Penn State Milton S. Hershey Medical Center

Department of Pharmacy

Pharmacy Practice Residency Program

Information for Candidates
I. INTRODUCTION

The PGY1 Pharmacy Residency Program at Penn State Milton S. Hershey Medical Center (PSMSHMC) has been designed in accord with the American Society of Health-System Pharmacists (ASHP) accreditation standards revised and implemented in 2007. The Program was developed and received its initial accreditation from ASHP in 1985. Implementation of the Residency Learning System was initiated in 1997 with the new PGY1 standards to be implemented in July, 2007.

Our residency concept is best described in the introduction of the ASHP Accreditation Standard for PGY1 Pharmacy Residency Programs. A pharmacy residency provides “the opportunity to accelerate” professional “growth beyond entry-level professional competence in patient-centered care and in pharmacy operational services, and to further the development of leadership skills that can be applied in any position and in any practice setting. PGY1 residents acquire substantial knowledge required for skillful problem solving, refine their problem-solving strategies, strengthen their professional values and attitudes, and advance the growth of their clinical judgment. The instructional emphasis is on the progressive development of clinical judgment, a process begun in the advanced pharmacy practice experiences (APPE or clerkships) of the professional school years but requiring further extensive practice, self-reflection, and shaping of decision-making skills fostered by feedback on performance. The residency year provides a fertile environment for accelerating growth beyond entry-level professional competence through supervised practice under the guidance of model practitioners.”

II. PURPOSE/OUTCOMES

The purpose of Penn State Milton S. Hershey Medical Center’s PGY1 Residency Program is to develop or enhance a pharmacist’s skills to function effectively in multiple acute care environments by providing sound pharmaceutical care to diverse patient populations and to prepare a pharmacist for PGY2 residency training. Upon successful completion of the Program, the resident will have acquired the following outcome competencies:

1. Managing and improving the medication-use process.
2. Providing evidence-based, patient-centered medication therapy management with interdisciplinary teams.
3. Exercising leadership and practice management skills.
4. Demonstrating project management skills.
5. Providing medication and practice-related education/training.
6. Utilizing medical informatics.
7. Contributing to formulary decision making
8. Conducting pharmacy practice research
Goals and objectives have been selected to assure the above outcomes are achieved through structured learning experiences. Flexibility has been built into the program to allow the resident to adapt the program to meet their interests and focus on identified areas for improvement.

III PROGRAM GOALS

The goals and objectives chosen to achieve the program outcomes are listed in Attachment A and serve as the basis for residency training. These goal statements are taken from the ASHP’s “Required and Elective Educational Outcomes, Educational Goals & Educational Objectives for Postgraduate Year One (PGY1) Pharmacy Residency Programs.”

IV. LEARNING EXPERIENCES:

Structured learning experiences (i.e. rotations) spread throughout a 12 month period (see Attachment B –Program Structure) are utilized to facilitate the achievement of the Program outcomes. Within each structured experience, learning activities have been developed which allows the resident to meet the Program’s goals and objectives. There are 10 mandatory learning experiences (5 monthly rotations and 5 longitudinal) and 5 elective learning experiences. The program is flexible to meet individual needs of residents. Residents are encouraged to develop areas of interest and become involved in all pharmacy activities.

Mandatory learning experiences and their minimum lengths are:

- Adult Internal Medicine - 1 month
- Critical Care - 1 month
- Infectious Diseases - 1 month
- Pediatrics - 1 month
- Practice Management - 1 month

Mandatory Longitudinal experiences include:

- Disease management Clinic (either ½ day a week or 1 full day every other week)
- Drug Use Policy
- Hospital Pharmacy Practice(staffing every 3rd weekend plus one evening every 3 weeks)
- Project/Research
- Pharmacy Student Clerkship Precepting

Elective learning experiences, usually a total of 5 months, are incorporated according to resident interest and preceptor availability. These may include, but are not limited to:

- Adult Internal Medicine
- Ambulatory Care Clinic (offsite VA)
Residents develop, with guidance from the Residency Director and their advisor, an annual schedule. The schedule includes all required and elective experiences, research project, staffing requirements, travel, miscellaneous assignments, meetings, and time off. Activities and expectations to achieve the goals and objectives identified for each learning experience have been developed by each preceptor and are shared with the resident at the beginning of each experience.

V. PROGRAM GOVERNANCE

The Residency Steering Committee governs the residency program. It is comprised of all preceptors and select members of the Pharmacy Leadership Group. The Committee is chaired by the Residency Program Director and meets monthly to review and discuss the progress of the residents. Interactive feedback is utilized in preparation of further residency activities. The group will make modifications to the residents’ schedule as necessary. Residents participate in all Residency Steering Committee meetings except during executive session when performance is reviewed.

Following the orientation period, each resident will select a personal residency advisor. The residency advisor will act as a personal contact in all aspects related to the successful completion of the pharmacy practice residency and will supplement the activities of the residency director. (See Attachment C: Pharmacy Practice Residency Advisor).

VI. EVALUATION/ASSESSMENT OF THE RESIDENT CANDIDATES

Residency candidates are required to submit the following items for application to the Pharmacy Practice Residency Program and must be enrolled in the ASHP Resident Matching Program:
application supplement
copy of curriculum vitae or resume
official copy of college transcripts
three letters of recommendation from professional colleagues and/or college faculties; each letter may be accompanied by the ASHP standard recommendation form
one-page essay expressing interest and reason for pursuing a residency
an online PSMSHMC employment application is completed subsequent to the match results by those residents who match with the Program.

The Residency Director assesses the completeness of the application materials prior to scheduling candidate interviews. Residency Steering Committee members that participate in interviews complete a Residency Candidate Interview Assessment prior to ranking for the ASHP Residency Matching Program. Candidates are ranked based on the assessments by the Residency Steering Committee and results are submitted to the ASHP Resident Matching Program.

The successful candidates are asked to complete the Assessment and Plan for Residency Training form prior to their arrival for the start of their residency program and must obtain their Pennsylvania pharmacist license by September 1st.

The Application Supplement for Pharmacy Practice Residency Candidates and the Assessment and Plan for Residency Training forms will serve to aid residents in identifying their areas of strength, weakness, and interest. These forms are also utilized in developing the residents training schedule and the residency plan for each resident.

VII. ORIENTATION

**RLS:** Prior to the start of the residency the Resident will be asked to review and study the *Residents’s Guide to Learning Through the RLS.* Residents will be directed to the ASHP website to download the manual. At the end of the first month of the residency as well as after the first learning experience, the Program Director will conduct an educational session to assess the resident’s knowledge of the RLS.

**Orientation:** The residency program commences with a 4-week orientation period. The orientation period exposes residents to the various practice components of the Department, committees/task forces, policies and procedures, computers/automation, etc. Residents are trained in the daily operations, staffing duties of the Department, and in the disease management clinic. Residents will also complete additional orientation and training (at other times throughout the year) on the handling of clinical trial medications (i.e. investigational drug service), sterile product and chemotherapy preparation, and outpatient operations.

**Customized Residency Plan:** Prior to the start of the residency the Program Director will send each resident the questionnaire *Assessment and Plan for Residency Training.* The resident will return the completed questionnaire by June 15th. This will be used to develop each resident's
customized plan for residency training. The plan is written and developed collaboratively by the resident, resident’s advisor, and Program Director during the first month of the residency. The plan includes the resident's interests, areas for improvement, areas of strength, current and future goals, and the plan for training. This information is used to develop an individualized training schedule for the residents. The resident, the Program Director, the resident’s advisor and members of the Residency Steering Committee develop the plan and schedule collaboratively. The Resident's Plan is updated on a quarterly basis by the resident’s advisor and resident and adjusted according to the resident’s progress.

VIII. EVALUATION AND ASSESSMENT

Evaluations are performed throughout the residency to provide feedback and guidance regarding the resident’s performance and the effectiveness of training. All evaluations are based upon the Residency Program Goals and Objectives.

1. **Informal, verbal feedback**
   - Resident and rotation preceptor are to meet a minimum of 3 times weekly to review and discuss patients and issues
   - Residents and Program Director meet biweekly to review and discuss overall program progress

2. **Verbal, mid-rotation evaluation** between resident and rotation preceptor are scheduled as close to the rotation mid-point as possible

3. **Preceptor evaluation of resident:** Formal, written end-of-rotation evaluation between resident and rotation preceptor using a summative evaluation form designed for each learning experience are conducted at the end of a rotation as close to the last day as possible. The preceptor for the resident’s upcoming rotation is invited to the evaluation session to identify areas of focus for the upcoming experience. For longitudinal experiences, written evaluations are completed quarterly. Preceptors may chose to use the Criteria Based Checklists to perform a more focused evaluation of a specific objective. Evaluations are turned into the Program Director and highlights shared with the Residency Steering Committee.

4. **Resident Self-Evaluation:** The resident, at the end of each rotation, completes a formal written resident self-evaluation using the summative evaluation form and reviews this with the rotation preceptor at the end-of-rotation evaluation session. For longitudinal experiences, written self-evaluations are completed quarterly. All evaluations are turned into the Program Director and highlights shared with the Residency Steering Committee.

5. **Resident evaluation of Preceptor:** Formal, written Preceptor Evaluations are completed at the conclusion of each rotation, shared with the preceptor at the end-of-rotation evaluation session and turned in to the Program Director. For longitudinal
experiences, written evaluations are completed quarterly

6. **Routine Progress Report:** The resident’s progress on goals and objectives as well as their program plan are discussed routinely at each Residency Steering Committee meeting. Quarterly a written progress report using the form *Resident Quarterly Evaluation Form* will be prepared by the resident’s advisor and shared with the resident. The summative evaluations and criteria based checklists will provide the basis for the progress report. The Resident Plan will be modified as needed according to the results of the Quarterly Progress Reports.

**IX. PROJECTS**

Residents are required to complete one research project that is presented at the Eastern States Residency Conference in the spring (See Attachment D: Eastern States Conference). The topic must be selected by the resident and approved by the Residency Steering Committee by September 1st of the residency year. All projects will be assigned a preceptor to work with the resident. Projects are selected from a list of projects provided to the resident during the orientation period. Organizational and Departmental mission, values, and strategic initiatives are taken into account when selecting projects.

The typical resident’s project includes the following steps:
- Project selection
- Presentation of project to the Residency Steering Committee (RSC) including background, hypothesis, methodology and timetable.
- Approval by RSC
- Full project development
- IRB submission and approval, if necessary
- Implementation
- Data collection
- Data analysis
- Oral presentation of results
- Final paper in an approved manuscript style

Residents participate in multiple task forces and committees as schedule permits.

Residents serve as preceptors to pharmacy students completing clinical rotations at the Medical Center.

Residents rotate through Clinical on call every 3-4 weeks.

Residents are to compile a Residency Binder throughout the year. (see Attachment E).

**XI. BENEFITS (see Attachment F)**
Outcome: Manage and improve the medication-use process.

Goal: Identify opportunities for improvement of the organization’s medication-use system.
   (OBJ) Explain the organization’s medication-use system and its vulnerabilities to adverse
   drug events (ADEs).
   (OBJ) Analyze the structure and process and measure outcomes of the medication-use
   system.
   (OBJ) Identify opportunities for improvement in the organization’s medication-use system
   by comparing the medication-use system to relevant best practices.

Goal: Design and implement quality improvement changes to the organization’s medication-use
system.
   (OBJ) Participate in the identification of need for, development of, implementation of, and
   evaluation of an evidence-based treatment guideline/protocol related to individual
   and population-based patient care.
   (OBJ) Design and implement pilot interventions to change problematic or potentially
   problematic aspects of the medication-use system with the objective of improving
   quality.

Goal: Prepare and dispense medications following existing standards of practice and the
organization’s policies and procedures.
   (OBJ) Interpret the appropriateness of a medication order before preparing or permitting the
   distribution of the first dose.
   (OBJ) Follow the organization's policies and procedures to maintain the accuracy of the
   patient’s medication profile.
   (OBJ) Prepare medication using appropriate techniques and following the organization's
   policies and procedures.
   (OBJ) Dispense medication products following the organization's policies and procedures.

Goal: Demonstrate ownership of and responsibility for the welfare of the patient by performing all
necessary aspects of the medication-use system.
   (OBJ) Display initiative in preventing, identifying, and resolving pharmacy-related patient-
care problems.

Outcome: Provide evidence-based, patient-centered medication therapy management with
interdisciplinary teams.
(When provided as part of the practice of direct patient care, this outcome always involves a series of integrated, interrelated steps.)

Establish collaborative professional relationships with health care team members ↓
Place priority on delivery of patient-centered care to patient ↓
Establish collaborative professional pharmacist-patient relationship ↓
Collect and analyze patient information ↓
When necessary make and follow up on patient referrals ↓
Design evidence-based therapeutic regimen ↓
Design evidence-based monitoring plan ↓
Recommend or communicate regimen and monitoring plan ↓
Implement regimen and monitoring plan ↓
Evaluate patient progress and redesign as necessary ↓
Communicate ongoing patient information ↓
Document direct patient care activity

Goal: As appropriate, establish collaborative professional relationships with members of the health care team.
(OBJ) Implement a strategy that effectively establishes cooperative, collaborative, and communicative working relationships with members of interdisciplinary health care teams.

Goal: Place practice priority on the delivery of patient-centered care to patients.
(OBJ) Choose and manage daily activities so that they reflect a priority on the delivery of appropriate patient-centered care to each patient.

Goal: As appropriate, establish collaborative professional pharmacist-patient relationships.
(OBJ) Formulate a strategy that effectively establishes a patient-centered pharmacist-patient relationship.

Goal: Collect and analyze patient information.
(OBJ) Collect and organize all patient-specific information needed by the pharmacist to prevent, detect, and resolve medication-related problems and to make appropriate
evidence-based, patient-centered medication therapy recommendations as part of the interdisciplinary team.

(OBJ) Determine the presence of any of the following medication therapy problems in a patient's current medication therapy:

1. Medication used with no medical indication
2. Patient has medical conditions for which there is no medication prescribed
3. Medication prescribed inappropriately for a particular medical condition
4. Immunization regimen is incomplete
5. Current medication therapy regimen contains something inappropriate (dose, dosage form, duration, schedule, route of administration, method of administration)
6. There is therapeutic duplication
7. Medication to which the patient is allergic has been prescribed
8. There are adverse drug or device-related events or potential for such events
9. There are clinically significant drug-drug, drug-disease, drug-nutrient, or drug-laboratory test interactions or potential for such interactions
10. Medical therapy has been interfered with by social, recreational, nonprescription, or nontraditional drug use by the patient or others
11. Patient not receiving full benefit of prescribed medication therapy
12. There are problems arising from the financial impact of medication therapy on the patient
13. Patient lacks understanding of medication therapy
14. Patient not adhering to medication regimen

(OBJ) Using an organized collection of patient-specific information, summarize patients’ health care needs.

Goal: When necessary, make and follow up on patient referrals.

(OBJ) When presented with a patient with health care needs that cannot be met by the pharmacist, make a referral to the appropriate health care provider based on the patient’s acuity and the presenting problem.

(OBJ) Devise a plan for follow-up for a referred patient.

Goal: Design evidence-based therapeutic regimens.

(OBJ) Specify therapeutic goals for a patient incorporating the principles of evidence-based medicine that integrate patient-specific data, disease and medication-specific information, ethics, and quality-of-life considerations.

(OBJ) Design a patient-centered regimen that meets the evidence-based therapeutic goals established for a patient; integrates patient-specific information, disease and drug information, ethical issues and quality-of-life issues; and considers pharmacoeconomic principles.

Goal: Design evidence-based monitoring plans.

(OBJ) Design a patient-centered, evidenced-based monitoring plan for a therapeutic regimen that effectively evaluates achievement of the patient-specific goals.

Goal: Recommend or communicate regimens and monitoring plans.
(OBJ) Recommend or communicate a patient-centered, evidence-based therapeutic regimen and corresponding monitoring plan to other members of the interdisciplinary team and patients in a way that is systematic, logical, accurate, timely, and secures consensus from the team and patient.

Goal: Implement regimens and monitoring plans.

(OBJ) When appropriate, initiate the patient-centered, evidence-based therapeutic regimen and monitoring plan for a patient according to the organization's policies and procedures.

(OBJ) Use effective patient education techniques to provide counseling to patients and caregivers, including information on medication therapy, adverse effects, compliance, appropriate use, handling, and medication administration.

Goal: Evaluate patients’ progress and redesign regimens and monitoring plans.

(OBJ) Accurately assess the patient’s progress toward the therapeutic goal(s).

(OBJ) Redesign a patient-centered, evidence-based therapeutic plan as necessary based on evaluation of monitoring data and therapeutic outcomes.

Goal: Communicate ongoing patient information.

(OBJ) When given a patient who is transitioning from one health care setting to another, communicate pertinent pharmacotherapeutic information to the receiving health care professionals.

(OBJ) Ensure that accurate and timely medication-specific information regarding a specific patient reaches those who need it at the appropriate time.

Goal: Document direct patient care activities appropriately.

(OBJ) Appropriately select direct patient-care activities for documentation.

(OBJ) Use effective communication practices when documenting a direct patient-care activity.

4

(OBJ) Explain the characteristics of exemplary documentation systems that may be used in the organization’s environment.

**Outcome: Exercise leadership and practice management skills.**

Goal: Exhibit essential personal skills of a practice leader.

(OBJ) Practice self-managed continuing professional development with the goal of improving the quality of one’s own performance through self-assessment and personal change.

(OBJ) Demonstrate pride in and commitment to the profession through appearance, personal conduct, and association membership.

(OBJ) Act ethically in the conduct of all job-related activities.

Goal: Contribute to departmental leadership and management activities.

(OBJ) Participate in the pharmacy department's planning processes.
(OBJ) Explain the effect of accreditation, legal, regulatory, and safety requirements on practice.

(OBJ) Explain the principles of financial management of a pharmacy department.

(OBJ) Prioritize the work load, organize the work flow, and check the accuracy of the work of pharmacy technical and clerical personnel or others.

Goal: Exercise practice leadership.

(OBJ) Use knowledge of an organization's political and decision-making structure to influence accomplishing a practice area goal.

(OBJ) Explain various leadership philosophies that effectively support direct patient care and pharmacy practice excellence.

(OBJ) Use group participation skills when leading or working as a member of a committee or informal work group.

(OBJ) Use knowledge of the principles of change management to achieve organizational, departmental, and/or team goals.

Outcome: Demonstrate project management skills.

Goal: Conduct practice-related investigations using effective project management skills.

(OBJ) Initiate, design, implement, and write up a practice-related investigation which, at all steps in the process, reflects the skillful application of project management skills.

Outcome: Provide medication and practice-related education/training.

Goal: Provide effective medication and practice-related education, training, or counseling to patients, caregivers, health care professionals, and the public.

(OBJ) Use effective educational techniques in the design of all educational activities.

(OBJ) Design an assessment strategy that appropriately measures the specified objectives for education or training and fits the learning situation.

(OBJ) Use skill in the four preceptor roles employed in practice-based teaching (direct instruction, modeling, coaching, and facilitation).

(OBJ) Use skill in case-based teaching.

(OBJ) Use public speaking skills to speak effectively in large and small group situations.

(OBJ) Use knowledge of audio-visual aids and handouts to enhance the effectiveness of communications.

Outcome: Utilize medical informatics.

Goal: Use information technology to make decisions and reduce error.
(OBJ) Explain security and patient protections such as access control, data security, data encryption, HIPAA privacy regulations, as well as ethical and legal issues related to the use of information technology in pharmacy practice.

(OBJ) Exercise skill in basic use of databases and data analysis software.

(OBJ) Successfully make decisions using electronic data and information from internal information databases, external online databases, and the Internet

Outcome: Conduct pharmacy practice research.

Goal: Design, execute, and report results of investigations of pharmacy practice-related issues.

(OBJ) Identify potential practice-related issues that need to be studied.

(OBJ) Use a systematic procedure for performing a comprehensive literature search.

(OBJ) Draw appropriate conclusions based on a summary of a comprehensive literature search.

(OBJ) Generate a research question(s) to be answered by an investigation.

(OBJ) Develop specific aims and design study methods that will answer the question(s) identified.

(OBJ) Use a systematic procedure to collect and analyze data.

(OBJ) Draw valid conclusions through evaluation of the data.

(OBJ) Use effective communication skills to report orally and in writing the results and recommendations of an investigation into a pharmacy practice-related issue.

Goal: Participate in clinical, humanistic and economic outcomes analyses.

(OBJ) Contribute to a prospective clinical, humanistic and/or economic outcomes analysis.

(OBJ) Contribute to a retrospective clinical, humanistic, and/or economic outcome analysis

Outcome: Contribute to formulary decisions.

Goal: Participate in the organization’s formulary process.

(OBJ) Explain the process for developing, implementing, and maintaining a formulary system.

(OBJ) Make recommendations for drug class decisions based on comparative reviews.
## Penn State Milton S. Hershey Medical Center
### PGY1 Pharmacy Residency Program Structure

<table>
<thead>
<tr>
<th>July Orientation</th>
<th>August through November (Core rotations)</th>
<th>December</th>
<th>January through June</th>
</tr>
</thead>
</table>
| Hospital Orientation | Internal Medicine  
Critical Care  
Pediatrics  
Infectious Diseases | Midyear  
Project time  
Outpatient practice  
Chemotherapy | Practice Management (Core rotation) |
| Residency/RLS |  |  |  |
| Pharmacy Practice Orientation |  |  |  |
| Departmental Policies |  |  |  |
| Disease Management Clinic Orientation |  |  |  |
| Investigational Drug Service |  |  |  |
| Drug Use Policy |  |  |  |
| Project/IRB |  |  |  |

### Electives:
- Ambulatory Care Clinic (offsite-VA)
- Anticoagulation Clinic
- Cardiology
- Infectious Diseases
- Internal Medicine
- Investigational Drug Services
- Medical ICU
- Medication Safety
- Neonatal ICU
- Neuro ICU
- Nutrition Support
- Oncology
- Pediatrics
- Pediatric Hematology/Oncology
- Pediatric ICU
- Solid Organ Transplant
- Surgical ICU

### Longitudinal experiences:
- Disease Management Clinic
- Drug Use Policy
  - P&T Committee
  - Medication Safety Subcommittee
- Hospital Pharmacy Practice (staffing every 3rd weekend, 2 holidays, plus one evening every 3rd week)
- Research project (topic due by September 1st, presentation to Eastern States Residency Conference in the Spring)
- Precepting Students
  - Attendance at all presentations for all students
  - Precepting students on service
ATTACHMENT C

PGY 1 Pharmacy Residency Advisor

I. Purpose
To establish a personal residency advisor for each incoming pharmacy practice resident. The residency advisor will supplement the activities of the residency director.

II. Methods
After the end of the training and orientation period (i.e. August 15th), the resident will select a residency advisor from the membership of the Residency Steering Committee. The month of July will give the resident time to select an advisor who shares common career goals, work ethic, general attitude and disposition. The advisor to resident ratio will be 1:1. If all parties involved agree that it is in the resident’s best interest, the resident may switch advisors during the course of the year.

III. Duties of the Residency Advisor
The main duties of the residency advisor is to act as a personal contact for all matters dealing with the successful completion of a pharmacy practice residency and in collaboration with the resident to develop a residency plan, monitor the plan’s progress, and conduct the resident’s quarterly assessments. The duties and activities of residency advisor will supplement and augment those of the residency director.

The resident and advisor will determine the degree of contact and involvement necessary to meet their objectives. Areas for intervention by the residency advisor can also include but are not limited to advice on projects (initiation, completion, deadlines etc.), elective rotation selection, professional interpersonal relationships and conflict, licensing, life after residency and any personal issues that may arise.

IV. Goals
The ultimate goal of providing a residency advisor is to give the resident a unique contact for any matters that relate to successful completion of the residency. Residents are involved in many different projects, in many different aspects of hospital operations with many different contact persons. Often the pharmacy practice resident is overwhelmed at some point during the residency program, frequently not knowing “where to start” or “where to go next”. The residency advisor can provide unique insight to guide the resident to the residency certificate. Finally, the residency advisor can act as an impartial third party should any issues arise between the resident and the director/managers of the pharmacy department or pharmacy practice residency program.

V. Evaluation
The residents, advisors and director will evaluate this process annually for effectiveness and utility.
ATTACHMENT D
Eastern States Conference

The Eastern States Conference For Pharmacy Residents and Preceptors (ESCPRP) is designed to provide an opportunity for pharmacy residents and preceptors to interact with colleagues from other programs, meet with leaders in institutional pharmacy practice, and share their research experiences. The conference represents programs from the entire Eastern Seaboard ranging from Virginia through New England. Over 170 Pharmacy Residents participate with total attendance over 350.

A research project is required of all Pharmacy Practice Residency Programs for ASHP accreditation. Traditionally, all accredited programs send their residents to present the research projects. Similar conferences are held in other geographical regions of the country.

The program routinely begins on a Thursday afternoon with a keynote speaker. The second part of the afternoon the group divides as residents and preceptors with a speaker or a workshop appropriate for each group. The preceptors’ topic is usually related to residency operational issues and the residents’ topic is usually leadership skills development.

Residents will present their research in either a poster or a 12-minute platform presentation. Platform presentations are usually on Friday and Saturdays of the conference. Presentations are evaluated by all in attendance in that particular room then reviewed with the resident by an assigned evaluator.

The remainder of Saturday morning consists of team building exercises for the residents and a concluding speaker.
Residents must maintain a residency binder/portfolio. The portfolio should be arranged in the following sections:

- Curriculum vitae
- Initial assessment – initial assessment form
- Residency plan and updates
- Schedule
- Global assessments – quarterly longitudinal rotation evaluations, residency director’s progress reports, all rotation self-evaluations
- Rotations – goals and objectives, projects, preceptor evaluation of resident, resident evaluation of preceptor
- Teaching – handouts, overheads, slides
- Research – research proposal, abstract, IRB application
- Other – manuscripts, presentations, etc.
## VI. BENEFITS

<table>
<thead>
<tr>
<th>TIME OFF</th>
<th>ELIGIBILITY</th>
<th>COMMENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Vacation</td>
<td>Immediate</td>
<td>- 10 days annually based on Department of Pharmacy policy</td>
</tr>
<tr>
<td>- Personal Holidays</td>
<td>Immediate</td>
<td>- 4 days annually. Days must be used as time off and may not be sold for credit during the annual Open Enrollment period.</td>
</tr>
<tr>
<td>- Holidays</td>
<td>Immediate</td>
<td>- New Year’s, Memorial Day, 4th of July, Labor Day, Thanksgiving, Christmas</td>
</tr>
<tr>
<td></td>
<td></td>
<td>(Compensatory days are awarded for working a holiday)</td>
</tr>
<tr>
<td>- Education Leave</td>
<td>Immediate</td>
<td>-6 days annually</td>
</tr>
<tr>
<td>- Leave of Absence</td>
<td>Immediate</td>
<td>- LOA (unpaid) available for Medical, Personal, or other reasons during residency. Resident must make up the necessary time (paid) subsequent to LOA to meet the residency completion requirements</td>
</tr>
</tbody>
</table>

## INSURANCE

<p>| - Health/Prescription    | Immediate   | - Capital BlueCross- PPO plan- rates for single person: employee contribution is $23.55 per biweekly pay; $1000 deductible; up to $750 contribution by Medical Center to employees Health Reimbursement Account. Rates for family are available in Recruitment packet. Caremark Prescription Plan plus Employee Preferred Prescription Drug Program (mail order) – Purchase prescriptions through HMC Outpatient Pharmacy at reduced costs. |
| - Dental                 | Immediate   | - United Concordia (UCCI) – 100% preventative, 75% of Maximum Allowable Charge after $100 annual deductible (2 per family). Orthodontia coverage for dependents to age 19 or to age 25 if full time student; lifetime maximum of $1250. |
| - Vision                 | Immediate   | - Clarity – Vision exam covered in full annually, clear lenses (glass or plastic) covered in full. Allowance for frames, additional charge when exceeding allowance. One pair of glasses or contact lenses every two calendar years. |</p>
<table>
<thead>
<tr>
<th>Benefit Type</th>
<th>Eligibility</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Flexible Savings Accounts</td>
<td>Immediate</td>
<td>- Pre-tax payroll deductions for Health Care Reimbursement Account and Dependent Care Reimbursement Account</td>
</tr>
<tr>
<td>Long Term Disability</td>
<td>Immediate</td>
<td>- 60% or 66 2/3% Salary Replacement after 6 months of Disability</td>
</tr>
<tr>
<td>Life Insurance</td>
<td>Immediate</td>
<td>- Two times salary up to $1,000,000 coverage at no cost. Additional coverage may be purchased. Total coverage may not exceed $1,000,000. MetLife Statement of Health required for coverage in excess of $500,000.</td>
</tr>
<tr>
<td>Business Travel Accident Insurance</td>
<td>Immediate</td>
<td>- 5x annual salary (up to $500,000) coverage at no cost. Maximum benefit available per accident is $5,000,000.</td>
</tr>
</tbody>
</table>
| **RETIREMENT**                                  | Immediate   | Offered by TIAA/CREF, Fidelity and Valic:  
- **403(b)** - voluntary contribution to an amount not to exceed $14,000; $4000 additional for employees age 50 or older. |
| **EDUCATIONAL ASSISTANCE**                      | Immediate   | - FT employees are eligible for a 75% tuition reduction for themselves and their dependents when attending any Penn State University Campus. 85% reimbursement for approved program at non-PSU campus for employee – yearly maximum. |
| Tuition Remission                               | Immediate   |                                                                                                                                              |
| **OTHER**                                       | Immediate   |                                                                                                                                              |
| Fitness Center                                  | Immediate   | - Contact Fitness Center for current rates – 531-7075                                                                                       |
| Savings Bonds                                   | Immediate   | - Penn State Federal Credit Union - 1-814-863-0549                                                                                          |
| Credit Union                                    | Immediate   | - Ceridian Life Works – 1-888-267-8126                                                                                                       |
| Employee Assistance Program                     | Immediate   | - Magic Years - On site – 531-5483                                                                                                           |
| Day Care                                        | Immediate   |                                                                                                                                              |