)
Medication Safety/P&T Quarterly Audits		
Audit 1: PVSr Trends and Spotlight		
Audit 2: Medication Override Review		
Participate in Safety Meetings (part of longitudinal safety rotation)		
Mercy Medication Safety Meeting (minimum of 1)		
Mercy Leadership Safety Huddle Attendance (during management rotation)		
Fulfill staffing hour commitment		
Complete TA hours and Teaching Certificate (if applicable)		
Participate in quarterly Allina Pharmacy Residency forums		
ASHP poster submission and presentation		
Regional residency conference research presentation submission and presentation (Spring)		
Present Capstone to P&T committee (or other key stakeholder groups)		
Complete and submit written manuscript of capstone project that is deemed acceptable for submission to a journal by RPD/project mentor		
Complete all PharmAcademic evaluations, including final self-assessment and program evaluation with RPD		
Complete (electronic) resident portfolio		
Participate in Residency Program recruitment activities (e.g. ASHP and MSHP residency showcases; Residency interviews and candidate review)		
Participate in Pharmacy Grand Rounds (active listener for bimonthly presentations and present 1 hour CE presentation to the ground during the year)		
Participate in mentor program		
Resident Exit Interview/Residency Feedback Day and turn in office keys, phone, laptop, and badge		



## Appendix B: Mercy Residency Program Sample Timeline

*Dates are subject to change based on individual resident goals/assigned tasks and list may not be all inclusive*

### July:

- Residency Program Orientation
- Review Residency Program Design and Conduct
- Initial self-assessment (entering resident goals and objectives)
- Establish Resident Portfolio
- Begin orientation
- Meet regularly with orientation preceptor to review issues and verify how training is going
- Review rotation schedule/verify dates/timelines
- Review / schedule longitudinal experiences (Patient Education, Med Safety, etc.)
- Start working on MUE (plan for poster presentation at ASHP MYCM)
- Brainstorm/select Capstone Residency Project
- Join MSHP and ASHP (if not already a member)
- Review schedule for medication safety P&T participation

### August:

- Project topic/preceptor confirmed; start outlining project plan: [here](#)
- Register for MSHP Midyear Meeting
- Register for ASHP Midyear Clinical Meeting
- Establish deadlines for various projects and assignments (P&T minutes, newsletter articles, CE program for pharmacists, etc.)
- PGY1: Begin Clinical Rotations (ensure pre/post rotation goals/evaluations completed)
- Start IRB training and submission
- Select pharmacist mentor for the year

### September:

- Pre-travel registration due for ASHP Midyear Clinical Meeting
- Project Design/Methods write-up
- Project Proposal Summary and complete IRB application
- Begin working on abstract for ASHP poster application
- Begin working on plan for Pharmacy Week
- Begin topic selection for Allina Pharmacy Grand Rounds

### October:

- Submit project application to IRB if not already done
- ASHP Midyear Clinical Meeting poster abstract for residents
- Complete 1<sup>st</sup> Quarter Evaluations

### November:

- Discuss CV preparation and interview opportunities in preparation for ASHP Midyear Clinical Meeting (at touchpoint meeting)
- Prepare poster for ASHP midyear presentation.
- Present poster draft to project committee for review
- Present MSHP Pearls

**December:**

- Attend ASHP Midyear Clinical Meeting – Posters, showcase

**January:**

- Assist with application review of residency candidates (optional)
- Complete 2<sup>nd</sup> Quarter Evaluations
- Continue project work-data collection and analysis
- Prepare abstract for Regional Residency Conference – verify submission deadline
- Participate in interview activities of residency candidates with RPD

**February:**

- Participate in interview activities of residency candidates with RPD
- Continue project work-data collection and analysis
- Present ASHP Pearls
- Present at Allina Pharmacy Grand Rounds (date/month variable)

**March:**

- Finalize any outstanding project work
- Begin preparing PowerPoint presentation for Regional Residency Conference
- Present project summary analysis to project committee
- Prepare and submit application and poster for MSHP Residency Research Award
- Review Residency Requirement List for outstanding projects to be completed

**April:**

- Pre-Regional Residency project presentation to staff
- Determine hospital committees/persons (key stakeholders) for project presentation
- Complete 3<sup>rd</sup> Quarter Evaluations

**May:**

- Attend Regional Pharmacy Residents Conference
- Begin manuscript for final project
- Present poster of Capstone project to P&T meeting.

**June:**

- Submit manuscript for preceptor/committee review by **second week in June**
- All Residency Requirements completed by **last day of residency**
- Residency Portfolio to RPD by **last day of residency**

## Appendix C: Onsite Preceptor Roster by Rotation and Duration: 2023-2024

PGY1			
Rotation	Location/Preceptor		Duration
	Mercy Campus	Unity Campus	
Required Rotations			
Orientation‡	Jena Torpin, PharmD, BCPS		5-6 weeks
	Daniel Paley, PharmD	Toni McCain, PharmD, BCPS	
Internal Medicine‡	Jesse Scheid, PharmD; Gina Fasching, PharmD, BCPS; Katie Berning, PharmD	Toni McCain, PharmD, BCPS; Angel Helget, PharmD, BCPS	5-6 weeks
Critical Care	Jeralyn Furst, PharmD; Kevin Mogen, PharmD	Kenett Winters, PharmD, BCCCP	5 weeks
Practice Management	Venessa McConkey, PharmD, BCPS, CGP; Kristine Almeida, PharmD, BCPS; Dan Niznick, PharmD, BCPS; Megan Nelson, PharmD, BCPS; Jena Torpin, PharmD, BCPS		5 weeks
System Formulary	Location: Remote/Allina Commons Kelly Ruziska, PharmD, BCPS		1 week (1 week is concentrated rotation time with system formulary coordinator for introduction to drug monograph/drug class review project and topic discussions; expect an additional 6-10 hours of project work outside of rotation. Deliverable is presented at a System Formulary meeting (occurs every 2 months); evaluation scheduled for after presentation)
Staffing	Katie Kissel, PharmD, BCPS; Katie Berning, PharmD	Kenett Winters, PharmD, BCCCP, Jenny Chapeau, PharmD, BCPS	Longitudinal x 12 months (generally ~3/8 weekends (both Sat and Sun) x 8 hours and 1 weekday afternoon/evening (usually a Friday) x 8 hours per month); ~2-3 holidays. Initial staffing shifts are medication history, followed by central/operations, and then decentral as appropriate
Medication Safety	Jena Torpin, PharmD, BCPS		Longitudinal x 12 months (generally involves ~1 hour per month reviewing/cross-walking ISMP alerts with site practices, monthly P&T participation, ~6 hours of project work preparing quarterly audits to coincide with quarterly nursing-pharmacy safety meeting, and setting up 1 safety speaker

			of the resident's choosing to present at touch point.
Patient Education	Phat Tran, PharmD		Longitudinal x 11 months (generally involves ~four, 45 minute blocks of time during the year completing substance abuse patient education group education activities. Participation is aligned with mental health rotation when able/as applicable)
Precepting	Sam Fish, PharmD; Kevin Mogen, PharmD	Phat Tran, PharmD	3 weeks (includes 2 weeks concentrated time observing/supporting IPPE student preceptors in the fall, 1 week concentrated time serving as lead IPPE preceptor in the spring)
Project	TBD	TBD	Longitudinal x 12 months (includes 1 week meeting attendance & poster presentation at ASHP Midyear and at a spring regional residency conference; dedicated project time during orientation, 1 week coupled with pharmacy week, and 4 hour project time coupled with some weekday staffing; amount of time throughout remainder of year can vary significantly based on research project scope but would expect a minimum of 8-16 hrs/month)
<b>Selective Required Rotations</b>			
Cardiology	Chris Davison, PharmD; Sam Fish, PharmD		5 weeks
Infectious Disease	Selam Melka, PharmD		4 weeks (Will be scheduled the second half of the year)
Emergency Medicine	Jenna Tjernlund, PharmD, BCIDP; Jessica Tonder, PharmD, BCPS; Dan Paley, PharmD; Sam Fish, PharmD, Logan Pirkl, PharmD, BCPS	Jennifer Gednalske, EMT-B, BS, PharmD, BCPS, BCACP, BCCCP	4-5 weeks (Will be scheduled during quarter 3 or 4 unless resident will be pursuing a PGY2 in Emergency Medicine)
Mental Health		Carisa Finke, PharmD, BCGP, BCPP; Amie Jo Digatono, PharmD, BCPP	4-5 weeks
<b>Elective Rotations</b>			
Teaching	Sam Fish, PharmD, Kevin Mogen, PharmD, Phat Tran, PharmD		Longitudinal x 12 months (includes 24 hours of responsibilities at the University of Minnesota College of Pharmacy and participation in a longitudinal teaching certificate)

Allina Health Cancer Institute Oncology Rotation	Location: AHCI, Mercy Campus Candace Globa, PharmD, BCOP; Kim Levang, PharmD		3-5 weeks
Pain	Justin Hora, PharmD		1-3 weeks (Will be scheduled the second half of the year)
Ambulatory <sub>ç</sub>	Location: TBD based on desired region Jill Konstantinides, PharmD		3-5 weeks (Will be scheduled the second half of the year)
Pediatrics <sub>ç</sub>	Location: Children's Hospital, Minneapolis Lisa Stay, PharmD, BCPPS		4-5 weeks (Will be scheduled the second half of the year)
Toxicology <sub>ç</sub>	Location: Minnesota Poison Control System @ HCMC Carrie Oakland, PharmD, BCPS, CSPI		2-4 weeks (Will be scheduled the second half of the year)
Rural Health <sub>ç</sub>	Location: Buffalo Hospital, part of Allina Health Dawn Hagen, RPh; Diane Solbrack		2-4 weeks (Will be scheduled the second half of the year)
Other elective learning experiences may be developed based on resident interest and preceptor availability. If an elective learning experience is in the same area of a required learning experience, the elective will be conducted at a more advanced level with different objectives/activities than the required rotation. A separate elective learning experience will be developed in all instances with the help of the resident.			

‡Pre-requisite for other rotations

çOffsite

## Appendix D: Sample Resident Rotation Schedule

Dates		Rotation	Staffing	Project	Teaching	
July	3 to 7	Orientation- Both Campuses	Staffing	Project	Teaching	Patient Education
	10 to 14					
August	17 to 21					
	24 to 28					
	31 to Aug 4					
September	7 to 11	Internal Medicine - Both Campuses				
	14 to 18					
	21 to 25					
October	28 to Sept 1	System Formulary				
	4 to 8	Cardiology				
	11 to 15	Pharmacy Week/Precepting (Part I)				
November	18 to 22	ICU- Mercy				
	25 to 29					
	2 to 6					
	9 to 13					
December	16 to 20	ASHP Midyear				
	23 to 27					
	30 to Nov 3					
	6 to 10					
13 to 17						
20 to 24						
27 to Dec 1						
January	4 to 8	Emergency Medicine- Unity				
	11 to 15					
	18 to 22					
	25 to 29					
February	1 to 5	Emergency Medicine- Mercy				
	8 to 12					
	15 to 19					
	22 to 26					
March	29 to Feb 2	Management				
	5 to 9					
	12 to 16					
	19 to 23					
April	26 to Mar 1	Precepting Part II				
	4 to 8					
	11 to 15					
	18 to 22					
May	25 to 29	AHCI				
	1 to 5					
	8 to 12					
	15 to 19					
June	22 to 26	ID				
	29 to May 3					
	6 to 10					
	13 to 17					
July	20 to 24	Mental Health				
	27 to 31					
	3 to 7					
	10 to 14					
August	17 to 21	Pain				
	24 to 28					
	31 to Aug 4					
September	7 to 11	Project time				
	14 to 18					
	21 to 25					
October	28 to Sept 1					
	4 to 8					
	11 to 15					
November	18 to 22					
	25 to 29					
	2 to 6					
December	9 to 13					
	16 to 20					
	23 to 27					
January	30 to Nov 3					
	6 to 10					
	13 to 17					
February	20 to 24					
	27 to Dec 1					
	4 to 8					
March	11 to 15					
	18 to 22					
	25 to 29					
April	1 to 5					
	8 to 12					
	15 to 19					
May	22 to 26					
	29 to May 3					
	6 to 10					
June	13 to 17					
	20 to 24					
	27 to 31					
July	3 to 7					
	10 to 14					
	17 to 21					
August	24 to 28					
	31 to Aug 4					
	7 to 11					
September	14 to 18					
	21 to 25					
	28 to Sept 1					
October	4 to 8					
	11 to 15					
	18 to 22					
November	25 to 29					
	2 to 6					
	9 to 13					
December	16 to 20					
	23 to 27					
	30 to Nov 3					
January	6 to 10					
	13 to 17					
	20 to 24					
February	27 to Dec 1					
	4 to 8					
	11 to 15					
March	18 to 22					
	25 to 29					
	2 to 6					
April	9 to 13					
	16 to 20					
	23 to 27					
May	30 to Nov 3					
	6 to 10					
	13 to 17					
June	20 to 24					
	27 to 31					
	4 to 8					
July	11 to 15					
	18 to 22					
	25 to 29					
August	2 to 6					
	9 to 13					
	16 to 20					
September	23 to 27					
	30 to Nov 3					
	6 to 10					
October	13 to 17					
	20 to 24					
	27 to Dec 1					
November	4 to 8					
	11 to 15					
	18 to 22					
December	25 to 29					
	2 to 6					
	9 to 13					
January	16 to 20					
	23 to 27					
	30 to Nov 3					
February	6 to 10					
	13 to 17					
	20 to 24					
March	27 to Dec 1					
	4 to 8					
	11 to 15					
April	18 to 22					
	25 to 29					
	2 to 6					
May	9 to 13					
	16 to 20					
	23 to 27					
June	30 to Nov 3					
	6 to 10					
	13 to 17					
July	20 to 24					
	27 to 31					
	4 to 8					
August	11 to 15					
	18 to 22					
	25 to 29					
September	2 to 6					
	9 to 13					
	16 to 20					
October	23 to 27					
	30 to Nov 3					
	6 to 10					
November	13 to 17					
	20 to 24					
	27 to Dec 1					
December	4 to 8					
	11 to 15					
	18 to 22					
January	25 to 29					
	2 to 6					
	9 to 13					
February	16 to 20					
	23 to 27					
	30 to Nov 3					
March	6 to 10					
	13 to 17					
	20 to 24					
April	27 to Dec 1					
	4 to 8					
	11 to 15					
May	18 to 22					
	25 to 29					
	2 to 6					
June	9 to 13					
	16 to 20					
	23 to 27					
July	30 to Nov 3					
	6 to 10					
	13 to 17					

## Appendix E: Mentor Program

### Mentor Program Purpose

- Help integrate pharmacy residents into the pharmacy department.
- Build meaningful relationships.
- Provide support (e.g. career advice, professional development, advocate for the resident).
- Provide additional feedback for resident growth.
- Improve resident and preceptor wellbeing.
- Offer a more formal leadership position to preceptors and allow them to serve as a role model.

### Structure

- Mentors:
  - Voluntary involvement.
  - Willingness to commit to a minimum of 4 meetings during the residency year (more frequent meetings encouraged).
  - Provide a brief document outlining past work history, pharmacy interests, and (optional) personal interests.
  - Serve as a role model within the department.
- Mentees:
  - Initial Self-Assessment
- Matching:
  - Mentor-mentees will be assigned based on interest alignment by the RAC team/directed by the resident.

### Meetings: (e.g. over lunch, coffee, on or off site)

- Initial Meeting:
  - Mentor responsible for setting up initial meeting.
  - Should take place within the first 1-2 months of starting the residency program.
  - Purpose: get to know one another/find ways to connect

***\*Bolded items are priority discussion items for initial meeting\****

  - **Personal background**
  - **What sparks joy: interests, hobbies, family**
  - **Background on the organization's/department's culture**
  - **Availability (How often and when to meet)**
  - **Communication style that works best for both parties**
  - **Establish goal(s)/expectations for the mentoring relationship**
  - Career goals
  - Professional strengths/weaknesses

- Subsequent Meetings: Collaborative format with all residents and mentors, with a focus on team-building.
  - Minimum of 3 additional meetings.
  - Suggested activities:
    - **Brunch Gathering:** Choose a cozy cafe or a picturesque outdoor setting. A laid-back brunch setting encourages casual conversations and bonding.
    - **Yard Games Day:** Organize a day of classic yard games like cornhole, bocce ball, horseshoes, and ladder toss. This light-hearted competition can be a great ice breaker and offers ample opportunities for laughter and team building.
    - **Hiking Trip:** A group hike to a local trail or nature reserve allows participants to connect with nature and each other. Depending on the group's fitness levels, select a trail that is challenging yet enjoyable. Remember to pack a picnic to enjoy at a scenic spot!
    - **Cooking or Baking Session:** Collaborate in pairs or small groups to whip up dishes or baked goods. This can be a fun way to learn and share culinary skills, or even try out recipes from different cultures.
    - **Workshop or Skill-Sharing Day:** Mentors and residents can take turns teaching a short workshop on a topic of their expertise, whether it's a hobby, a professional skill, or an unusual talent.
    - **Board Game Night:** Set up a variety of board games that encourage strategic thinking and teamwork. Games like "Settlers of Catan", "Codenames", and "Ticket to Ride" are engaging and promote cooperation.
    - **Art and Craft Session:** This could be pottery, painting, or any DIY crafts. Art can be therapeutic and provides an avenue for mentors and residents to express themselves in a non-verbal manner.
    - **Community Service Day:** Engage in a group community service activity such as cleaning a park, volunteering at a local shelter, or planting trees. It's a rewarding way to bond while making a positive impact in the community.
    - **Book or Article Discussion:** Choose a relevant book or article and hold a discussion session around it. This promotes intellectual engagement and deeper conversations on pertinent topics.
    - **Cultural Exchange Evening:** An evening where everyone shares something from their cultural or personal background, be it a dance, a song, a story, or a ritual. It promotes mutual respect and understanding among the group.



## Tips for Mentors

- Ask open ended questions to help residents come to their own conclusions/evaluate situations (e.g. can you walk me through your thought process?; tell me how you came to that conclusion)
- Help resident break challenging situations into smaller/more manageable tasks and help identify the rate limiting step to move a project/situation forward.
- Connect residents with preceptors/colleagues that would be helpful resources.
- Share personal experiences to relate to the resident.

## References:

1. [https://www.med.uottawa.ca/des/assets/documents/handbook\\_residents.pdf](https://www.med.uottawa.ca/des/assets/documents/handbook_residents.pdf)
2. <https://www.fammed.wisc.edu/files/webfm-uploads/documents/diversity/Mentorship-Toolkit.pdf>

**Resident Manual Recipient Declaration**

I, PGY1 resident named below, have received a copy of, have read and understand the contents of this Residency Manual.

X \_\_\_\_\_  
Signature Date Printed Name