

YaleNewHaven**Health**

Pharmacy Residency Handbook

PGY1 & PGY2 RESIDENCY PROGRAMS

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Section 1: About Yale New Haven Health

Yale New Haven Health (YNHH) enhances the lives of the people we serve by providing access to high value, patient-centered care in collaboration with those who share our values. Yale New Haven Health is comprised of Bridgeport Hospital, Greenwich Hospital, Lawrence + Memorial Hospital, Westerly Hospital, Yale New Haven Hospital and Northeast Medical Group. With over 26,000 employees, Yale New Haven Health is Connecticut's leading healthcare system. The experience and expertise of our medical staff, access to the latest research and technology, and state of the art facilities make us a major contributor to the medical and economic health of the region.



Pharmacy Residency programs are offered at three of our delivery networks including Bridgeport Hospital, Lawrence + Memorial Hospital and Yale New Haven Hospital.

Bridgeport Hospital

Bridgeport Hospital is a private, not-for-profit acute care hospital located in Bridgeport, Connecticut's most populous city, primarily serving patients from Fairfield and New Haven counties. Burn patients are seen in the Connecticut Burn Center - the only burn center in Connecticut - from throughout the state and neighboring states. Bridgeport Hospital has 501 licensed beds on two campuses plus 42 beds licensed to Yale New Haven Children's Hospital.

Lawrence + Memorial Hospital

Lawrence + Memorial, located in New London, is a not-for-profit, general, acute care, private hospital that has been serving the region since 1912. LMH is licensed for 280 beds and provides patient care to medical, surgical, pediatric, rehab, psychiatric and obstetrical patients.

Yale New Haven Hospital

Located in scenic New England, Yale-New Haven Hospital encompasses two campuses within walking distance of each other. The 1541-bed dual campus academic medical center also includes the 168-bed Smilow Cancer Hospital at Yale New Haven, the 201-bed Yale New Haven Children's Hospital, the 76-bed Yale New Haven Psychiatric Hospital, and the 511-bed Saint Raphael campus, making it one of the largest hospitals in the world and the largest in Connecticut.

Our pharmacy departments across the system are progressive, providing clinical and operational services across inpatient, ambulatory and outpatient practice settings. We leverage an electronic medical record as well as automation and technology to support our services.

The YNHH PGY1 and PGY2 residency programs are intended for clinicians who wish to develop their clinical skills and become competent, independent clinical practitioners. This is accomplished through a variety of rotational experiences with the opportunity to serve on numerous multidisciplinary care teams and aids the development of specialized project management skills. Our residencies pride themselves on providing the resident with an individualized experience focused on supporting the resident in their personal and professional goals.

Section 2: Pharmacy Department Information

Pharmacy Residency Leadership Team

Residency Program Director (RPD)

The RPD oversees all aspects of the residency program. In collaboration with the Director of Pharmacy and Residency Program Coordinator (RPC), the RPD sets program goals, objectives, and requirements. In addition, the RPD works closely with PGY1 and/or PGY2 preceptors and pharmacy administration to track the progress of residents with respect to graduation requirements, coordination of rotations, and scheduling.

Note: If the RPD isn't a manager, a resident may formally report to a pharmacy manager in the department.

Residency Program Coordinator (RPC)

The RPC assists the RPD in the administration of the residency program. The RPC's mission is to collaborate with the RPD to develop and maintain a high quality program and ensure resident success. RPCs will learn the necessary skills necessary to direct a highly effective residency program and serve as the interim RPD in their absence.

RPD and RPC Responsibilities:

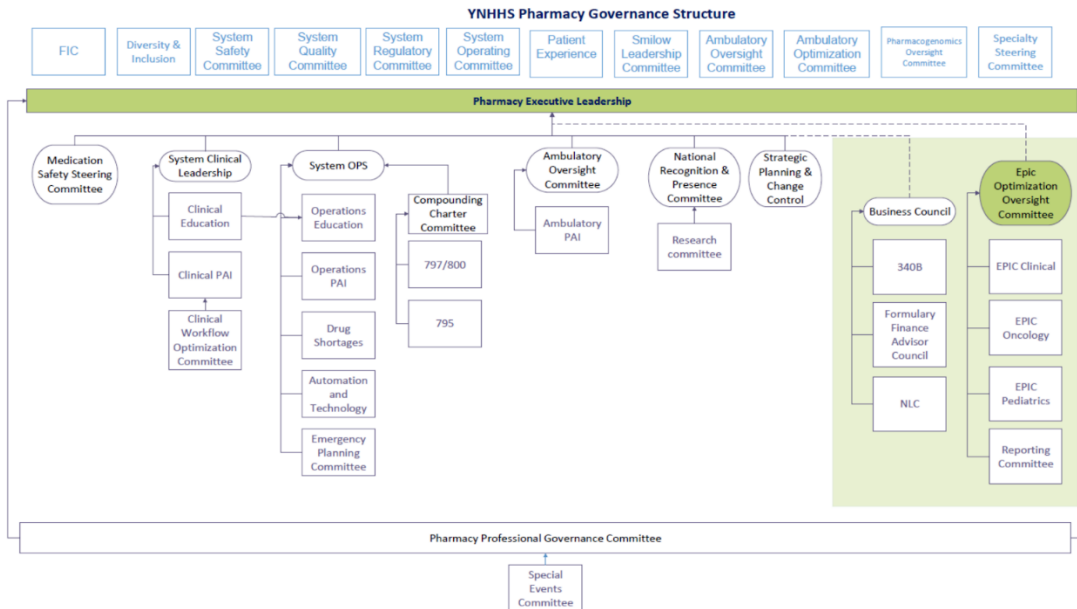
- Evaluate resident progress towards residency program objectives and graduation requirements, provide ongoing performance feedback, and assist in the creation and implementation of quarterly resident development plans.
- Review resident written work, verbal presentations, and deliver ongoing criteria-based objective feedback.
- Serve as a mentor to residents in the program.
- Ensure program materials are complete, up-to-date, and in alignment with ASHP accreditation standards.

Resident Mentors

Responsibilities:

- Provide advice regarding the various aspects of the residency program
- Assure residents are on track for completing all of the graduation requirements
- Provide high level feedback/review of abstracts, slides, and posters
- Assist with identification of content expert resources for presentations
- Meet with residents routinely to ensure deadline compliance for presentations and projects and assist with prioritization of tasks as needed
- Support the resident with career exploration discussions

System Pharmacy Organizational Leadership



Residency Committees and Extracurricular Activities

REST (Resident Emotional Support Team)

Responsible for planning resident outings, team-building events with preceptors, coordinating resident participation in departmental events like book club, picnic, baseball games.

Estimated time commitment: Average 1-2 hours monthly year-round, additional time around resident orientation and ASHP Midyear.

Pharmacy Week

Largely led by Health System Pharmacy Administration and Leadership residents in coordination with the entire residency class. Organize Pharmacy Week events: booth, department-sponsored meals, gift, newsletters, and games. Mobilize full residency class for carrying out Pharmacy Week tasks. Pharmacy week generally falls the 3rd week of October.

Time commitment: Approximately 3-4 hours weekly mid-September until October

Recruitment/Mentorship Committee

The mentorship & recruitment committee is focused on fostering a sustained relationship between pharmacists and trainees in the health system. The aim is to recruit top candidates for the YNHHS residency program and strive to promote the growth and development of future pharmacy leaders.

Time Commitment: Average 1-2 hours monthly year-round.

Alumni Relations Committee

The vision of the Alumni Relations Committee is to effectively enable a cohesive Pharmacy Residency Alumni group to connect and grow with current residents and preceptors. The focus is to help current residents and alumni stay connected to the YNHHS residency program and provide the opportunity to publicly share professional accomplishments and achievements, as well as personal events and milestones.

Time commitment: Average 1-2 hours monthly year-round.

Chief Resident Program

At Yale New Haven Health, the growth of our residency program has provided an opportunity to establish the role of a pharmacy chief resident. Through participation in various administrative activities, the chief resident will gain valuable leadership, conflict resolution and interpersonal skills.

	PGY1		PGY2
Term	September – February	March - August	September – June
Applicable candidates	All system PGY1s	Early Committed PGY1s (YNH only)	All PGY2s

*PGY1s and PGY2s may reapply for subsequent chief resident terms as there is no term-limit

There will be one PGY2 chief resident serving for the whole residency year in addition to one PGY1 chief resident per term.

Eligibility Requirements:

- Knowledge, Skills, Abilities Required:
- Effective oral and written communication skills
- Strong organizational and time management skills
- Ability to examine and implement new strategies and procedures
- Ability to lead and motivate peers and colleagues within the pharmacy department

On-going Responsibilities:

- Acting as a liaison between residents and pharmacy leadership team
- Attend Residency Advisory Board (RAB) meetings
- Report out resident committee updates at RAB meetings
- Facilitate communication about major events and deadlines
- Organize or delegate weekly PIC meeting leadership activities
- Quarterly meetings with Director of Pharmacy Services to discuss residency program and solidify topics for the Pharmacy Leadership Networking meetings

Term 1:

- Chair Pharmacy Week committee
- Support coordination of ASHP Midyear Clinical Meeting and Vizient meeting responsibilities, schedules and poster-printing
- Support coordination of PPS and recruitment
- Supporting residency recruitment and interview process

Term 2:

- Coordinating involvement in Eastern States Residency Conference (ESRC)
- Planning of end-of the year events including preceptor/resident awards, group picture and resident graduation ceremony in collaboration with RAB
- Preparation and organization of team building event for the incoming PGY-1 residency class
- Preparation of the Education Calendar for the year
- Recruiting involvement for the resident committees

Application and Selection Process:

Residency program director announces (1) the availability of the PGY1 chief resident position during orientation for Term 1 positions and in February for Term 2 positions and (2) the application deadline 2 weeks from the announcement date.

Applicants present their candidacy in the form of CV and letter of intent to the RAB and resident class.

Resident class casts their vote for one PGY1 chief resident.

RAB reviews the outcomes of the vote and nominee's application to ensure qualification of chief resident and then announces chief resident position.

Mentorship

- Prior term's chief resident will serve as source for orienting the new chief resident to their position and facilitating hand-off from prior chief resident term.
- The chief resident will be given feedback regarding their leadership development during monthly meetings with program director and program coordinator.

Section 3: Residency Program Overview & Requirements

Program Purpose

PGY1 Pharmacy Residency Program

PGY1 Pharmacy Residency programs build on Doctor of Pharmacy (PharmD) education and outcomes to contribute to the development of clinical pharmacists responsible for medication-related care of patients with a wide range of conditions, eligible for board certification, and eligible for postgraduate year two (PGY2) pharmacy residency training.

PGY1 Community-based Residency Program

PGY1 Community-Based Pharmacy Residency programs build upon the Doctor of Pharmacy (PharmD) education and outcomes to develop community-based pharmacist practitioners with diverse patient care, leadership, and education skills who are eligible to pursue advanced training opportunities including postgraduate year two (PGY2) residencies and professional certifications.

PGY2 Pharmacy Residency Program

PGY2 Pharmacy Residency programs build on Doctor of Pharmacy (PharmD) education and PGY1 pharmacy residency programs to contribute to the development of clinical pharmacists in specialized areas of practice. PGY2 residencies provide residents with opportunities to function independently as practitioners by conceptualizing and integrating accumulated experience and knowledge and incorporating both into the provision of patient care or other advanced practice settings. Residents who successfully complete an accredited PGY2 pharmacy residency are prepared for advanced patient care, academic, or other specialized positions, along with board certification, if available.

Program Structure Overview

Orientation / Training	4 weeks*
Residency Learning Experiences	48 weeks
Conferences	1 week
Interviews/Holidays/Time Off	14 days plus 3 interview days (not a contiguous block)

*Orientation duration may be modified for internal PGY2 residents

Rotations & Preceptors

***Refer to Pharmacademic for most up to date information on rotations and preceptors for both PGY1 and PGY2 residents.**

Residency Advisory Board & Committee (RAB & RAC)

Residency Advisory Board (RAB) consists of all the residency program directors and coordinators for the PGY1 and PGY2 programs across Yale New Haven Health as well as the chief residents. RAB has representation from Yale New Haven Hospital, Lawrence + Memorial Hospital, and Bridgeport Hospital and meets monthly.

Each delivery network has their own program-specific RAC(s); these groups meet at least quarterly with the main goal of ongoing program assessment. Other goals include accreditation readiness, resident progress discussion, residency policy creation and updates, identification and implementation of program improvement initiatives, resident recruitment, and preceptor development opportunities.

Both RAB and RAC perpetually assess the structure and conduct of the residency programs. RPD's, RPC's, and residency preceptors come together to discuss problems and necessary changes to better serve the residents. Through joint strategic planning across the board and committee, advancement of YNHH residency programs is possible.

Service Commitment

Always uphold the code of conduct and service excellence standards. Residents represent the pharmacy department when on rounds with a multidisciplinary team, answering formulary calls, at local and national meetings, working in central pharmacy, and walking the halls of the hospital.

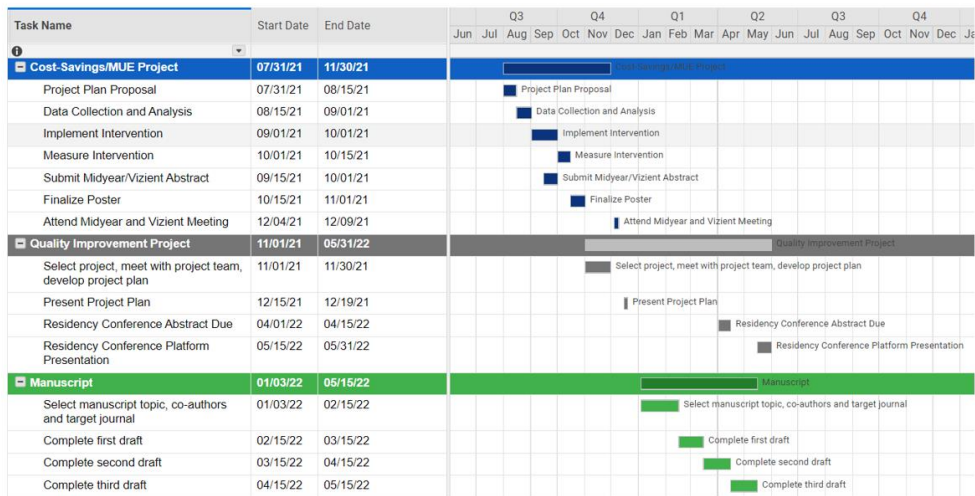
Resident Responsibilities for Contacting Preceptors

Residents must contact rotation preceptors at minimum 1 week in advance of beginning a new rotation. In that communication, the resident should notify the preceptor of any scheduled off days, project days, or interview days. If a resident is unsure of the assigned preceptor, the resident should first review their schedule in Pharmacademic, then contact their RPD/RPC as necessary.

Residency Projects

Please refer to the [Graduation Requirements](#) for program-specific project expectations and deliverables.

PGY1 Resident Project Timeline



Suggested PGY1 Project Timeline

Project	Assignment	Completion/Hand-Off	Notes
MUE/Cost-Savings Project	Late July/early August	December	All project work should be finalized by approximately Dec 15, please contact your RPD if you are not able to wrap up/hand off.
Quality Improvement/ Research Project	November	May	Project work should be wrapped up by ESRC or equivalent conference (mid-late May). Please contact your RPD if you are not able to wrap up/hand off.
Manuscript	Topic, preceptor, and journal should be selected no later than end of January	First draft: Suggested mid-March Second draft: Suggested mid-April Final draft: early/mid May Submission: June	

Resident Responsibilities for Project Management:

- Residents are responsible for updating their project plan and action plan prior to every team meeting, and maintaining all project materials on SharePoint in the corresponding project folder.
- They are also responsible for preparing a meeting agenda and taking meeting minutes, which will be saved onto SharePoint and linked out in the meeting appointments.
- Do **NOT** email preceptors with files as attachments or work on files from your desktop/personal drive. **Work directly on SharePoint to ensure that all team members have access to the most updated version at all times.**
- Residents may collaborate with assigned students on project work. All work should remain on the secure department SharePoint network drive with password protection if the document includes protected health information (PHI).
- Complete the IRB checklist to determine if IRB approval is required for project type
- Requires IRB review before starting the project – this includes data collection

Medication Use Evaluation/Cost-Management Project

MUE's are generally presented at the Vizient Consortium and ASHP Midyear Meeting in the first week of December. Abstracts are due at the end of September, with posters to be printed by mid-November.

- [Link](#) to project templates on SharePoint
- A list of the approved MUE projects will be shared with residents at the end of July/early August. Residents will be asked to rank their preferred projects and will receive a project assignment.
- In August, the residents will develop project proposals and present to system leadership.

Quality Improvement/Research Projects

System projects must include all delivery networks at each step. Quality Improvement/Research projects will be assigned in November. PGY2 residents may have their Quality Improvement/Research project assigned earlier than November per program leadership. Residents will present project proposals no later than mid-December. One primary preceptor will be assigned to evaluate and guide the resident-led team. Quality Improvement/Research projects are presented in May at the Eastern States Residency Conference (ESRC) or equivalent conference as determined by program leadership.

Monograph/Policy/Guideline

Residents will compose and complete an evidence-based monograph, departmental policy, or guideline. The resident may be responsible for creating a new document or providing significant revisions to an existing policy or guideline defined as completing an updated literature review and incorporating a minimum of 2 rounds of preceptor and/or stakeholder edits into the document. The resident will submit a complete final draft requiring minimal revisions to their preceptor by the agreed upon deadline. The resident will present their final document to the appropriate committees as their schedule allows.

Presentations

The education calendar contains resident presentation schedules, which can be found via *SharePoint* → *Education Folder* → [Education Calendars](#). All residents are encouraged to add their assigned presentations to their Outlook calendar during the first week of residency as well as reminders 30 and 60 days prior to presentation. Please see the [Graduation Requirements](#) document to determine required presentations based on residency program. Presentations are to be presented live from the campus where you are on rotation or virtually (camera required). Dates may be swapped with co-residents if needed, with preceptor and RPD approval.

4 -6 weeks prior to presentation:

- Select an available topic (CCC requires a patient case)
- Select a preceptor and identify an additional evaluator who will attend and provide feedback
- Update the Education Calendar with your preceptor, evaluator and topic

2 weeks prior to presentation:

- Review the final slides and handout, if applicable, with preceptor

Post-presentation:

- Complete self-evaluation using feedback form on SharePoint
- Review feedback with preceptor
- If unable to answer a question at the presentation, residents should research the question on their own, review the answer with their preceptor, then send the answer to the pharmacist listserv within one week of the presentation.

All final drafts of presentations and education must be reviewed by your preceptor at least one week in advance.

Clinical Case Conferences (CCC)

CCC presentations should be 20-25 minutes in duration, followed by 5 minutes for questions. The resident should add a reminder 45, 30, and 15 days in advance to their outlook calendar. A [slide template](#) for CCC presentations can be found in the resident's electronic portfolio on Sharepoint. The following criteria should be included:

1. Objectives
2. Patient Case (HPI, PMH, medication list, initial labs and vitals)
3. Background
4. Treatment Options/Clinical Trials
5. Patient Case (clinical course, outcome)
6. Summary/Clinical Pearls
7. References

Grand rounds/ACPE CE Presentation

PGY1 and PGY2 residents will present a 50-55 minute grand rounds presentation during the second half of the year. Presentation title, learning objectives, disclosure forms and CV are due to CT Pharmacists Association (CPA) for accreditation 45 days prior to presentation. The speaker packet may be found [here](#).

- First draft of slides are due for preceptor review 30 days prior to the presentation date
- Final draft of slides are due to preceptor and CPA 14 days prior to presentation date
- Add a reminder 60, 45, 30, and 15 days in advance to your outlook calendars.

In-Service Presentations

- Possible audiences: nurses, physicians/advanced practice providers, pharmacy staff.
- Possible topics: Clinical pearls, medication safety updates, operational changes
- Any written documents must include the date and "BH/LMH/YNH Department of Pharmacy"
- All content must be reviewed with a preceptor in advance
- PGY1 residents should complete a minimum of two in-services to two different audiences (e.g. nurses and physicians/advanced practice providers)

Video Conference Tips

- Residents should arrive at least 15 minutes prior to the start of the presentation to set up webinar
- Make sure your audience can hear before starting
- Use mouse as a pointer
- Stay close to the webcam
- Repeat back questions
- Do **NOT** broadcast any protected health information

Staffing Requirements

Program	Weekend Staffing	Weekday Staffing	Holiday Staffing
PGY1 BH	2 shifts every third weekend (12 day stretches required).	6 weeks of weekday staffing required, separated into 2-week increments (30 weekdays) typically fulfilled as evening shifts	1 major and 3 minor holidays (Fourth of July, Martin Luther King Jr Day, Memorial Day)
PGY1 LMH	2 shifts every third weekend (12 day stretches required)	4 weeks of staffing required	1 major and 2 minor holidays required
PGY1 Community Based	2 shifts every fourth weekend at an outpatient pharmacy	4 days a month split between the specialty call center and dispensing area	1 major and 1 minor holidays required
PGY1 YNHH	2 shifts every third weekend (12 day stretches required). Any shift, including night shift, may be filled at the discretion of the residency program director.	6 weeks of weekday staffing required, separated into 2-week blocks for a total of 30 weekdays. These are typically fulfilled as evening shifts.	Requirements may be found here 1 major and 3 minor holidays (Fourth of July, Martin Luther King Jr Day, Memorial Day)
Combined PGY1+ 2 HSPA with Masters	2 shifts every third weekend (12 day stretches required)	6 weeks of weekday staffing required	1 major and 3 minor holidays (Fourth of July, Martin Luther King Jr Day, Memorial Day)
PGY2 Ambulatory Care	See program structure of learning	See program structure of learning	See program structure of learning
PGY2 Critical Care	2 shifts every third weekend (12 day stretches required)- Weekend staffing primarily in TPN (at York Street campus), day and/or evening critical care/surgery	1-2 weekday shifts per month for a total of 20 days	1 major and 3 minor holidays (Fourth of July, Martin Luther King Jr Day, Memorial Day)
PGY2 Cardiology	2 shifts every third weekend (12 day stretches required)	1-2 weekday shifts per month for a total of 20 days	1 major and 3 minor holidays (Fourth of July, Martin Luther King Jr Day, Memorial Day)
PGY2 Emergency Medicine	2 shifts every fourth weekend (12 day stretches required)	4 weeks of staffing required; Emergency Medicine coverage as needed per schedule	1 major and 3 minor holidays (Fourth of July, Martin Luther King Jr Day, Memorial Day)
PGY2 Infectious Disease	2 shifts every third weekend (12 day stretches required)	4 weeks of staffing required; longitudinal daytime coverage of infectious diseases shifts	1 major and 3 minor holidays (Fourth of July, Martin Luther King Jr Day, Memorial Day)
PGY2 Internal Medicine	2 shifts every third weekend (12 day stretches required)	1-2 weekday shifts per month for a total of 20 days	1 major and 3 minor holidays (Fourth of July, Martin Luther King Jr Day, Memorial Day)
PGY2 IDS	2 shifts every fourth weekend (12 day stretches required)	1-2 weekday shifts per month for a total of 20 days	1 major and 3 minor holidays (Fourth of July, Martin Luther King Jr Day, Memorial Day)
PGY2 MUSP	2 shifts every third weekend (12 day stretches required)	Manager On-Call every 6th week in alignment with weekend assignment. 1-2 weekday shifts per month for a total of 20 days	1 major and 3 minor holidays (Fourth of July, Martin Luther King Jr Day, Memorial Day)
PGY2 Oncology	2 shifts every third weekend (12 day stretches required)	1-2 weekday shifts per month	1 major and 3 minor holidays (Fourth of July, Martin Luther King Jr Day, Memorial Day)
PGY2 Pediatrics	2 shifts every third weekend (12 day stretches required)	Additional staffing days to total 20 days maximum/year	1 major and 3 minor holidays (Fourth of July, Martin Luther King Jr Day, Memorial Day)
PGY2 SOT	2 shifts every third weekend (12 day stretches required)	4 weeks of weekday staffing required; daytime coverage of transplant shifts	1 major and 3 minor holidays (Fourth of July, Martin Luther King Jr Day, Memorial Day)

Graduation Requirements

Residents must complete specified requirements in order to successfully graduate from their respective residency program. Graduation requirements for all system residency programs can be found [here](#).

Teaching Opportunities

Teaching certificates are optional and offered by the University of Connecticut School of Pharmacy; residents will complete online modules and meet with preceptors/faculty members for content discussion. Details regarding this program will be provided to residents in September.

Other teaching opportunities:

- Co-precepting PharmD students
- Nursing and physician in-services (pharmacy staff may also be the audience of in-service presentations)
- Clinical case conference presentations
- Journal club presentations
- Continuing education presentations

Research Certificate Program

An optional research certificate program will be offered by the YNHH Pharmacy Research and Publication Committee. The requirements and checklist for successful completion can be found [here](#). Interested residents should discuss participation with their program leadership.

Formulary Stewardship

PGY1 Formulary Stewardship:

Please see [Formulary Consult Guide for information regarding the ID pager process for PGY1 residents, including level of supervision and escalation process.](#)

Formulary Pagers: General & Infectious Diseases

Weekdays -

- General – Floor pharmacist
- ID
 - Floor pharmacists and AST/E-AST 08:00 to 20:00
 - Resident at-home on-call 20:00 to 07:59 (the following day)

Weekends/Holidays –

- General – Floor pharmacist
- ID
 - AST (ID pagers) 08:00 to 14:59
 - ECLIN (ID pagers + general pagers) 15:00 to 07:59 (the next day)

Residents on call are backup for each other if resident receives multiple pages at once/has technical issues, etc. For example, on a weekend shift, CLIN would serve as the back-up for ECLIN and vice versa.

Formulary Pagers: Women & Children's

Please see Pharmacademic learning experience for Pediatrics rotation for expectations.

Weekday formulary pager shifts will not be assigned during Hospital Pharmacy Practice rotations. Residents on pager shift are required to remain logged into the pager for the duration of their assigned

shift. Prior to logging off of the pager, residents should ensure that someone else is signed in to replace them to avoid any gaps in patient care. The schedule will be available via SharePoint. **Directions for logging into the pagers can be found in the formulary consult guide linked above.**

PGY2 Formulary Stewardship:

Internal PGY2 residents will provide ID pager coverage for July-August while the new PGY1 class begins their training. PGY2 residents will provide pager backup on the PGY2 ID resident's weekends off and weekday PTO days. PGY2 residents will also be assigned to the ID pager when the PGY1 residents attend ASHP Midyear Clinical Meeting in December. PGY2 residents with existing on-call programs are excluded from ID pager assignments (PGY1/2 who have MOC, PGY2 IDS, and PGY2 Oncology).

Pharmacist in Charge (PIC) (YNH PGY1 only)

Purpose: this is an opportunity to utilize leadership and problem-solving skills to ensure optimal patient care and operations, as well as lead discussions during pharmacist in charge weekly meetings.

- Leadership learning opportunity on both campuses
- PIC will be incorporated into Hospital Pharmacy Practice (HPP) Pharmacademic learning experience
- Manager-on-call (MOC) available 24/7 for back-up and support
- Send summary of any weekend issues to MOC Monday morning and populate into the Wednesday PIC meeting agenda
- ALL YNH PGY1 residents required to attend PIC meeting at noon every Wednesday

Code Blue Response (PGY-1 YNHH Only)

PGY-1 Residents will be provided with 2-day ACLS Provider Training as well as 3 hours of program-specific training prior to any code blue response responsibilities. Typically, this occurs during the first quarter. ACLS training is provided through the [YNHH Sponsor Hospital](#) and program-specific training is provided by the critical care team. At YNHH, the role of the pharmacist responding to a code blue alert is documentation. ACLS-trained clinical pharmacists comprise the code blue response pool. PGY-1 residents will rotate through code response and will always have a clinical pharmacist back-up who also physically attends the code. Code blue schedules can be found [here](#).

Section 4: Residency Policies and Processes

Licensure

Until license is obtained, **do NOT verify anything**. Residents must be licensed to legally verify orders. Licensure is not required to sign into Epic and look at patients; however, PGY1 residents must take the exam as soon as possible. Failure to obtain license within 90 days will result in immediate dismissal from the program. Please refer to the [Resident Dismissal Policy](#).

Residency Benefits

Refer to [HRConnect](#)

Duty-Hour Requirements

[ASHP Duty Hour Requirements for Pharmacy Residencies](#)
[Yale New Haven Health Duty Hour Policy](#)

Early Commitment Process

The residency advisory board (RAB) will determine which PGY2 programs will offer early commitment annually. Programs that choose not to offer early commitment or programs that do not enter a signed commitment agreement with a successful internal candidate by the ASHP Midyear Meeting will follow the usual Match process.

Current PGY1 pharmacy residents at YNHH are eligible to apply for a PGY2 program at YNHH through the [Early Commitment Process](#). Interested residents must submit a letter of intent and CV to the appropriate PGY2 program director (by specified date that will be updated annually). In addition, residents must contact the program director directly and submit any program specific requirements along with their letter of intent and CV.

Interviews will occur during the first weeks of November. You will be notified by the last week of November regarding decisions on early commitment. If you are offered a position, a response is required within 7 days. A signed commitment letter between the PGY1 and PGY2 director is also required for submission to the National Matching Service in accordance with the early commitment standards.

Residency Evaluation Strategy

[Residency Evaluation Strategy](#)

Expectations for Pharmacademic Completion

Residents must complete BOTH their preceptor and rotation learning experience evaluations (as well as a self-evaluation if applicable) for the rotation **prior** to the last day of their rotation. If the last day of the rotation is an off day, interview day, or project day, the resident should plan to complete all evaluations for the rotation prior to the last full day of rotation.

Residency Leave of Absence Policy

[Yale New Haven Health Residency Leave of Absence Policy](#)

Family Medical Leave: <https://ynhh.ellucid.com/documents/view/23599>

Personal Leave: <https://ynhh.ellucid.com/documents/view/21421>

Time-Off

Residents are allotted 14 days for holidays, sick time, and/or vacation in addition to 3 more days reserved for interviews. Days off do not have a cash value and will be forfeited if not used. No more than 2 days may be reserved at once, unless RPD/RPC discretion permits more consecutive days off. It is recommended that days off be used on the first or last day of a rotation, and that 5-7 of the days be used by the end of January of your residency year. Residents are responsible for notifying their preceptors at least 1 week in advance of the rotation start date of any approved PTO days for planning purposes. Time off requests should be made at least 2-4 weeks in advance. Time off requests made once the schedule has been released cannot be guaranteed.

Holidays

Major holidays include Thanksgiving, Christmas, or New Year's Day. You must work one of these shifts. Please note that Christmas Eve evening and New Year's Eve evening are considered part of the major holiday. If Christmas Eve or New Year's Eve fall during a resident's Hospital Pharmacy Practice block, the resident will be required to work the Eve as well as their assigned major holiday. Minor holidays include July 4th, Labor Day, Martin Luther King Junior Day, and Memorial Day. If a resident would like one of the minor holidays off, they must request a PTO day at least 60 days in advance. Please review the staffing section to determine holiday staffing requirements.

Moonlighting

Additional pay OR additional days off may be earned by working voluntary extra staffing shifts. Moonlighting is discouraged in the first quarter of residency. Once trained, you may pick up additional shifts for additional days off (or extra pay, at pharmacist base rate including shift differential). You may not bank more than 2 owed days at a time. You may pick up a maximum of 4 extra staffing shifts per 4-week block. The residency pharmacy director MUST approve of all extra shifts. For each YNH extra shift worked, email 1) the date, 2) shift, 3) hours, 4) day off or extra pay to:

- RPD & RPC
- PharmacyScheduleRequest@YNHH.ORG
- Kronos Instructions: [Residency Process for Moonlighting](#)

[Attendance Policy](#)

Strive for punctuality and good attendance. See the policy below:

[Time and Attendance Policy](#)

[Unscheduled Absences](#)

Failure to be present at scheduled times will result in probation. See the Dismissal Policy [Probation](#) section.

[Residency Disciplinary & Dismissal Policy](#)

[Dismissal Policy](#)

[Outside Employment](#)

Should a resident have off-site job responsibilities or any additional picked up shifts, his or her preceptor and the residency program director should be made aware. Additionally, any outside employment should be disclosed to the Office of Corporate Compliance. Moonlighting is not encouraged during residency year due to concerns with fatigue and prioritization of learning opportunities.

[Vendor Policy](#)

As Yale New Haven Health employees, residents may not accept gifts of any type from vendors, this includes free items at conferences and "drug dinners." Hospital employees may not speak on speakers bureaus for pharmaceutical companies. Residents should also refrain from directly communicating via email or other mode of communication directly with vendors. [Interactions with Vendors Policy](#)

[Residency Travel and Meeting Attendance](#)

- The system uses a corporate travel agency that will coordinate meeting registration, lodging and travel expenses so that residents won't have out of pocket expenses. If you are required to travel by car to a meeting, mileage (minus your usual commute to work) will be a covered expense.

- NOT covered: food and luggage fees.

CMS Hours (PGY1 Programs Only)

- Payments to hospitals to support graduate medical education (GME).
- “Pass-through funds”: Payments support physician post-graduate training in addition to funds being allocated for other health professionals, including pharmacy residents.
- Funds are paid out separately on a reasonable cost basis
- Strict requirements must be met to obtain this funding and therefore documentation must be accurate.
- GME funds for a pharmacy residency will be included Medicare cost report and reported to CMS.

Resident Responsibilities:

- Hours must be updated at the end of every rotation block
- This documentation **MUST** be accurate. Please use your rotation calendars to determine activities to add to tracker
- Your documentation is critical to maximizing CMS pass-through funding payments

CMS Hours

Examples of eligible activities:	Examples of activities that should NOT be included:
- Reviewing patient cases	- Rounding
- Reviewing NF cases	- ID huddle-NF review
- Daily, midpoint and final evaluation feedback meetings	- Noon conference
- Reviewing presentations and getting feedback afterwards	- PIC
- Staffing feedback or assistance from preceptors	- Any hours with preceptors that are not paid by the department
- Topic discussions	- University faculty
- Feedback on MUE or other projects	- Preceptors from other delivery networks or employed by health-system
- Planning meetings for your projects	- Non-pharmacists
- Mentor meetings	

Please refer to your program leadership for specific documentation procedures.

Section 5: Resident Resources

Resident Wellbeing and Wellness

Laptops

Each resident is assigned a department-issued laptop

- Sign out/in through administrative assistant
- VPN used for department-provided devices only
- Resident is held accountable for use of YNHh technology – do not give your device to anyone else, including other residents

Remote Access

The MyApps Portal is required for remote access to applications/desktop: <https://myapps.ynhh.org>

Required:

- Epic icon PRD_hyperspace
- Intranet or Internet Explorer MD
- MyNetworkDrives

Dress Code

[Pharmacy Dress and Uniform Policy](#)

Summary:

- No visible offensive tattoos
- No extreme hair styles or colors
- Black scrubs or business casual are acceptable when working in central pharmacy
- No open toe shoes, no sleeveless shirts, no leggings
- White coat on when you leave the pharmacy department
- Wear badge above your waist

Parking

Benefits-eligible professional residents who wish to take advantage of the parking facilities may pay for their parking through payroll deduction.

LMH Parking:

- 1st shift: D lot, located across the street from the hospital on Montauk Ave (24/7) or 445 Ocean Ave Lot (6:30a-6p)
- 2nd shift: Lower section of A lot or D lot
- 3rd shift: Parking garage or D lot

Parking Office Contact Information

BH: 203-384-3572

YNH: 203-688-2623 (Protective Service 688-2500, Shuttle 688-RIDE)

YNHH Shuttle Bus System

The implementation of the Ride Systems solution at the Yale-New Haven Hospital will make it easier for riders to catch the shuttle bus. From a computer or a smart-phone, riders can log onto the website, www.ynhhbus.org, and see the location of all buses on the map and view their estimated arrival times at the various bus stops. The Intercampus shuttle will operate 24 hours per day 7 days per week.

Deduct-A-Ride Program: Professional Residents who use mass transportation to commute to work can save money on taxes. Under this program, you can elect to have pre- tax payroll deductions purchase transit vouchers for your use. In addition to the tax savings, YNHH will provide a 60% subsidy (up to \$50 per month) towards the purchase of the monthly commuter ticket.

Project Days

Project days are pre-scheduled, but can be moved to avoid interference with rotation requirements. Please discuss any project days with your preceptor in advance of the rotation block so that the calendar can be adjusted accordingly. All project days must be approved by RPD/PC.

Project day request forms can be found [here](#). Project days will not routinely be permitted when the resident has staffing responsibilities. In advance of the project day, please submit this completed form to your RPD/RPC and rotation preceptor. You must work on site (or remotely with RPD/RPC approval) and swipe in and out as usual, and plan to attend any mandatory meetings.

Residency Program	Number of Project Days Allotted	Comments/Notes
PGY1 Community		
PGY1 BH		
PGY1 LMH	5 total days	May not take more than two consecutive project days within one rotation block
PGY1 YNH	10 total days. See approval process above.	May not take more than two consecutive project days
PGY2 Ambulatory Care	5 total days	
PGY2 Cardiology	5 total days	Additional days may be granted at RPD discretion
PGY2 Critical Care		
PGY2 Emergency Medicine	5 total days	Additional days may be granted at RPD discretion
PGY2 Internal Medicine		
PGY2 Investigational Drugs and Research		
PGY2 Infectious Disease		
PGY2 Medication Use Safety and Policy		
PGY2 Oncology	5 total days (contiguous)	Pre-scheduled into residency calendar
PGY2 Pediatrics	5 total days	Additional days may be granted at RPD discretion
PGY2 Psychiatry	5 total days	Additional days may be granted at RPD discretion
PGY2 Solid Organ Transplant	10 total days	
PGY1 + PGY2 HSPAL	10 days during PGY1 year	

Frequently Asked Questions

1. What happens if I don't use all of my allotted days off during the 52-week program?
 - a. The unused days will be forfeited and aren't eligible for cash-out.
2. How many consecutive days off can be approved?
 - a. 2 days, or up to preceptor and RPD discretion
3. Can the three interview days be used for holidays, sick time, and/or vacation?
 - a. No, exclusively for interviewing
4. If I run out of interview days, can I use PTO days for interviews?
 - a. Yes
5. Can I take more than 14 days off?

- a. Yes, you may earn additional days off by working additional staffing shifts
- 6. How do I request days off?
 - a. Request day off from RPD/RPC. RPD/RPC will approve/deny and communicate to department scheduler
 - b. Resident will notify the preceptor in advance of the rotation of any approved days off.
 - c. Note: requests made after the schedule has been published typically are not approved; please contact RPD/RPC directly for these requests
- 7. How do I request a project day?
 - a. Resident should complete the project day request form found in the resident portfolio section of Sharepoint and submit to RPD/RPC with requested date.
 - b. If the project day falls during the current rotation, the resident should ensure the proposed date is acceptable to the preceptor.
- 8. How many moonlighting shifts can I pick up per month?
 - a. All moonlighting shifts should be approved by your RPD/RPC and no more than 4 shifts will be permitted per month and no more than 2 sequential moonlighting shifts.
- 9. Will YNH provide white lab coats for residents?
 - a. Yes, an allowance is provided to residents for the purchase of a lab coat. You will receive information about how to order these with your onboarding materials.
- 10. Is early commitment offered for PGY2 programs?
 - a. Yes, early commitment is offered to YNH PGY1/PGY1-Community residents for YNH PGY2 programs. PGY1 residents at BH and LMH aren't eligible to apply for early commitment at YNH, but are welcome to apply to any open PGY2 positions via the Match.
- 11. Will the department cover costs for poster printing?
 - a. Yes, poster printing fees will be covered by the department as long as the resident meets the agreed upon deadline established by the program leadership. Residents will be responsible for any fees associated with late printing.

I have received and read the above Yale New Haven Health Residency Handbook for PGY1 and PGY2 residencies.

Print Name: _____

Signature: _____

Date: _____

Program: _____

Please scan and upload this signature page into Pharm Academic > Files.