



Intermountain Health System Pharmacy Residency Manual

2025-2026 Residency Class

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Abbreviations

ACC = American College of Cardiology	HIPAA = Health Insurance Portability and Accountability Act
ACCP = American College of Clinical Pharmacy	ICMJE = International Committee of Medical Journal Editors
ACLS = advanced cardiovascular life support	ID = infectious diseases
ACPE = Accreditation Council for Pharmacy Education	IMC = Intermountain Medical Center
ADE = adverse drug event	IPCE = Intermountain Interprofessional Continuing Education
ADM = automated dispensing machine	IPDP = individualized preceptor development plan
AJHP = American Journal of Health-System Pharmacy	IRB = Institutional Review Board
ALS = advanced life support	IV = intravenous
APhA = American Pharmacists Association	LGBTQ+ = lesbian, gay, bi-, trans, queer, and/or questioning
APPE = Advanced Pharmacy Practice Experiences	LOA = letter of agreement
ASHP = American Society of Health System Pharmacists	MKD = McKay-Dee Hospital
ATC = American Transplant Congress	MPA = Montana Pharmacy Association
BLS = basic life support	MTPs = medication therapy problems
BMT = bone marrow transplant	MUE = medication use evaluation
CAGOs = Competency Areas, Goals and Objectives	NAPLEX = North American Pharmacist Licensure Examination
CE = continuing education	MPJE = Multistate Pharmacy Jurisprudence Examination
CI = continuous improvement	MSC = Mountain States Conference
CITI = Collaborative Institutional Training Initiative	NABP = National Association of Boards of Pharmacy
COI = conflict of interest	NICU = neonatal intensive care unit
CV = curriculum vitae	NMS = National Matching Service
DOPL = Division of Professional Licensing	NRP = neonatal resuscitation program
DRG = diagnosis-related group	PALS = pediatric advanced life support
ED = emergency department	PCH = Primary Children's Hospital
EHR = electronic health record	PGY1 = postgraduate year 1
EM = emergency medicine	PGY2 = postgraduate year 2
EPTPM = Education and Postgraduate Training Pharmacy Manager	PharmD = Doctor of Pharmacy
FPGEC = Foreign Pharmacy Graduate Examination Committee	PICU = pediatric intensive care unit
GSH = Good Samaritan Hospital	PIT = preceptor in training
HBCP = historically black colleges of pharmacy	



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PLH = Peaks Lutheran Hospital

PPA = Pediatric Pharmacy Association

PTO = paid time off

RAC = residency advisory committee

RPD = residency program director

RPSC = residency program site coordinator

RTO = requested time off

SCCM = Society for Critical Care Medicine

SGRH = St. George Regional Hospital

SJH = Saint Joseph Hospital

SVRH = St. Vincent's Regional Hospital

UPhA = Utah Pharmacy Association

USHP = Utah Society of Health System Pharmacists

UVH = Utah Valley Hospital

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Scope and Geography

This manual applies to all pharmacy residency programs at Intermountain Health. Information contained within the manual applies to both PGY1 and PGY2 programs unless otherwise specified. See [Residency Program-Specific Supplements](#) for details.

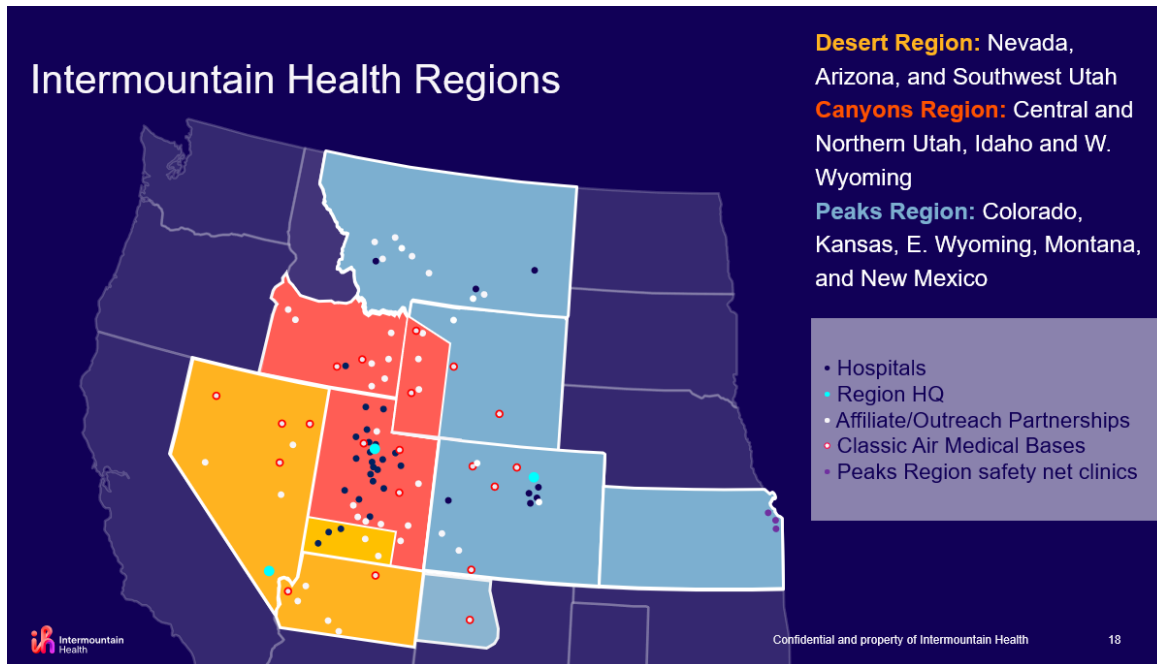
Table 1. Intermountain Health Residency Programs

Program Year	Program Type	Program Location(s)	ASHP Accreditation Status
PGY1	Community	Multiple sites surrounding Salt Lake City, UT, metro	Accredited
PGY1	Good Samaritan Hospital	Lafayette, CO	Accredited
PGY1	Intermountain Medical Center	Murray, UT	Accredited
PGY1	LDS Hospital	Salt Lake City, UT	Accredited
PGY1	Lutheran Hospital	Wheat Ridge, CO	Accredited
PGY1	McKay-Dee Hospital	Ogden, UT	Accredited
PGY1	Primary Children's Hospital	Salt Lake City, UT	Accredited
PGY1	Saint Joseph Hospital	Denver, CO	Accredited
PGY1	St. George Regional Hospital	St. George, UT	Accredited
PGY1	St. Vincent's Regional Hospital	Billings, MT	Accredited
PGY1	Utah Valley Hospital	Provo, UT	Accredited
PGY2	Ambulatory Care	Multiple sites surrounding Salt Lake City, UT, metro	Accredited
PGY2	Cardiology	Intermountain Medical Center, Murray, UT	Accredited
PGY2	Critical Care	Intermountain Medical Center, Murray, UT	Accredited
PGY2	Emergency Medicine	Intermountain Medical Center, Murray, UT	Accredited
PGY2	Infectious Diseases	Multiple sites surrounding Salt Lake City, UT, metro	Accredited
PGY2	Internal Medicine	Intermountain Medical Center, Murray, UT	Candidate
PGY2	Pediatrics	Primary Children's Hospital, Salt Lake City, UT	Accredited
PGY2	Psychiatric	Multiple sites surrounding Salt Lake City, UT, metro	Accredited
PGY2	Solid Organ Transplant	Intermountain Medical Center, Murray, UT	Accredited
PGY2	Thrombosis and Hemostasis	Intermountain Medical Center, Murray, UT	Candidate

Intermountain Health is divided into three regions (see graphic below). All Utah-based residency programs except for St. George Regional Hospital are in the Canyons regions. St. George Regional Hospital is in the Desert Region. The Colorado and Montana residency programs are in the Peaks Region. Some Human Resources policies differ by region and are called out by region throughout this manual.

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Mission, Vision, Vision Statement, and Values

Our Mission

Proving well-trained pharmacy caregivers support Intermountain's mission of *Helping people live the healthiest lives possible.*

Our Vision

- **Create the best learning environment** for consistent evaluated clinical pharmacy training.
- **Provide the greatest number of opportunities** throughout the enterprise to facilitate the resident's choice of specialty.
- Develop **well-rounded pharmacy practitioners** that patients and providers **demand** to have as part of their health care team.
- **Compete nationally** in all aspects of a residency program and work together to attract the best applicants.

Vision Statement

- Create the best learning environment for clinical pharmacy training. Intermountain Health provides an environment dedicated to training drug therapy experts.
- Teach, develop, and produce well-trained health care professionals.
- The program hires and develops qualified preceptors.
- Treat the residents as licensed pharmacists, staff members within the pharmacy department, and as colleagues.

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- Provide the greatest number of opportunities throughout the enterprise to facilitate the resident's choice of specialty.
- Intermountain maintains and continues to develop rotations in core and specialty areas of clinical pharmacy practice.
- Develop well-rounded pharmacy practitioners that patients and providers demand to have as part of their health care team.
- Intermountain preceptors and residents are a recognized value to the health care team and are essential in maximizing patient outcomes.
- Preceptors and residents consistently contribute to the interdisciplinary teams within their respected areas of pharmacy practice.
- Compete nationally in all aspects of a residency program and work together to attract the best applicants.

Values

Intermountain Health's values are listed below:

Our Values



Expectations of the Resident

Professional Conduct and Appearance

Intermountain Health residency leaders and preceptors are committed to providing excellence in patient care, teaching and research in an environment that is respectful of others, adaptive to change, and accountable for outcomes. The resident is a representative of the Intermountain Health and the Department of Pharmacy Department. Residents are expected to always conduct themselves in a professional manner.

1. Residents are responsible to adhere to the Intermountain Health [Code of Conduct](#) (applicable to all regions).
 - A. Residents shall be aware of and comply with all policies, procedures, and practices of Intermountain Health and the Pharmacy Residency including, but not limited to, Freedom from Harassment, Complaint Resolution, Constructive Discipline, Fitness for Duty, and department-specific time and attendance policies.
2. Residents should follow the [dress code](#) specified in the [Professional Appearance Policy - Intermountain](#).
 - A. Scrubs are acceptable when in the ED, OR, pharmacy operations areas, or as indicated by preceptors or local standards.



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- B. More formal attire will be required for special events. For example, business professional attire is required for presentations outside the organization.
- 3. Residents must adhere to assigned **parking** per facility requirements.
- 4. Residents will be issued **laptop computers/workstations** to be used throughout the year.
 - A. Laptops should be used as a workstation while on rotation as well as can be used at home. Laptops should be stored in a secure location
- 5. Residents are expected to check Intermountain **email** regularly.
 - A. Residents should check email daily Monday through Friday during the work week. Responses to email are expected within 3 business days of receipt.
 - B. The specific response time is not required during PTO/vacation; however, residents should use an out-of-office alert to notify sender of absence. Residents are required to follow up on email as soon as possible upon return.
 - C. Residents are expected to create an email signature using the [Intermountain approved template](#).
- 6. An identification **badge** must be worn for proper identification while working at any of the Intermountain Health facilities. This includes all Intermountain Health owned hospitals, clinics, corporate offices and other owned and leased locations. The ID Badge includes a photo.

Professional Commitment

The resident's primary professional commitment must be to this residency program. The resident agrees to the following:

- 1. Supporting the mission, vision, and values of Intermountain Health and the local Department of Pharmacy.
- 2. Make themselves knowledgeable of all program requirements.
- 3. Adhere to important dates and deadlines set forth and identified in the Residency Program Manual.
- 4. Completing the goals and objectives for training established by the residency program.
- 5. Completing assigned Employee Health requirements, Conflict of Interest Disclosures, educational competencies, trainings, and certifications at the beginning of residency and assigned throughout the year.
- 6. Incorporating constructive feedback provided by residency program preceptors and to actively seek constructive verbal and documented feedback that directs learning.

Time Commitment

Residency is a full-time obligation. It provides an exceptional learning opportunity that demands considerable time commitment from the resident to meet the requirements of certification. It is expected that a minimum of 2100 hours will be required to successfully complete the program. Time spent *attending* scheduled meetings, case presentations, etc. will be considered patient care activities. *Preparation* for these scheduled meetings will not be considered patient care activities. Should scheduling conflicts arise between patient care and non-patient care related activities, the resident should contact their preceptor or program director. Additional time dedicated to presentations, assignments and research projects will be required.



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Residency Program Standards

There are 5 standards in the ASHP Accreditation Standard for Postgraduate Pharmacy Residency Programs. These standards serve as the basis for evaluating PGY1 and PGY2 residency programs for accreditation.

Standard 1: Recruitment and Selection of Residents

Standard 1 provides guidance to residency programs for the recruitment and selection of residents by defining candidate eligibility requirements along with the policies and procedures necessary to the recruitment process. The goal of the selection process is to ensure selected candidates will be successful in the training environment, attain professional competence, contribute to the advancement of profession of pharmacy, and support the organizations' mission and values.

Standard 2: Program Requirements and Policies

Standard 2 details the specific requirements for residency program policies; materials to be provided to candidates invited to interview; resident financial support and resources; and requirements of ASHP Regulations on Accreditation of Pharmacy Residencies and ASHP Duty Hour Requirements for Pharmacy Residencies.

Standard 3: Structure, Design, and Conduct of the Residency Program

Standard 3 defines required components of program structure, design, and conduct. It is important that the program's structure and design enable residents to achieve the purpose of the residency program through skill development in the program's required competency areas. Requirements for oversight of residents' development, formative and summative evaluations, and self-assessment are defined.

Standard 4: Requirements of the Residency Program Director (RPD) and Preceptors

Standard 4 defines eligibility and qualification requirements for RPDs and preceptors and for the program oversight, continuous program improvement, and preceptor development. RPDs and preceptors are critical to the success of both residents and the residency program and are the foundation of residency training. They serve as role models for residents through their professionalism and commitment to advancing the profession of pharmacy.

Standard 5: Pharmacy Services

Standard 5 guides best practices across the continuum of pharmacy practice environments and focuses on the key elements of a well-managed department applicable to all practice environments.

PGY1 Residency Programs Overview

ASHP PGY1 Purpose Statement

PGY1 residency programs build upon PharmD education and outcomes to develop pharmacist practitioners with knowledge, skills, and abilities as defined in the educational competency areas, goals, and objectives. Residents who successfully complete PGY1 residency programs 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.



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Highlights of PGY1 Programs

PGY1 pharmacy residency training at Intermountain Health is an organized, directed, accredited program that builds upon knowledge, skills, attitudes, and abilities gained from an accredited professional pharmacy degree program. Intermountain's first-year pharmacy residency program enhances general competencies in managing medication-use systems and supports optimal medication therapy outcomes for patients with a broad range of disease states.

PGY1 Program Objectives

Refer to the items listed in the [ASHP PGY1 Required Competency Areas, Goals, and Objectives \(CAGOs\) for Postgraduate Year One \(PGY1\) Pharmacy, Community-based, and Managed Care Residency Programs](#) from American Society of Health-System Pharmacists for details. No additional or elective competency areas, goals, or objectives are included in the program.

Residents in the Intermountain pharmacy residency program are provided the opportunity to accelerate their 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. 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 that begins in APPE of the professional school years, but requires 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. Specifically, residents will be held responsible and accountable for acquiring the following outcome competencies: managing and improving the medication-use process; providing evidence-based, patient-centered medication therapy management with interdisciplinary teams; exercising leadership and practice management; demonstrating project management skills; providing medication and practice-related education/training; and utilizing medical informatics.

Pharmacists completing this residency will be competent and confident practitioners of direct patient care in multiple practice and patient care environments. They will be able to identify and resolve patient-specific, drug-related problems and will be accountable for achieving optimal drug therapy outcomes as members of the health care team. These pharmacists will be skilled educators, both verbally and in writing, of health care professionals, students, patients, and the community. They will demonstrate professional maturity by independently following a personal philosophy of practice, monitoring their own performance, exhibiting commitment to the profession, and exercising leadership in improving the safety of the medication-use system.

As highly trained professionals, these pharmacists will be well prepared to compete in today's job market. Pharmacists completing this residency program will be ready to accept positions as clinical pharmacists in various health care settings. They will also be well qualified to compete for PGY2 residencies if specialty training is desired.



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PGY2 Residency Programs Overview

ASHP PGY2 Purpose Statement

PGY2 pharmacy residency programs build on 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.

PGY2 Program Objectives

The program goals and objectives have been selected using the ASHP Accreditation Standard for the applicable program. Refer to [PGY2 program-specific supplements](#) for CAGOs applicable to each program.

Documentation of PGY1 Completion

As soon as possible (preferably within the first week of PGY2 residency), the resident will provide the RPD a copy of the PGY1 residency program completion certificate. The RPD will upload the document to PharmAcademic™. If the resident does not complete this within 30 days from the start of residency, the resident will be terminated from the PGY2 program.

Recruitment and Selection of Residents

Intermountain Health strives to recruit a diverse and inclusive pool of candidates for its residency programs. Intermountain also seeks to match with applicants who are aligned to our mission, vision, and values.

To achieve this aim, Intermountain markets its programs to wide segment of the community using a variety of methods, such as outreach to HBCP, social media posts (e.g., LinkedIn, Instagram), [website](#), virtual townhalls, in-person and virtual career fairs, and ASHP Midyear. Marketing materials are also designed to foster an atmosphere of inclusivity (e.g., LGBTQ+ marketing banners at recruitment events, using photos highlighting diversity on the website).

In addition, program leaders ensure that implicit bias is minimized as much as possible throughout the applicant selection process (recruitment, selection, and ranking). All program leaders undergo implicit bias training and annually educate all preceptors and interviewers on [Best Practices for Pharmacy Residency Interviews](#). Program rubrics and scoring methods are also refined every year with an eye toward enhanced objectivity and bias minimization. Similarly, applicant statistics are tracked annually so that progress can be monitored.

Summary of Recruitment, Selection, and Ranking Procedure

1. The standardized application deadline for all Intermountain Health residency programs is the **first business day after January 1** of each year.



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2. Intermountain Health can sponsor visas for international pharmacy residents. *Visa sponsorship may or may not be available based upon available departmental budgets.*
3. Completed applications will be screened by the RPD for minimum qualifications. **Minimum qualifications** for applicants include:
 - A. Applicants are licensed or will be eligible for pharmacist licensure in the state of practice of the pharmacy residency. Applicants to international programs are graduates or candidates for graduation from a pharmacy degree program that is a minimum of five years in duration.
 - i. To be eligible for pharmacist licensure, candidates must be graduates or candidates for graduation from an ACPE-accredited degree program (or one in the process of pursuing accreditation) or have a FPGEC certificate from the NABP.
 - ii. An FPGEC certificate indicates that the candidate graduated from a pharmacy school outside of the US and is eligible for pharmacist licensure. FPGEC status is not related to citizenship or VISA sponsorship.
 - iii. For international applicants applying to Utah residency programs, they are required to have at least 1440 hours of supervised pharmacy practice in the United States. Refer to Professional [Licensing Rule 17b: Pharmacy Practice Act Rule](#), R156-17b-303b. *Qualifications for Licensure - Pharmacist - Pharmacy Internship Standards.*
 - B. To be eligible for a PGY2 residency, candidates have completed, or are in the process of completing, an ASHP-accredited or candidate-status PGY1 residency. See [Documentation of PGY1 Completion](#) section.
4. The review panel will be determined by the RPD, RPSC, or facility designee. This panel will review applicants to determine qualifications based on a standardized, objective scoring rubric.
 - A. The scoring rubric includes information on how the academic performance of applicants from pass/fail institutions are evaluated.
 - B. Intermountain Health reserves the right to not offer interviews to candidates who demonstrate academic or professional dishonesty.
5. Based on rubric scores, a decision will be made based on the agreement of the panel at each site to:
 - A. Invite the applicant for an interview,
 - B. Hold the applicant file for consideration later, or
 - C. To decline invitation for an interview.
6. If the decision is made to grant an interview, the applicant will be contacted by the RPD, and an interview date will be set.
 - A. Programs will extend interviews to the candidates per residency position meeting rubric cutoffs. If a candidate declines an interview, the next candidate on the list meeting criteria will be offered the interview spot, if this can be done in a reasonable amount of time.
7. Virtual interview options will be made available to candidates.
8. The applicant will receive an agenda specific for the date of the interview. Additionally, the System Residency Manual and applicable Human Resource procedures are provided to potential candidates.
 - A. Leave policies,
 - B. Duty-hour policies,
 - C. Licensure policy,
 - D. Stipend and benefit information
 - E. Financial support for required professional meeting attendance

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9. The day will generally consist of an overview, interviews, a tour of the facilities (for in person candidates), meeting the staff, candidate presentations/case and a conclusion to the day.
10. Interviewers will be given pre-written questions to ask each applicant. Each interviewer scores the applicant's response to all questions in their group using an objective scoring system to rate performance.
 - A. Interview questions and panels are assigned by site residency leadership. The resident's complete application packet will be available to the interviewers before the interview day.
11. Once the interviews are conducted, the sites, under the direction of the RPD or designee, will determine a rank list for all interviewed candidates. Scores from interviews are used to make rank determination. Some program also factor in application packet scores.
 - A. Rank meetings include program leaders and preceptors and will be as objective and data-driven as possible to minimize the risk of bias.
 - B. Candidates may be listed as "do not rank." Criteria for "do not rank" may include, but are not limited to:
 - i. Lack of professionalism during the interview or response to interview questions (e.g., defensiveness, blaming, lack of accountability, plagiarism or falsification of application content)
 - ii. Poor interactions with current residents or other Intermountain caregivers
 - iii. Mismatch between candidate's stated career interests and types of experiences offered at the site/residency program
 - iv. Overview interview score below "acceptable threshold" determined based upon current cohort score
 - C. RPDs/RPSCs will document why a candidate is moved up or down a rank list during candidate discussion.
12. At the end of the interview process, the RPD submits rankings to the ASHP match program.
13. The RPD will ensure compliance with ASHP match requirements and National Matching Service's standards and guidelines.

Phase II Matching Procedure

Programs who do not match during Phase I enter Phase II of the Match. Program leaders and preceptors at the impacted site(s) meet to debrief on Phase I and identify opportunities for improvement. During this meeting, the Phase II recruitment timeline and next steps are determined. Processes for Phase II closely mirror those of Phase I; however, timelines will be shorted in accordance with deadlines from NMS.

The standardized application rubric is used to score applicants participating in Phase II, just as was done during Phase I. The top candidates will be selected to participate in an interview. If an unmatched candidate was interviewed by the program for Phase I (or Phase II), they do not need to be interviewed again in Phase II (or the "Scramble"). Interviews may be modified to accommodate the abbreviated schedule (e.g., perhaps there will only be 1 preceptor panel instead of 2 panels); however, objective criteria are still used to evaluate candidate performance. As in Phase I, program leaders and preceptors at the site meet to rank the Phase II candidates based on their interview performance. The RPD then submits the list of ranked candidates to the National Matching Service ahead of the Phase II deadline.



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PGY2 Program Early Commitment Process for Internal Applicants

Application Process

Current PGY1 residents may be eligible for early commitment to a PGY2 program at Intermountain Health without participating in the ASHP Resident Matching Program. Participation in the Early Commitment Process will be at the discretion of each PGY2 Residency RPD and may change on a yearly basis. Residents interested in participating in the early commitment process are strongly encouraged to talk directly to the appropriate RPD about their interest early in the residency year. The resident must submit the following to the PGY2 RPD via email for the PGY2 program in which they are interested:

- Letter of intent
- CV

The PGY2 RPD is responsible for assessing the qualifications and performances of the PGY1 resident to determine if they are a suitable candidate for the PGY2 program. Criteria used to evaluate the PGY1's candidacy include, but are not limited to, the following:

- Strength of letter of intent
- CV
- Performance in the PGY1 position based on reviews of formal evaluations and feedback gathered from the staff

If the RPD determines that the PGY1 resident is an appropriate candidate for early commitment, they solicit feedback from applicable preceptors and stakeholders. Additionally, the RPD may choose to discuss the candidates with the System-wide RAC and/or local PGY1 RAC. The PGY2 RPD will make the final decision regarding resident selection. If more than one PGY1 resident applies for the position, an interview will be conducted with each applicant, the PGY2 RPD, and a panel of applicable PGY2 residency program preceptors. At the discretion of the PGY2 RPD, the PGY1 RPD may be involved in the interview process. All discussions regarding resident selection will be kept strictly confidential amongst the preceptors. This is particularly important when two or more residents apply for the same position. **PGY1 residents may only apply to one PGY2 program under this early commitment process.**

Qualifications

Preferred:

- Completion or in the process of completing a PGY1 rotation in the specialty area prior to applying or during the application process.
- Strong preference will be given to residents who have completed a rotation with the PGY2 RPD or their designee. Non-Utah based residents may alternatively complete virtual meetings and learning activities as specified by the PGY2 RPD.

Required:

- **The resident must be licensed in the state of their PGY1 residency at the time of the early commitment application. If selected for Early Commitment, the resident is expected to obtain full Utah licensure by the first day of PGY2 residency.**



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- The resident must have 80% of goals marked as “satisfactory progress” or higher on all evaluations from all previous rotations completed at Intermountain Health.
- The resident must be in good standing at Intermountain Health with no active performance improvement plans executed through Human Resources.

Timeline

The deadline for e-mail receipt of the completed application materials from the resident to the PGY2 RPD is **5 PM Mountain Time on the first Friday in November of the residency year**. The PGY2 RPD will inform the candidate of the decision by the 3rd Friday in November. The PGY1 resident will return the signed offer letter and early commitment letter of agreement to the PGY2 RPD and the PGY1 RPD by the following Wednesday. The formal offer letter is contingent on the resident satisfying eligibility requirements including, but not limited to, successfully completing the PGY1 residency program.

If the resident accepts the position for early commitment, a letter of agreement from the National Matching Services committing the PGY2 residency position to a current PGY1 resident must be completed and signed by both the PGY2 RPD and the PGY1 resident. These materials must be received at NMS by the early commitment deadline.

By signing the letter of agreement, the residency program agrees to have the position withdrawn from the Match and will not submit any rankings for the position in the Match. The residency program provides on the letter of agreement the updated number of positions it will offer in the Match, excluding the position committed by the resident. If the number of positions remaining in the Match for this program as indicated on the letter of agreement has been reduced to zero, the program understands and agrees that the residency program will be withdrawn from the Match.

Agreements received after the NMS deadline may not be accepted, and in that case the position will not be considered committed to the resident but must be offered to the resident or any other applicant through the matching process.

Commitment of the PGY2 Program and the Applicant

The PGY1 resident cannot avoid accepting appointment to the program without a written release from the program; furthermore, without this release another residency program participating in the Match cannot offer a position to the resident, and the resident will not make any commitments to or contracts with any other program for PGY2 training. If the resident has already registered for the Match, then by signing the letter of agreement the resident agrees to be withdrawn from the Match and will not submit a Rank Order List for the Match. If the resident has not yet registered for the Match, then the resident will not need to register for the Match.

The residency program agrees that the PGY2 position committed to the resident will not be offered to any other applicant without a written release from the resident.

The PGY1 resident applicant will inform both PGY2 RPD and the PGY1 RPD if they decide to rescind from the early commitment process immediately upon returning from the ASHP Midyear Clinical Meeting.



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General Residency Information

Residency Term and Duration

The minimum term of residency appointment is 52 weeks. The start date for PGY1 residency is the last full week of June, or the corresponding start of an Intermountain pay period. The start date for PGY2 residency is the first Monday after July 4, or corresponding start of a pay period. In selected circumstances (eg, waiting on VISA approval, delayed PGY1 graduation, etc.), the PGY2 start date may be delayed based upon approval of the RPD and local director/manager. For Early Committed PGY2 residents only, the residency start date may be advanced.

Orientation

- All new Intermountain Health caregivers complete a one-day in-person orientation to the health system.
- PGY1 residents complete a 2-week system orientation and 2-4 weeks of local orientation.
- PGY2 residents complete a 1–2-week system orientation and 2-4 weeks of local orientation.
- PGY2 residents who completed their PGY1 residency at Intermountain Health are not required to attend system orientation.
- Total orientation length may be shortened or lengthened based upon resident needs and performance.
- The contents of orientation are as follows:

System Orientation

- Introduction to Pharmacy Services structure and meet system pharmacy leaders.
- Review of Intermountain and pharmacy-specific policies and procedures.
- Review of residency purpose and standards related to residency training.
- Orientation to the Residency Manual and residency-related policies.
- Training on PharmAcademic™ and evaluation expectations.
- Meet and form relationships with other co-residents throughout the system.
- Introduction to the Employee Assistance Program and strategies for maintaining well-being and resilience.
- Best practices for diversity, equity, inclusion, and belonging.
- Process for reporting grievances and reporting inappropriate behavior and harassment.
- Review drug information resources available at Intermountain Health.
- Overview and time to complete required competencies and trainings (eg, regulatory requirements, pharmacist collaborative practice agreements, RQI, etc.)
- Outline key technologies used at Intermountain Health.

Local Orientation

- Introductions to local pharmacy caregivers and other healthcare professionals at the site / practice area.
- Overview of distribution aspects of pharmacy services and detailed training on medication verification and dispensing through the electronic health record.
- In-depth training on medication protocols, clinical consults, multidisciplinary rounds, and other clinical pharmacy services.



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- Review program-specific residency design, including minimum requirements for graduation.
 - Competency areas, goals, and objectives applicable to the residency program.
 - Description of required learning experiences.
- Complete and review resident self-assessment; create customized resident development plan.
- Design residency schedule, including rotation setup.
- Select major longitudinal residency project.
- Complete training for service (staffing) requirements.

Licensure Requirements

All Intermountain pharmacy residents are expected to arrive with an applicable pharmacy license within 15 days of residency as outlined below. Incoming PGY2 residents are *strongly encouraged* to have full pharmacist licensure in the state of practice of their pharmacy residency by the first day of residency.

Colorado

- PGY1 residents must obtain a Colorado pharmacy intern license if they do not have a pharmacist license by the first day of residency.
- Refer to [Colorado State Board of Pharmacy Applications and Forms](#) for more details.

Montana

- PGY1 residents must obtain a Montana pharmacy intern license if they do not have a pharmacist license by the first day of residency.
- Refer to [Montana Board of Pharmacy Forms](#) for more details.

Utah

- PGY1 and PGY2 residents must obtain a Utah temporary pharmacist license if they do not have a pharmacist license by the first day of residency. Alternatively, if a resident has an active Utah pharmacy intern license, they do not need to obtain a Utah temporary pharmacist license.
- For more information on the temporary pharmacist licenses, refer to the [Utah Pharmacy Practice Act Rule](#) and the [DOPL Website](#).

Residents must obtain their full pharmacist license in the state of practice of their residency within 90 days of the residency start date. If the resident does not acquire licensure within 90 days of the residency's start date, they will be dismissed from the program unless a formal appeal is submitted and approved. Appeals for licensure extension may be submitted for up to a maximum of (i.e., not to exceed) 2 NAPLEX attempts and/or 3 MPJE attempts. If the resident is not fully licensed in the state of practice of their residency by 120 days, they will be dismissed from residency.

Appeals Process

In the event of an extenuating circumstance (e.g., the resident has passed the NAPLEX and state-specific MPJE and is waiting upon Utah DOPL, Colorado Department of Regulatory Agencies, or Montana Department of Occupational and Professional Licensing for licensure issue, the resident has passed either



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the NAPLEX or state-specific MPJE but not both), a formal appeal may be filed to request an extension of the licensing deadline.

1. The resident should submit the appeal, in writing, to the RPD, local director/manager, and EPTPM in advance of the deadline and include details surrounding the circumstance and when they expect to be licensed.
2. The RPD should also submit written documentation to the EPTPM assessing the resident's performance and evaluating reasons for licensure delays.
3. The EPTPM will forward documentation to the Chief Pharmacy Officer for review.
4. The Chief Pharmacy Officer evaluates input from the resident, RPD, and director/manager, to make the decision. Several factors will be considered when reviewing appeals, including the timeliness of residents' scheduled testing, resident performance during the residency, etc.
5. The ultimate approval or denial of the appeal falls on the Chief Pharmacy Officer.
6. The Chief Pharmacy Officer will communicate their decision back to the RPD, local director/manager, and EPTPM.
7. Approved licensure deadline extensions will be documented within the resident's files. Additionally, the resident and program leaders must document a written action plan that addresses specific steps the resident will take to improve. The resident should also consult with an Employee Assistance Program counselor to discuss test-taking anxiety and tools to manage stress.

Scope of Practice Before Full Pharmacist Licensure

While the pharmacy resident is awaiting full pharmacist licensure, refer to [Table 2](#) for activities the resident may or may not perform.

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Table 2. Pharmacy Resident Scope of Practice Before Full Pharmacist Licensure

Activity	Colorado Pharmacy Residents with a Colorado Intern License	Montana Pharmacy Residents with a Montana Intern License	Utah Pharmacy Residents with Temporary Utah Pharmacist License or Utah Intern License
Provide drug information to prescribers (e.g., therapeutic recommendations including drug, dose, formulations, route, and frequency, duration, etc.)	Permitted	Permitted	Permitted
Manage patients using established collaborative practice agreements used at Intermountain Health	Co-signature required by supervising licensed Colorado pharmacist	Co-signature required by supervising licensed Montana pharmacist	Co-signature required by supervising licensed Utah pharmacist
Provide drug information to other healthcare professionals (e.g., intravenous drug compatibility, do not crush medication information, etc.)	Permitted	Permitted	Permitted
Accept verbal medication orders from prescribers	Permitted	Permitted	Permitted
Provide patient teaching and medication counseling	Permitted	Permitted	Permitted
Obtain patient medication history	Permitted	Permitted	Permitted
Document patient medication history in electronic medical record	Permitted	Permitted	Permitted
Independently verify medication orders in the electronic health record	Not permitted	Not permitted	Not permitted
Prepare sterile and/or nonsterile compounds	Permitted	Permitted	Permitted
Independently conduct final checks of medication products to be dispensed through automated dispensing cabinets or other technology-enabled barcode scanning checks	Permitted	Permitted	Permitted
Independently conduct final checks of medication products requiring manual verification and no technology double check	Not permitted	Not permitted	Not permitted
Final checks on controlled substances leaving the pharmacy	Not permitted	Not permitted	Not permitted
Supervise pharmacy technicians	Not permitted	Not permitted	Not permitted

*After competency education and additional training completed.

†Co-signature is not available in Epic for this function.

If a resident is scheduled for an out-of-state patient care rotation and they do not have an active pharmacist license in that state, details of the rotation type and patient care services provided must be sent by the program RPD/RPSC to IPCPharmacy@imail.org for approval at least three (3) weeks before the rotation start date.

Paid Time Off (PTO)

Residents are classified as regular, full-time, exempt employees of Intermountain and are eligible for benefits as such. Residents are permitted to use PTO in accordance with Intermountain's PTO policy. Time away from the residency program does not exceed 37 days per 52-week training period. If a resident



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exceeds 37 days away from the program, to fulfill the Standard's requirements, it must be extended by the number of days the resident is away from the program more than 37 days.

1. Time away from the program is defined as the total number of days taken for vacation, medical, interview, and personal days; holidays; religious time; jury duty; bereavement leave; military leave; parental leave; leaves of absence; and extended leave.
2. Conference and/or education days are **not defined** as “time away” for the purposes of the ASHP Residency Accreditation Standard.
3. The calculation of time away does *not* include service commitment/staffing days nor are compensatory days for staffing shifts counted in the calculation.

Residents can use their time off during the residency year when approved by the RPD/RPSC. This includes leave time granted for interviewing for positions. Accrued, unused PTO will be paid out when a caregiver leaves Intermountain employment. Requested time off (RTO) should be submitted as far in advance as possible to the RPD/RPSC (ideally a minimum of 7 days prior to the date the resident will be gone), unless the time off is for legitimate, unexpected illnesses, or emergencies. RTO must be submitted via Intermountain's time keeping management system. The resident will first discuss the request with the affected rotation's preceptor and obtain the preceptor's permission to ensure rotation objectives will be met.

Time-off days should be limited to a maximum of 2 days per rotation. If additional days are requested, the RPD must be informed to ensure rotation objectives will be met. In general, preceptors appreciate as much notice as possible when a resident expects to miss work for a scheduled absence.

Excessive Absence and Time Away During the Program

The residency will be extended as necessary beyond the 52-week time frame to make sure all ASHP program requirements are met; however, the **maximum duration of residency program extension is not to exceed 12 weeks** from when the program was originally scheduled to end. Residents must complete all competencies equivalent to the ones missed during the program extension to receive a certificate of completion. Pay and other benefit eligibility during this leave would follow Intermountain's [Leave of Absence Policy](#) (Canyons/Desert Regions) or [Medical Leave of Absence Compensation Policy](#) (Peaks Region). If total leave exceeds 12 weeks, the resident will be dismissed from the program and will not receive a certificate of completion.

A preceptor, RPSC, or RPD may decide that absences from a rotation or the program are excessive when there is potential for a resident not to be able to complete program requirements or exceed 37 days, as outlined in the ASHP residency accreditation standards. Excessive absence may be due to illness or other factors. When situations like these occur, the resident must work closely with the RPD/RPSC and preceptor to meet program requirements and rotation objectives. If greater than 25% of a required rotation is missed, the rotation may need to be repeated. An elective rotation may need to be cancelled. Other possible actions may include dismissal, suspension, or a leave of absence from the residency program.

To be eligible for leave under the Family and Medical Leave Act (FMLA), an employee must have been employed for at least 12 months and have worked at least 1250 hours during the one-year period

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preceding any leave. Residents typically do not meet these requirements and do not qualify for FMLA. If a resident is FMLA-eligible, they will be granted leave for eligible life events and will be reinstated to his or her former position or to an equivalent position with equivalent pay, benefits, and working conditions. More information about FMLA may be found in hospital policy.

1. Unpaid medical or personal leave will be considered on a case-by-case basis and must be approved by the RPD, Director of Pharmacy, and HR. Unpaid leave may be approved for FMLA-covered life events if the employee is not FMLA-eligible, emergencies, or extenuating circumstances.
2. When taking FMLA leave or approved unpaid leave:
 - A. The resident will use their PTO and then leave will begin.
 - B. The residency will be extended by the number of days that the resident is on leave.
 - C. Residents must make-up all time approved for leave to fulfill the requirements of a minimum of 52 weeks appointment.
 - D. The resident will not be compensated during the leave.
 - E. Compensation will resume upon returning to work after the leave is complete.
 - F. Compensation will continue until the new end date of the residency program.

In all circumstances, a customized training plan will be signed by the resident and RPD/RPSC and shared with the preceptors documenting these changes to the residency program. All applicable Intermountain policies and procedures will be followed, including the [Family Medical Leave Policy](#) (Canyons/Desert Regions) and [Leave of Absence Policy](#) (Canyons/Desert Regions) or [Medical Leave of Absence Compensation Policy](#) (Peaks Region) and [Family Medical Leave Policy](#) (Peaks regions).

Interview Leave

Residents may request leave time when interviewing for positions. This includes both residency as well as pharmacist positions. Interview leave requires a request to be submitted via Intermountain's timekeeping system with approval from the RPSC/RPD a minimum of 7 days prior to the date you will be gone. The resident will first discuss the request with the affected rotation's preceptor to ensure rotation objectives will be met. Residents will be required to use PTO for leave for interviewing or make up any shifts missed, depending on the specific situation.

Medical and Personal Leave

Residents are afforded medical and personal leave as a benefit of their employment, which is included in their PTO bank. When the resident is unable to work because of illness or other emergent issue, either on their rotation assignment or staffing assignment, the resident shall immediately notify their rotation preceptor, scheduling supervisor, and/or the pharmacist in charge. Additionally, they must enter that they are absent in the timekeeping system. The resident shall subsequently notify the RPD/RPSC of their absence from rotation or staffing assignment. If a resident is absent from work due to illness or other situation, they must enter PTO for the day.

In the event the resident must take extended time off due to illness or a family situation, all Intermountain policies and procedures concerning the Family Medical Leave Act (FMLA) shall be followed. The RPD, RPSC, and the resident will coordinate the requirements for completion of the Intermountain Pharmacy Residency.



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Service (Staffing) Requirement

1. All residents are required to provide staffing support, generally within their home facility's Pharmacy Department, as part of the Intermountain Health (Intermountain) Pharmacy Residency Program and stipend. Staffing requirements serve to benefit the facility and the resident experience. Residents may use PTO consistent with Intermountain Department of Pharmacy Services policy and procedure. A formal training for the staffing requirement will begin during the orientation in July.
2. In addition to the staffing requirement of Intermountain's Pharmacy Residency program, the residents may staff Intermountain recognized holidays (e.g., if a minor holiday falls on their normal staffing weekend). Residents will be required to staff 1 major holiday per residency year.
 - A. Major holidays include New Year's Day, Thanksgiving, Christmas Eve, and Christmas Day.
 - B. Non-major holidays include Martin Luther King Jr Day, Memorial Day, Independence Day, and Labor Day.
 - C. On the rare occasion when 2 major holidays fall on the resident's scheduled staffing weekend, the resident may be scheduled to work both shifts (i.e., Christmas Eve and Christmas). This approach must be pre-approved by both System RAC and the Local Facility/Program RAC.
3. The fulfillment of holiday coverage will be coordinated through the local director/manager and RPD/RPSC at each facility.
4. Resident staffing/backfilling while on rotation
 - A. A resident should not be removed from a rotation experience to provide staffing coverage outside of their normal staffing requirements.
 - B. In rare circumstances, it may be reasonable to utilize a resident to provide unforeseen pharmacist staffing coverage if the following criteria are met:
 - i. Another pharmacist cannot be found to cover the clinical service/area.
 - ii. The pharmacist team lead, manager, or director over that clinical service/area receives approval from the rotation preceptor and the RPD/RPSC.
 - iii. The resident is on rotation (or successfully completed a rotation) in that clinical service/area and feels comfortable staffing the area.
 - iv. A pharmacist back-up is identified to support the resident and assist with questions, if needed.
 - v. The resident is paid at a pharmacist salary for the shift covered.
 - vi. The resident would not break duty hour limits by providing this staffing coverage (see [Duty Hours and Moonlighting](#)).
 - vii. The RPD/RPSC has ultimate authority to accept or deny the request.

Holidays and Holiday Leave

Intermountain Health observes the following holidays in all regions:

- New Year's Day
- Martin Luther King Jr. Day
- Memorial Day
- Independence Day
- Labor Day
- Thanksgiving

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- Christmas Eve
- Christmas

Residents accrue PTO for holidays as part of their total PTO accruals. The fulfillment of holiday coverage will be coordinated through the Director of Pharmacy and RPD/RPSC at each facility. Refer to program-specific staffing requirements for additional information.

Residents may staff additional shifts for holidays consistent with the standards applied to general staff and shall receive pharmacist pay rate for holiday shifts worked as outlined below. All shift differentials, including holiday premium differentials, are automatically calculated in Intermountain's timekeeping system, per facility approvals. Holiday premium is only paid on designated Intermountain holidays.

Weekend and Holiday Differential

Weekend and holiday pay practices between Canyons and Desert regions and Peaks regions have not yet been harmonized.

Canyons/Desert Pay Practices

A summary of appropriate pay practices for Utah residents is provided below:

1. When residents staff/work a holiday that is during the week (Mon-Fri), they will get paid at pharmacist pay rate + holiday premium differential at the pharmacist pay rate.
2. To do this, resident pay for the pay period is adjusted. i.e., Residents are paid 72 hours at the resident rate, and then actual hours worked on the holiday at the pharmacist rate.
3. When residents staff/work a holiday that is during the weekend (Sat/Sun), and they are already assigned that weekend as part of their pre-arranged staffing schedule for residency, they do not get pharmacist pay rate but still get a holiday premium differential at the resident rate.
4. However, if a resident picks up an extra holiday shift that is on the weekend (Sat/Sun and is not part of their normal pre-arranged staffing schedule), then they would get full pharmacist pay rate + holiday premium differential for that shift for all actual hours worked.
5. Based on the above, residents doing a staffing shift on a weekend holiday as part of their pre-set training schedule would not get paid pharmacist pay rate.
6. Intermountain Health does not provide compensatory days to the residents after they work a weekend or holiday staffing shift.

Peaks Region Pay Practices

A summary of appropriate pay practices for Colorado and Montana residents is provided below:

1. Residents are exempt caregivers. Peaks exempt caregivers are not eligible for differential pay for holidays or weekends. Refer to [Holiday Premium Policy](#) (Peaks region) and [Shift Differential Policy](#) (Peaks region).
2. Residents completing a staffing shift on a weekend holiday as part of their pre-set training schedule would not receive pharmacist pay rate.
3. If a resident picks up an extra shift (including holidays) that is on the weekend (Sat/Sun and is not part of their normal pre-arranged staffing schedule), then they would get full pharmacist pay rate for that shift for all actual hours worked.



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4. Intermountain Health does not provide compensatory days to the residents after they work a weekend or holiday staffing shift.

All regions: To receive any extra pay or any differential (of any kind), salaried individuals need to punch in and out using the time clock. Additionally, to receive extra pay (as a resident or a pharmacist), individuals will need to enter a timecard exception.

Duty Hours and Moonlighting

1. Duty hours **include**:
 - A. Inpatient and outpatient patient care (resident providing care within a facility or from the resident's home when activities are assigned to be completed virtually)
 - B. Staffing/service commitment
 - C. Administrative duties (i.e., completing required competency education for Intermountain)
 - D. Work from home activities (i.e., taking calls from home and utilizing electronic health record related to at-home call program)
 - E. Scheduled and assigned activities (i.e., committee meetings, required teaching activities, or health and wellness events) that are required to meet the goals and objectives of the residency program.
2. Duty hours **exclude**:
 - A. Reading
 - B. Studying
 - C. Academic preparation time for presentations and journal clubs
 - D. Travel time to and from work or conferences
 - E. Hours that are not scheduled by the residency program director or preceptor.
3. Duty hours must be addressed by a well-documented, structured process. Intermountain Health residency programs uses PharmAcademic™ to track and log duty hours.
4. Duty hours must be limited to 80 hours per week, averaged over a 4-week period, inclusive of all in-house call activities and all moonlighting.
5. Continuous duty periods of residents should not exceed 16 hours. The maximum allowable duty assignment must not exceed 24 hours even with built-in strategic napping or other strategies to reduce fatigue and sleep deprivation, with an additional period of up to two hours permitted for transitions of care or educational activities.
6. Regarding the mandatory time free of duty, residents must have at least 1 (one) day in 7 (seven) days free of duty (when averaged over 4 weeks). At-home call cannot be assigned on these free days.
7. Adequate time for rest and personal activities must be provided. Residents should have 10 hours free of duty between scheduled duty and must have at a minimum 8 hours between scheduled duty periods.
8. Moonlighting is defined as any voluntary, compensated work beyond the residency service requirements and is not part of the scheduled duty periods of the residency program.
9. Moonlighting is at the discretion of each individual program as stated in the program supplement.
10. A resident desiring to moonlight should send a request in writing (e.g., an email) to the RPD detailing the type of work, location (internally vs. externally), and number of expected hours per month.
 - A. Residents may moonlight internally at an Intermountain facility with the approval of the RPD or RPSC.



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- B. External moonlighting at an outside organization is generally not permitted during the residency year; however, exceptions may be granted with approval by the RPD or RPSC.
11. If the moonlighting request is approved by the RPD, it will be added to the resident quarterly development plan.
 12. Moonlighting must not interfere with the ability of the resident to achieve the goals and objectives of the educational program.
 13. All moonlighting must be considered part of the 80-hour weekly limit on duty hours. If moonlighting is approved, hours shall not exceed 24 hours or two shifts within a 4-week block.
 14. Duty hours and fatigue levels are self-reported by residents and tracked within monthly evaluations in PharmAcademic™. Any instance of non-compliance will be addressed by the RPD. The RPD will develop an action plan to prevent future instances (e.g., moonlighting will be restricted, the resident will not be allowed to moonlight, or other residency activities will be restructured so the resident does not exceed duty hours).
 15. If there is a concern that moonlighting is affecting the resident's performance, moonlighting privileges will be suspended.
 16. See the [ASHP Duty Hour Requirements for Pharmacy Residencies](#) document for additional information and requirements.

Resident and Preceptor Well-Being

Intermountain Resources

Be Well

Be Well is Intermountain's wellness program, designed to empower caregivers and their families to take charge of their health and improve their well-being. The Be Well program offers free resources to help build healthy habits and improve well-being, including:

- At-home workouts
- Personal and team fitness challenges
- Wellness courses and workshops

Spouses and partners who participate in a caregiver's Intermountain medical plan can earn reward dollars for completing wellness activities, including eligible preventive exams and physical activities. See more information on the [Be Well general website](#) or [Be Well Rewards website](#).

Resident Intake Form

Residents entering the program complete a [Pharmacy Resident Intake Form](#) to provide the program leader with details about lifestyles and beliefs, preferences, contact information for the resident and trusted emergency contact, and planning for celebrations.

Employee Assistance Program

The Intermountain Health Employee Assistance Program (EAP) is a support program for caregivers, spouses or domestic partners, and their children (dependents ages 6-26) offering free confidential counseling, trainings, leader support, and 24-hour crisis services. Refer to Employee Assistance Program [website](#). Contact: Call **1-800-832-7733** (available 24/7) or email eap@imail.org

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Resilience

Resilience is important for both personal wellbeing and to support the continued ability to provide safe and effective care. Residents are encouraged to request any additional resilience support or guidance at any time from the RPD, preceptors, pharmacy leadership, or another trusted individual.

Contact a mental health care professional when you or someone you know experiences/notices:

- Severe physical and/or cognitive impairment.
- Personality change.
- Feeling overwhelmed with anxiety or depressive thoughts.
- Erratic functioning is a possible danger to themselves or others.
- Is unable to control one's action enough to perform duties.

If you or someone you know is in immediate distress or crisis, call the 24/7 Suicide and Crisis Hotline (**dial 988**).

Lead Residents

Depending on the residency year, lead residents may be selected from the PGY1 and PGY2 classes and EPTPM. The person(s) in this role will act as a liaison and representative for all PGY1 and PGY2 residents.

Lead Residents Responsibilities - General

1. Serve as the point person to facilitate and clarify issues and policies regarding the Pharmacy Residency Programs.
2. If concerns arise within the group, the Lead Resident(s) will present the concerns and represent the current group of residents.

Lead Residents Responsibilities – Specific

1. ASHP Midyear Clinical Meeting:
 - A. Help plan recruitment activities at the ASHP Midyear Clinical Meeting by scheduling residents for the Personnel Placement Service (PPS) and coordinating the residency showcase.
 - B. Working with the EPTPM, serve as the Midyear coordinator, and assist residents in preparation for the Midyear Clinical Meeting.
2. Recruitment:
 - A. Serve as an active participant in resident recruiting process. Coordinate resident participation in virtual open houses, career fairs, and other events.
3. Regional Residency Conference
 - A. Work with the EPTPM to distribute information and coordinate events concerning the Pharmacy Resident Conference to residents and preceptors.
4. Service Project
 - A. The lead resident may work with the EPTPM to coordinate a service project.
 - B. The service project will involve the entire PGY1 and PGY2 group and should provide some service to the community and those in need.
5. End of the Year Celebration:
 - A. Assist the EPTPM in facilitating and planning of the end of the year celebration banquet.



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- B. Coordinate the selection and award for the preceptor of the year.
- 6. Social coordinator:
 - A. Plan and promote several social activities for the residents throughout the year. Activities should be planned on weeknights when most residents may attend. All regional PGY1 and PGY2 Intermountain residents should be invited to attend. Activities should encourage bonding and team building.

Rotation Guidelines

1. The resident shall provide complete pharmacy services in coordination and cooperation with departmental professional and support staff, consistent with departmental policies and procedures for operations and clinical practice, meeting all the requirements and obligations of pharmacists on staff.
2. The resident shall participate in all rotation activities, as applicable, including team meetings, rounds, and other interdisciplinary conferences that occur on their rotations. The rotation preceptor is responsible for identifying these opportunities. The resident is expected to actively participate in the rotation activities using the philosophy of “what the pharmacist does, the resident is expected to do,” which is to say the resident will expend the required amount of time and energy needed to complete assignments and activities right along with the preceptor.
3. The resident shall identify therapeutic issues and problems and develop and present in-services to the medical, nursing, and pharmacy staff addressing those issues and problems. The resident is encouraged to seek opportunities to educate health care professionals on subjects relating to pharmacology and drug usage.
4. The residency programs at Intermountain Health take a holistic approach to post-graduate training. The expectation is that a team philosophy will be used to develop pharmacists within the Intermountain programs.
5. The resident shall provide clinical instruction to College of Pharmacy students on clinical clerkships, under the supervision and guidance of the rotation preceptor.
6. No more than one-third of the twelve-month PGY1 pharmacy residency program may deal with a specific patient disease state and population (e.g., critical care, oncology, cardiology).
7. Residents must spend two-thirds or more of the program in direct patient care activities.
8. Non-Intermountain rotations:
 - A. Residents can obtain limited practice experience in non-Intermountain rotations upon approval of the local RAC.
 - B. Residents will be permitted a maximum of one rotation in a non-Intermountain site rotation during the residency training year; however, exceptions may be granted on a case-by-case basis by the RPD.
 - C. For sites which receive CMS pass-through funding, a memorandum of understanding must be signed by both parties prior to the resident starting rotation.
9. Required rotations vary by program, see [individual program supplements](#) for details.

Project Time

Residents will be allowed 1 flexible project day per rotation block. The project day includes scheduled time to work on the learner’s residency project or other longitudinal residency-related activities. The resident is expected to complete an 8-hour workday and be on site at their home-base facility; however, the resident

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may work with project advisors and preceptors at other sites if this is discussed with the preceptor, RPSC, or RPD. The project day should be scheduled at the resident's choosing, in coordination and with approval of the preceptor, at the start of rotation, and may be restricted to a certain rotation timeframe based on rotation structure. For additional information on project days within PGY2 programs, refer to the specific program manual.

Project weeks are provided to the resident through the residency year to give the learner scheduled time to work on longitudinal activities, such as research projects, presentations, or other residency-related work. It is expected that learners will work on projects and other residency-related activities during project weeks. If the resident wants to take time off away from work, then PTO should be requested ahead of time and used. Residents are generally encouraged to work from their assigned facility; however, they may also work from home or another off-site location if approved by their local program leader. Project time may be variable between residency programs. Refer to [Program-specific Supplements](#) for details.

Table 3. Program Example Project Weeks

Project Week	Dates*	Activities/Deliverables
Week 1	9/8/25 – 9/12/25	- Research/CI project IRB protocol - Research/CI project manuscript - Professional conference abstract and poster (example: Vizient Residency Poster Session at ASHP Midyear) - Fall seminar presentation (PGY1 residents); fall CE presentation (PGY2 residents) - Initial research on Spring CE presentation (PGY1 residents)
Week 2	12/15/25 – 12/19/25	- Prep for PGY2 or work interviews (as needed) - Continue work on data collection for research/CI project
Week 3	12/22/25 – 12/26/25	- Start data analysis for research/CI project (if able) - Finalize methods section of research/CI manuscript - Continuing work on Spring CE presentation (PGY1 residents)
Week 4 <i>FLOATING, flex week</i>	2/23/26 – 2/27/26	- Finish/continue data analysis for research project - Finish research project abstract and platform presentation - Write research/CI project manuscript results and discussion - Finalize/practice Spring CE (PGY1 residents) - Interviews and other related employment matters

**Project weeks may be flexed before or after the proposed week based upon other rotation schedules.*

Intermountain Core Curriculum Series, Discussion Topics, and Meetings

- Residents participate in the Core Curriculum conference series, as scheduled. Typically, these conferences will be held 2 times per month, primarily at the central office but will rotate through the sites.
 - Attendance at all events is required for all PGY1 residents.
 - Selected topics will be required for PGY2 residents (e.g., the Intermountain research process for PGY2 residents new to Intermountain). Other Core Curriculum attendance will be left to the discretion of the RPD for the PGY2 residents.

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2. Residents should work with their preceptors at the beginning of each rotation to ensure the resident conference schedule is calendared into the rotation schedule.
3. A schedule of discussion topics shall be developed, and a discussion leader shall be assigned. A schedule of topics will be provided and list exact topics, dates, and locations.
4. Residents are responsible for participating in and leading discussions and to be prepared by reading background materials and supplementing them with additional readings.
5. The resident shall attend all monthly departmental staff meetings, huddles, and educational meetings as scheduled.
6. Each preceptor may determine additional meetings the resident must attend during rotation.

External Conference Attendance and Reimbursement

Depending on the specific residency year, organizational finances, and other related factors, residents will be given educational leave and financial assistance to attend meetings. The specific meetings allowed will depend on the residency program, individual resident needs, and other organizational factors.

1. For PGY1 residents, travel support is provided for **one** professional conference. Examples may include the ASHP Midyear Clinical Meeting or Pharmacy Futures Meeting, PPA Annual Meeting, or other specialty conference such as SCCM.
2. For PGY2 residents, travel support is provided to **two** conferences. This may be ASHP Midyear Clinical Meeting plus an additional specialty conference *or* two specialty conferences if the total does not exceed a predetermined maximum.
3. Travel support for both PGY1 and PGY2 residents is also provided for the regional residency conference ([Mountain States Conference](#) or [Residency Conference of the Rockies](#)).

Financial assistance to attend meetings is a privilege and may be subject to change based on the financial performance of the organization. Intermountain reserves the right to deny funding to meetings and/or select a smaller subset of residents to attend certain conferences. If funding is provided, reasonable expenses for attending a meeting will be paid by the home-based facility's pharmacy department (meeting registration, transportation, hotel, meals, poster printing). Refer to the [Intermountain Pharmacy Services Travel Guidelines](#) for additional information and instructions.

Disciplinary Action and Dismissal

Corrective action or dismissal from the program are actions that are considered when residents do not meet program or rotation expectations and requirements. Program expectations, requirements, and deadlines are reviewed and communicated to the residents by the RPD during orientation and by reviewing this manual before the start of the residency program. Rotation expectations are communicated to the residents by the preceptor at the start of and during each rotation.

Residents must complete all Residency Program requirements based on the ASHP Residency Standards and Competency Areas, Goals and Objectives (CAGOs) for their program. Only those residents who complete the residency requirements set forth will receive their residency certificate. Evaluation of the resident's progress in completing the residency requirements is documented as part of the quarterly review process.



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When issues or problems arise, which jeopardize the resident's successful completion of a rotation or other program requirement, the resident and the preceptor will discuss and attempt to resolve the issues or problems. If resolution is not achieved to the satisfaction of the preceptor, the ongoing concern will be documented and referred to the RPD/RPSC.

The RPD, in conjunction with the RPSC and local RAC, will continually assess the ability of the resident to meet the residency requirements by established deadlines. If a resident is failing to make progress in any aspect specific to the residency program completion requirements or if there is a concern with other behaviors related to performance (e.g., not meeting deadlines, not integrating feedback, unprofessional behavior, etc.), the following steps shall be taken while following Intermountain's [Employee Corrective Action Policy](#) (applicable to all Intermountain regions).

The RPSC or RPD will provide a documented verbal warning for any initial issues identified. Corrective action may include make-up or remedial work, repeated or alternate rotations, or other assignments or actions appropriate to the circumstance and as determined by the preceptor, RPSC and RPD.

If the identified issue continues, a written warning will be initiated, and the resident will be placed in an [improvement plan](#). The plan will provide specific action steps to address the behavior or performance concerns. The plan will indicate the criteria for successful remediation and will have a timeline for remediation of no longer than four (4) weeks.

1. If the resident meets the criteria for successful remediation, the resident must not regress for the duration of the residency to receive a certificate of completion.
2. If the resident makes progress but does not fully complete all action steps, a second resident improvement plan may be executed as a final written warning. The second resident improvement plan will be no longer than 4 weeks.
 - A. If the resident does not meet the criteria for successful remediation of the second plan, the resident will be terminated from the program and will not receive a certificate.

If a resident's performance is potentially jeopardizing patient safety, the RPD, in conjunction with Human Resources, may implement an accelerated Performance Improvement Plan (PIP).

The RPD and Pharmacy Director will make the final decision concerning dismissal from the pharmacy residency. The Chief Pharmacy Officer and Human Resource Representative will be involved as necessary.

Academic Dishonesty and Professional Conduct

All Intermountain residents are to act with academic integrity and conduct themselves in a respectful, professional manner. Dishonest or disrespectful behavior should be immediately reported to program leadership, including the RPD/RPSC. Academic dishonesty includes, but is not limited to, cheating, assisting someone else in dishonest behavior, falsifying patient records, lying to caregivers, plagiarism, and unauthorized possession of any confidential materials (e.g., patient records that should not be accessed, possession and use of past resident presentations). See Intermountain's [Protection of Confidential Information Policy](#) (all regions), [Privacy Incident Reporting and Response Policy](#) (all regions), and [Privacy Security Sanctions Procedure](#) (Canyons/Desert regions) for additional information on inappropriate use of

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patient records. Unprofessional conduct includes, but is not limited to, use of inappropriate or offensive language; actions unbecoming of a health professional (e.g., yelling, offensive gestures, inappropriate body language); improper dress per Intermountain's [Professional Appearance Policy](#) (all regions), inappropriate use of social media as outlined in Intermountain's [Social Media Policy](#) (all regions), and [Acceptable Use of Generative Artificial Intelligence \(AI\) Policy](#) (all regions).

Instances of academic dishonesty and unprofessional conduct will be assessed on a case-by-case basis. The severity of the infraction, history of past occurrences, resident's personal accountability, and other related factors will be considered. The program RPD will be engaged in any conversations and decisions related to dishonesty or unprofessional conduct; Human Resources should also be engaged for serious or egregious situations. Residents found guilty of engaging in an act of dishonesty or unprofessional conduct may be required to repeat a rotation or assignment. For severe infractions, the resident may be dismissed from the program. All appropriate Human Resource policies, including the [Employee Corrective Action Policy](#) (applicable to all Intermountain regions). will be followed.

Grievance Process for Residents

Residents will contact their respective program leader to initiate complaints. If the RPD or RPSC fails to respond or inadequately responds to complaints related to the resident's program experience, the resident may bring the complaint to the Pharmacy Director. If the RPD or Pharmacy Director inadequately responds to the complaint, the resident may bring the complaint to the Intermountain Health Chief Pharmacy Officer for resolution. **Intermountain Health maintains a Compliance Hotline to report any compliance-related concerns: 1-800-442-4845.**

Minimum Requirements for Graduation and Residency Program Certificate

Each residency program outlined the minimum requirements for graduation. See [program-specific supplements](#) for details. Contents generally include:

- Completion of 52 weeks of the program.
- Successful completion of required rotations, including required longitudinal activities.
- Achieving a minimum of 80% of required rotation objectives (including 100% of patient care objectives).
- Completing the major residency project, including specific deliverables.
- Fulfilling minimum staffing requirements (including holiday coverage and total number of hours staffed).
- Creating and delivering the required teaching activities/presentations.
- Completion of the program-specific appendix tracker (PGY2 programs only).
- Other defined competencies (eg, BLS, ALS, PALS, etc.).

Upon successful completion of all program requirements and compliance with all conditions of the residency program, the resident shall be awarded a certificate indicating successful completion of the Intermountain Pharmacy Residency. Residents that fail to complete the program requirements and comply with all conditions of the residency program shall not be awarded a certificate of completion of the Intermountain Pharmacy Residency program.

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Residency Program Customization and Evaluation of Residents, Preceptors, and the Program

Overview

ASHP requires that the resident's training program must be customized based on their entering interests, skills and experiences. A customized training plan will be created and evaluated quarterly to ensure resident's interests and personal goals are consistent with program goals and objectives.

Intermountain Health uses ASHP's online evaluation program (PharmAcademic™). The RPD/RPSC will coordinate objectives chosen by rotation preceptors to ensure residents have adequate evaluation of residency goals and objectives. For each rotation, at least one summative evaluation will be completed by the preceptor. The resident will complete an evaluation of rotation site, duty hour form, and preceptor evaluation. The primary preceptor seeks consensus of preceptors to determine final ratings and co-signs evaluations. Co-preceptors are encouraged to provide documentation in resident's written evaluations. Evaluations completed on PharmAcademic™ will be cosigned by the RPD.

Pre-Residency Self-Assessment

Prior to starting the residency, residents complete the *Resident Self-Evaluation and Planning Form* and return it to the RPD/RPSC. The purpose of this assessment is to identify the resident's abilities, practice interests, skill level, experience and educational background. The information will be used to plan for the resident's rotations and individualize the resident's learning year.

The RPD/RPSC meet with the resident during orientation. The resident self-assessment materials will be reviewed, and the residency year will be planned. The RPSC/RPD will complete a pre-residency assessment summarizing this assessment process. This will include:

1. Summary of the resident's strengths.
2. Summary of resident's areas for development.
3. Educational goals and objectives to be emphasized during all learning experiences.
4. Preliminary determination of elective learning experiences

Rotation Schedule

The RPD/RPSC and resident establish the rotation schedule and develop a customized training plan within the first month. In the event the resident's program goals change, the resident may request a schedule change. Schedule changes may also be required due to changes in preceptor availability or other practice site considerations. The RPD/RPSC will make every attempt to adjust the schedule to accommodate both resident and program preceptors. Any schedule changes will be documented in the customized training plan and communicated to program preceptors.

Evaluation of the Resident

Feedback is essential for residents' skill development. Feedback will be frequent, immediate, specific, and constructive. One strategy for providing criteria-based feedback is including what the resident should start, stop, and continue doing. The preceptor will provide formative and summative feedback. Formative feedback (on-going, regular) feedback will be provided primarily verbally; as well as in writing when

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evaluating activities like presentations, as documentation of verbal feedback, or when verbal feedback is not possible due to patient care or scheduling. Feedback is documented for residents not progressing as expected. The on-demand feature of PharmAcademic™ will be used to document formative feedback. Summative evaluation will be provided via PharmAcademic™ at the end of the rotation. Summative evaluation will be provided in writing and discussed verbally with the resident.

The evaluation of the performance of the resident is based upon the use of predetermined goals and objectives taken from the ASHP Accreditation Standard CAGOs. The preceptor(s) for each rotation of the residency training program shall select goals to be evaluated during their rotation in conjunction with the RPD/RPSC. The RPSC/RPD will coordinate and evaluate the residents' longitudinal progress towards meeting program goals and objectives.

Evaluations must be completed by the preceptor and resident no later than 7 days from the due date. All evaluations follow the approved Intermountain rating scale definitions:

Table 4. Rating Scale Definitions

Rating	Definition and Applicable Scenarios
Needs Improvement (NI)	- Resident's aptitude or clinical abilities were deficient. - Resident's level of skill on the goal does not meet the preceptor's standards of achieved or satisfactory progress. - Resident was unable to complete assignments on time and/or required significant preceptor oversight. - Unable to ask appropriate questions to supplement learning. - Unprofessional behavior was noted.
Satisfactory Progress (SP)	- Resident's skill levels have progressed at a rate that will result in mastery by the end of the residency program. - Sometimes requires assistance to complete the objective. - Improvement is evident throughout the experience. - Able to ask appropriate questions to supplement learning. - Requires skill development over more than one rotation.
Achieved (ACH)	- Fully accomplished the ability to perform the objective. - Rarely requires assistance to complete the objective; minimum supervision required. - No further developmental work is needed as expected for a resident.
Achieved for Residency (ACHR)	Can only be designated by RPD or RPSC. - Resident has met objective at <i>Achieved</i> level – requires multiple ACH for most objectives.

Objectives marked as "NI" or "SP" should include specific actions for the resident to obtain "ACH." Examples include improving speed, accuracy, timeliness, or level of detail for the activity associated with the required objective. Objectives documented as "ACHR" do not need to be reevaluated. The RPD may reopen an objective marked as "ACH" or "ACHR" if there are new concerns of resident performance.

ACHR is defined as readiness for independent practice and is awarded when the resident consistently meets the objective. The RPD will evaluate and determine ACHR status at least quarterly based on

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preceptor evaluations and feedback, the RPD's own evaluation and feedback, review of residency tasks and assignments, resident self-assessments, resident development plans, and any other relevant sources.

Examples of performance earning ACHR are listed below:

- Resident earns two or more ratings of "achieved" on an objective
- Resident earns one rating of "achieved" on an objective, while earning "satisfactory progress" on the objective earlier in the residency year
- Resident earns one rating of "achieved" on an objective when it is evaluated only on one rotation.
- Resident earns several ratings of "satisfactory progress" on an objective, and RPD determines ACHR based on performance on these learning experiences along with performance in other settings.

Evaluation of the Preceptor(s)

One day prior to the last day of the rotation, the resident shall complete the Preceptor and Learning Experience Evaluations in PharmAcademic™. **A preceptor evaluation must be completed for preceptors who precepted the resident for 33% or more of the rotation.** These evaluations shall be reviewed with, and co-signed by, the preceptor. This will then be co-signed by the RPD.

Rotation Evaluations

1. The resident shall be responsible for meeting consistently with their rotation preceptor to assess and evaluate their progress in the rotation. The frequency and scheduling of these sessions shall be determined by the rotation preceptor and the resident. **One day prior to the end of the rotation**, the preceptor will evaluate the overall performance of the resident using the Summative Evaluation form on PharmAcademic™.
2. These evaluations will be reviewed and discussed between the preceptor and resident then co-signed on PharmAcademic™.
3. Periodic, point in time (snapshot), evaluations shall be used to assist the resident in achieving specific goals and objectives as defined and selected by the rotation preceptor. The Snapshots (to be filled out by both preceptor and resident to allow for self-evaluation) will be reviewed, discussed and co-signed by the preceptor and resident at the time the Snapshot was performed. These will be completed using the snapshot tool on PharmAcademic™.
4. **All evaluations are due from both residents and preceptors within one week (7 days) of the end of rotation.**

Quarterly Evaluations and Planning

1. Progress toward achieving program outcomes and requirements is assessed quarterly by the RPD/RPSC.
2. The RPD/RPSC will schedule with the resident the quarterly evaluation and planning session by the following deadlines:
 - A. October 15
 - B. January 15
 - C. April 15
 - D. June 15
3. The quarterly evaluations and review sessions shall include the completion of the *Service Evaluation Form* (both resident self-evaluation and RPD/RPSC evaluation) and the development plan.

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4. Quarterly evaluation sessions with the resident's longitudinal experience preceptor shall be scheduled to assess progress toward meeting the goals and objectives of the longitudinal experience. The quarterly evaluation sessions shall include the completion of the specific longitudinal summative evaluation form in PharmAcademic™. The resident shall schedule the sessions to be held with the longitudinal experience preceptor by the deadlines listed above.
5. Residents should also complete a quarterly self-reflection and self evaluation. Contents include:
 - A. Strengths
 - B. Opportunities for improvement
 - C. Practice interests (if changed from initial evaluation)
 - D. Career goals (if changed from initial evaluation)
 - E. Well-being
6. Content and adjustments to the development plan will be made based upon:
 - A. Status of obtaining pharmacist licensure in state of practice (during Quarter 1 until licensed).
 - B. Status if the resident will be moonlighting and when/where (if applicable).
 - C. Review of residents' performance relevant to the previous quarter's plan with input from preceptors.
 - D. Progress towards meeting minimum requirements for graduation and if progression is on track based upon the time of year. Expected progression includes:
 - i. 10% of required objectives marked achieved during the first quarter.
 - ii. 30% of required objectives marked achieved during the second quarter.
 - iii. 60% of required objectives marked achieved during the third quarter.
 - iv. 80% or greater of required objectives marked achieved during fourth quarter (end of residency).
 - E. Details of any performance improvement plan(s) implemented and status towards completion.
 - F. Identification of new strengths or actionable areas for improvement.
 - G. Optional changes in short- or long-term career goals and interests and if no changes document accordingly.
 - H. Documentation of specific objectives to focus on in the upcoming quarter.
 - I. Additional evaluations needed for select objectives.
 - J. Modification to the schedule as needed for the upcoming quarter.
7. Failure of the resident to demonstrate adequate performance or meeting program deadlines may result in formal disciplinary action, including implementing a remediation plan or possible dismissal from the residency program.

Evaluation of the Program and Continuous Improvement

Residents may bring program issues to the attention of the RPD/ RPSC, Pharmacy Director, or EPTPM at any time during the year. The RPD/ RPSC, EPTPM, and other pharmacy leaders engage in an on-going process of assessment of the residency program including a formal annual program evaluation. The resident or residency class will meet with a program leader at least twice per year to discuss program feedback and improvements. These recommendations will be reviewed, usually at the annual residency program retreat, with a plan for improvement of the residency program. The RPD will be responsible for developing a written summary report at the end of the residency program.

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Major Residency Project

General Information and Overview

1. All residents, with the guidance and supervision of appropriate preceptors, complete at least one major research or quality improvement project.
2. The resident, with guidance from the RPD/RPSC, is responsible for selecting an individual to serve as a project advisor. Projects selected and conducted away from the resident's site must be approved by the RPD/RPSC.
3. The project advisor will be responsible to:
 - A. Give guidance to the resident in designing, performing, and documenting the project's outcomes.
 - B. Oversee the development of the project proposal and IRB submission.
 - C. Provide technical expertise and advice to the resident during initiation of project, data gathering and analysis, statistical analysis, and project write-up.
 - D. Work with the resident to ensure that all project deadlines are met.
 - E. Discuss and agree on authorship with the resident and all others involved in the project per ICMJE recommendations:
 - i. Substantial contributions to the conception or design of the work; or the acquisition, analysis, or interpretation of data for the work; AND
 - ii. Drafting the work or revising it critically for important intellectual content; AND
 - iii. Final approval of the version to be published; AND
 - iv. Agreement to be accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved.
4. The final project manuscript will be approved by the RPSC/RPD.
5. Residents are required to submit a final write up of the project to the RPD and are *strongly encouraged* to submit a manuscript to a peer-reviewed journal. The report shall be written using format and style consistent with publication in a professional journal, including project subject, background, methods, results, discussion and conclusions.



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Table 5. Pharmacy Residency Major Project Timeline

Pharmacy Residency Project Activity		PGY1 Due Date	PGY2 Due Date
Conceptualize	Complete CITI Training .	7/3/25 (end of system orientation)	7/11/25 (end of system orientation)
	Complete ASHP Research Learning Modules .	7/3/25 (end of system orientation)	Not required
	Submit proposed project selection to Ku'ulei Stuhr at Kuulei.Stuhr@imail.org . <i>(Include a few sentences about your project (hypothesis, groups being evaluated, and primary outcome))</i>	7/18/25	8/1/25
	Submit project concept sheet to local and system leaders. Project will be vetted by facility teams, project mentor(s), and the System Research Oversight Committee.	8/1/25	8/15/25
	Select professional meeting for which research project will be presented.* <i>Examples: Vizient Pharmacy Network Resident Poster Session at ASHP Midyear Clinical Meeting, PPA Annual Meeting, MAD-ID, ASHP Pharmacy Futures Meeting, and/or regional conferences.</i>	8/1/25	8/15/25
	Complete the Office of Research QA/QI, Program Evaluation, Operations Activity Self-Certification Tool . SAVE an electronic copy of document results. - If the answer says <i>IRB review is likely required</i>, an IRB submission must be completed. - If the answer asks the author to attest to a certification statement the project is QI, IRB submission is <i>not required</i>. - If results are undetermined or the resident has questions, contact IRB@imail.org for next steps.	8/1/25	8/15/25
	Project concept discussion and approval.	8/4/25 through 8/15/25	8/18/25 through 8/22/25
Design	Complete draft IRB protocol (see templates) and provide to project preceptors.	9/12/25	9/12/25
	Complete draft Vizient Pharmacy Network Resident Poster Session abstract (if applicable) and provide to preceptors.	9/12/25	9/12/25
	Complete draft background section of project report for preceptors. <i>Required for both research and QI projects as part of the residency</i>	9/12/25	9/12/25
	Preceptor review of materials; edits/optimization with resident.	9/15/25 through 9/26/25	9/15/25 through 9/26/25
	Start work on IRB submission in IRIS - start early! Click here for a guide .	9/26/25	9/26/25
	Submit final protocol to IRB (with preceptor approval).	10/10/25	10/10/25
	Complete final version of background section to project report.		
	If submitting to Vizient Pharmacy Network Resident Poster Session at ASHP Midyear, submit final abstract (with preceptor approval).	10/10/25	10/10/25



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Table 5. Pharmacy Residency Major Project Timeline (continued)

Pharmacy Residency Project Activity		PGY1 Due Date	PGY2 Due Date
Implement / Collect	Respond to stipulations from IRB	October to until IRB approval	October to until IRB approval
	If presenting poster at Vizient Pharmacy Network Resident Poster Session at ASHP Midyear, complete draft poster for preceptor review.	10/24/25	10/24/25
	Preceptor review of poster and edits/optimization with resident.	10/27/25 through 11/7/25	10/27/25 through 11/7/25
	If presenting poster at Vizient Pharmacy Network Resident Poster Session at ASHP Midyear, final poster due. Local sites responsible for poster printing.	11/7/25	11/7/25
	If presenting poster at Vizient Pharmacy Network Resident Poster Session at ASHP Midyear, present poster.	12/5/25	12/5/25
	Complete draft of methods section of project report for preceptor review.	12/19/25	12/19/25
	Preceptor review of project report and edits/optimization with resident.	12/22/25 through 1/9/26	12/22/25 through 1/9/26
	Obtain IRB approval. Email a copy of IRB approval to RPD and RxEducationResearch@imail.org .	12/31/2025	12/31/2025
	Data collection and project implementation.	Ongoing from IRB approval	Ongoing from IRB approval
	Complete final methods section of project report.	1/16/26	1/16/26
Analyze and Present	Data analysis and generate results.	Ongoing Feb through end of April	Ongoing Feb through end of April
	Complete draft regional residency conference abstract.	2/20/26	2/20/26
	Preceptor review of abstract and edits/optimization with resident	2/23/26 through 3/6/25	2/23/26 through 3/6/25
	Submit final regional residency conference abstract (with preceptor approval).	Mid-March or mid-April (per conference requirements)	Mid-March or mid-April (per conference requirements)
	Complete draft regional residency conference platform presentation.	4/3/26	4/3/26
	Preceptor review of presentation and edits/optimization with resident.	4/6/25 through 4/17/26	4/6/25 through 4/17/26
	Submit final regional residency conference presentation (with approval).	End of April or early May (per conference requirements)	End of April or early May (per conference requirements)
	Deliver regional residency conference presentation. Present project results to local teams (per site requirements).	Mid-May or early June (per conference requirements)	Mid-May or early June (per conference requirements)
	Complete draft results/discussion section of project report for review.	5/15/26	5/15/26
	Preceptor review of project report and edits/optimization with resident.	5/18/26 through 5/29/29	5/18/26 through 5/29/29
	Final, completed project report due and uploaded in PharmAcademic™.	6/5/26	6/5/26

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Guiding Principles for Research and Quality Improvement Projects

1. Due to the limited bandwidth of the Pharmacy Data Analytics team during the Epic implementation, projects should be designed so residents can access the data needed for projects from individual chart reviews, current reports and dashboards, or self-service data tools such as MDClone.
2. **Ongoing review of project progress should occur at least quarterly during resident quarterly assessments.**
 - A. The resident is responsible for submitting a detailed progress report to the appropriate individual at each site. The purpose of the interim report is for you and the residency advisory committee to assess project progress. Minimum elements of this report should include the following (when applicable):
 - i. Data collection goals or subject recruitment to date and total recruitment needed to complete the project/research
 - ii. Major timeline events that have/have not been met
 - iii. Required funding is received
 - iv. Perceived barriers to timely completion
 - v. All interim progress reports should include a self-assessment statement co-signed by the resident and the pharmacist preceptors that the project is as follows:
 1. "On track for successful completion"
 2. "Slow to start-will catch up" (identify specifics for delays and plan for action)
 3. "Major obstacles able to be addressed" (identify specifics for delays and plan for action)
 4. "Not started or major obstacles unable to be addressed" (request meeting with site coordinator)
 - B. The project preceptor must review and approve all completed resident work before it is finalized and submitted to any third party (such as IRB, Vizient Pharmacy Residency Poster Session, regional residency conference, etc.)

Initial Major Project Submission Guidelines

1. Written Project Proposal
 - A. The resident should work closely with their project advisor(s) in developing the project proposal. The proposal should be typewritten and should follow a technical style suitable for medical writing. Proper grammar and spelling are expected.
2. Project concept submissions should follow the [Pharmacy Research Project and Quality Improvement Submission Form](#).
 - A. All PGY1 research projects must be reviewed by the local program team and System Resident Research Oversight Committee before proceeding.

Final Major Project Report Submission Guidelines

1. Written Project Report/Manuscript
 - A. The resident should work closely with their project advisor and program leadership in writing the project report/manuscript. The document should be typewritten and should follow a technical style suitable for medical writing. Proper grammar and spelling are expected. Residents are highly encouraged to publish their projects in an appropriate peer-reviewed journal.

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- B. The following sections should be included:
 - i. Introduction/background that includes a statement of the problem/hypothesis
 - ii. Methods
 - iii. Results
 - iv. Discussion
 - v. Conclusions
 - vi. References of literature cited
- 2. Presentation of Project
 - A. PGY1 and PGY2 residents are expected to submit an abstract and poster to the Vizient Pharmacy Network Resident Poster Session at ASHP Midyear Meeting or another meeting tailored to their project and specialty area, as deemed appropriate by program leadership.
 - B. PGY1 residents are expected to submit an abstract and deliver a platform presentation at the applicable regional residency conference or other comparable meeting venue.
 - C. PGY2 residents may or may not be expected to present at the applicable residency conference, depending on the specific program (refer to specific PGY2 program supplements).

Presentations, Seminars, and Posters

General Presentation Guidelines

- 1. The resident participates in departmental staff development programs as directed by the program leader.
- 2. The approved residency templates for the poster and presentations shall be used. The templates will be made available to the resident when the program is started.
- 3. Costs for printing posters for professional conferences will be absorbed the residency program/site.
- 4. The following are goals for each of the presentations:
 - A. In formal, academic seminar(s) to pharmacists and other healthcare professionals, the resident will:
 - i. Demonstrate the ability to verbally present patient, disease-state, and therapeutic information to peers.
 - ii. Select and evaluate literature to support or refute a proposed controversial therapeutic plan.
 - iii. Prepare and use appropriate visual aids for a small to medium-sized conference room (for a live presentation).
 - iv. Prepare the presentation well enough to appropriately answer questions posed by peers.
 - v. Provide relevant conclusions specific to pharmacists based on the literature.
 - B. In the ACPE-approved presentation for pharmacists and pharmacy technicians, the resident will:
 - i. Develop a presentation based upon requirements for providing an ACPE-accredited activity.
 - ii. Prepare a PowerPoint® presentation with the approved template with accompanying handouts for a large auditorium.
 - iii. Demonstrate the ability to present background information relating to the topic.
 - iv. Select, evaluate, and cite evidence-based and balanced literature to support conclusions relevant to the pharmacy practitioner.

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- v. Develop speaking skills and presentation style.
 - vi. Effectively utilize active learning strategies within the presentation.
 - vii. Create well-designed post-test assessment questions appropriate for each target audience.
- C. In the project presentation at the regional residency conference, the resident will:
- i. Clearly and confidently present original research.
 - ii. Follow guidelines established for a formal invited speaking engagement such as the guidelines mandated by the MSC or Residency Conference of the Rockies Coordinators.
 - iii. Use the approved PowerPoint® template to create the presentation, graphs and tables.
 - iv. Use the presentation as a starting point for writing the final manuscript to RPD and/or publication.
- D. In the poster presentation at a professional meeting, the resident will:
- i. Learn the preparation and procedures required for presenting a poster set by the professional organization's expectations.
 - ii. Clearly and confidently present original research as complete at the time the poster is due for printing.
 - iii. Follow the guidelines established for poster presentation as mandated by ASHP and use the approved Intermountain residency template.
 - iv. Use graphic art resources to create posters.
 - v. Prepare for the presentation well enough to answer questions posed by peers.
 - vi. Develop speaking and communication skills used in an informal setting.
- E. In the lecture to pharmacy students at the College of Pharmacy (if applicable), the resident will:
- i. Provide an appropriate overview of new material to a group of pharmacy students.
 - ii. Research the material well enough to act as a content expert.
 - iii. Select current primary and tertiary references for the class.
 - iv. Prepare a handout and other teaching aids appropriate for pharmacy students.
 - v. Work with the course instructor to schedule the class and verify that the lecture content is adequate.
5. All materials for the presentations and posters (including objectives, handouts, slideshow, etc.) shall be due by the date outlined in the residency manual or a date separately agreed upon between the resident and their project mentors.
6. Presentations will be evaluated by the audience and designated evaluators, using approved evaluation forms. The designated evaluators will determine if the resident has met the requirements for a formal academic seminar. Failure to achieve satisfactory evaluations or meet ACPE requirements may result in project remediation.
7. The presenting resident shall be responsible for notifying preceptors and staff of the presentation at least 2 weeks (14 days) before the presentation date.
8. The residents shall attend all presentations held within their rotation facility, projects and poster presentations.
9. In the case of conflict, the resident shall resolve issues regarding attendance at these presentations with the rotation preceptor and the facility's program leader.

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Requirements for ACPE-Accredited Presentations

1. The resident shall, with guidance and supervision of appropriate preceptors and Pharmacy EPTPM, develop and deliver an ACPE-accredited presentation.
2. The resident and preceptor(s) are expected to read, review, and follow the [Continuing Pharmacy Education \(CPE\) Faculty Guidance Document](#).
3. Presentation deadlines are described in the tables below.
 - A. Deadlines may be subject to change based on program-specific requirements and resident needs.
4. The resident is responsible for:
 - A. Selecting a presentation topic from a predetermined needs assessment list.
 - B. Selecting two to three preceptors with additional input from the EPTPM. Any individual who has influence over presentation content must be listed as preceptor. At least one preceptor must be a subject content expert.
 - C. Designating a lead preceptor for the project.
 - D. Submitting materials and revisions to preceptors, EPTPM, and Intermountain IPCE accredited education coordinator within two (2) weeks of request.
 - E. Developing continuing pharmacy education materials in concordance with ACPE requirements, including:
 - i. Learning outcomes appropriate to target audience and educational need.
 - ii. Learning outcomes using ACPE-approved verbiage.
 - iii. Content which is equitable and fair-balanced (free from commercial support).
 - iv. Content applicable to pharmacy practice for both pharmacists and pharmacy technicians.
 - v. Fully referenced instructional materials based upon literature and evidence-based practices.
 - vi. Teaching strategies and learning assessment designed for adult learners.
 - vii. Active learning and post-test questions mapped to the target audience and associated learning outcome.
 - F. Content designed with target of 50-55 minutes of content for every one (1) hour of ACPE credit offered.
 - G. Submission of LOA, COI forms and a CV requested by the IPCE accredited education coordinator within two (2) weeks of original request. This ensures compliance with ACPE standards.
 - H. Verbally present the live seminar to pharmacists and pharmacy technicians. Presentations are broadcast across the system via teleconferencing technology.
 - I. Effectively answer participant questions at the presentation's end.
5. The lead presentation preceptor is responsible for:
 - A. Serving as the main point of contact between the resident and other preceptors.
 - B. Coordinating feedback within five (5) business days with the residents, EPTPM, and other preceptors to allow adequate time for the resident to make needed revisions.
 - C. Conducting review of resident materials prior to submission to EPTPM to ensure compliance with ACPE accreditation standards.
 - D. Scheduling at least one full verbal practice session of the resident CE before the live presentation.
 - E. Attending the live presentation delivered by the resident.

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- F. Providing feedback to EPTPM within one (1) week of the live presentation. Content should include resident performance on communication with preceptors, accountability and timeliness, and quality of presentation.
- 6. All presentation preceptor(s) are responsible for:
 - A. Providing guidance with designing learning outcomes.
 - B. Reviewing presentation materials to ensure information is independent, balanced, evidence-based, and pertinent to current pharmacy practice.
 - C. Reviewing active learning materials.
 - D. Providing written feedback to residents with requested changes in presentation materials.
 - E. Submission of LOA, COI forms, and CV requested by the IPCE coordinator within two (2) weeks of original request. This ensures compliance with ACPE standards.
 - F. Providing feedback to residents on verbal presentation skills. Presentation preceptor(s) may request additional practice presentations at their discretion.
- 7. The EPTPM is responsible for:
 - A. Developing and maintaining a list of presentation topics and associated education gaps.
 - B. Evaluating the learning outcomes are appropriate for target audience and education needs.
 - C. Reviewing presentation materials to ensure compliance with ACPE requirements and adult learning principles.
 - D. Providing feedback within five (5) business days to the resident and local preceptors to allow for revisions as needed.
 - E. Providing final approval of topic selection, preceptor selection, activity title, learning outcomes, presentation content, and active learning strategies.
 - F. Facilitating delivery of ACPE-accreditation presentation to system-wide pharmacists and pharmacy technicians.
 - G. Completing a finalized learning experience evaluation in PharmAcademic™, incorporating feedback from the lead preceptor.

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Table 6. ACPE-Accredited Presentation Responsible Parties

Activity Requirement	Responsible Party
Part 1: Topic Selection	
Submit completed PGY1 Continuing Pharmacy Education (CPE) Seminar Topic Selection Form to RxEducationResearch@imail.org	Resident
Approval of topic, preceptor mentors, and/or suggestions for other preceptors.	EPTPM
Part 2: Objectives, Preceptors, and Disclosures	
Submit completed PGY1/PGY2 Continuing Pharmacy Education (CPE) Seminar Activity Form to RxEducationResearch@imail.org	Resident
Final approval of presentation title and learning outcomes ^a	EPTPM
Complete electronic letter of agreement, conflict of interest form, audio video recording release, and C) as required for ACPE accreditation.	Resident and local preceptor(s)
Part 3: Draft Materials	
Presentation materials due to local preceptors to review.	Resident
Review presentation and active learning for content.	Local preceptor(s)
Update presentation materials based upon preceptor feedback.	Resident
Completed presentation materials including: <i>PowerPoint with:</i> • Disclosure slide • Objective slide for pharmacists • Objective slide for pharmacy technicians • References on each slide footer and formal bibliography at the end of the presentation • At least 3 active learning questions • Target audience for each active learning question <i>Post-test question (added at the end of the PowerPoint)</i> • Five for pharmacists • Five for pharmacy technicians • Key including correct answer and justification why each option is correct/incorrect Submit to RxEducationResearch@imail.org	Resident
Initial review of materials for ACPE compliance and feedback sent to resident.	EPTPM
Additional presentation draft(s) due to EPTPM ^a	Resident
Part 4: Finalizing Materials	
Finalized presentation materials due. Submit to RxEducationResearch@imail.org	Resident
Practice presentation(s) at local site with preceptors	Resident

^aThe EPTPM may provide additional interim deadlines to ensure the resident revises materials and has approval of these changes from local site preceptors. Once the title and learning objectives have been finalized by the EPTPM, they cannot be changed.



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Table 7. PGY1 CE Deadlines by Month

	February	March Dates	April Dates	May Dates
Activity Part	Due Date	Due Date	Due Date	Due Date
Part 1: Topic Selection	Friday, 10/17/2025	Friday, 10/24/2025	Friday, 11/28/2025	Friday, 1/9/2026
Part 2: Objectives, Preceptors, & Disclosures	Friday, 11/14/2025	Friday, 11/14/2025	Friday, 1/9/2026	Friday, 2/6/2026
Part 3: Draft Materials	Friday, 1/16/2026	Friday, 1/23/2026	Friday, 2/20/2026	Friday, 3/20/2026
Part 4: Finalizing Materials	Friday, 2/13/2026	Friday, 2/20/2026	Friday, 3/20/2026	Friday, 4/17/2026

Table 8. PGY1 CE Presentation Calendar

February 2026 – total of 2 CE presentations	
Wednesday	Thursday
February 25: PGY1 Resident CE #1	February 26: PGY1 Resident CE #2
March 2026 – total of 8 CE presentations	
Wednesdays	Thursdays
March 4 - PGY1 Resident CE #3	March 5: PGY1 Resident CE #4
March 11: PGY1 Resident CE #5	March 12: PGY1 Resident CE #6
March 18: PGY1 Resident CE #7	March 19: PGY1 Resident CE #8
March 25: PGY1 Resident CE #9	March 26: PGY1 Resident CE #10
April 2026 – total of 10 CE presentations	
Wednesdays	Thursdays
April 1: PGY1 Resident CE #11	April 2: PGY1 Resident CE #12
April 8: PGY1 Resident CE #13	April 9: PGY1 Resident CE #14
April 15: PGY1 Resident CE #15	April 16: PGY1 Resident CE #16
April 22: PGY1 Resident CE #17	April 23: PGY1 Resident CE #18
April 29: PGY1 Resident CE #19	April 30: PGY1 Resident CE #20
May 2026 – total of 5 CE presentations	
Wednesdays	Thursdays
May 6: PGY1 Resident CE #21	May 7: PGY1 Resident CE #22
May 13: PGY1 Resident CE #23	May 14: PGY1 Resident CE #24
May 20: PGY1 Resident CE #25	

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Table 9. PGY2 CE Deadlines by Month

	Group 1	Group 2
Activity Part	Due Date	Due Date
Part 1: Topic Selection	Friday, 7/18/2025	Friday, 8/1/2025
Part 2: Objectives, Preceptors, & Disclosures	Friday, 8/1/2025	Friday, 8/8/2025
Part 3: Draft Materials	Friday, 8/29/2025	Friday, 9/12/2025
Part 4: Finalizing Materials	Friday, 10/10/2025	Friday, 10/24/2025

Table 10. PGY2 CE Presentation Calendar

Group 1 – total of 6 CE presentations	
Wednesday	Thursday
October 15: PGY2 Resident CE #1	October 16: PGY2 Resident CE #2
October 22: PGY2 Resident CE #3	October 23: PGY2 Resident CE #4
October 29: PGY2 Resident CE #5	October 30: PGY2 Resident CE #6
Group 2 – total of 4 CE presentations	
Wednesdays	Thursdays
November 5: PGY2 Resident CE #7	November 6: PGY2 Resident CE #8
November 12: PGY2 Resident CE #9	November 13: PGY2 Resident CE #10

Academic Teaching Certificate Program for Utah-based Pharmacy Residents

Residents who are motivated to pursue a career in academia may choose to pursue an optional, formalized teaching certificate program to further advance their knowledge. This program is administered in collaboration with Roseman University and the University of Utah and is available to all PGY1 and PGY2 residents within Utah. Residents in Colorado or Montana may pursue a teaching certificate based upon regional programs (see program-specific supplements for details).

Program goal: To provide pharmacy residents with the training necessary to enhance their teaching skills and succeed as a faculty member at a college of pharmacy.

Target audience: Residents who have a strong interest in teaching and are considering career goals related to academia and didactic education.

Enrollment process:

Residents who wish to enroll in the optional program do so during the 2-week system orientation period under the direction of the EPTPM.

1. Once enrolled, residents are provided with an Intermountain teaching certificate coach from their home-base facility and a faculty mentor from a local college (typically either Roseman University of Health Sciences or the University of Utah). Faculty mentors from a technician training school may also be provided on a case-by-case basis.
2. The EPTPM, in coordination with facility teaching certificate program coaches, works with the schools of pharmacy to assign a faculty mentor.



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Enrolled residents then work with their program coaches and faculty mentors throughout the year to complete program requirements. To complete enrollment, all participants must sign the [participant attestation and requirements tracking form](#).

1. Teaching philosophy

- A. Residents will work with a faculty mentor to develop a personal, written teaching philosophy. The document should describe the resident's philosophy/ approach towards teaching and their overall goals when working with a learner.
- B. A group learning session about teaching philosophies will be provided for those enrolled in the program.
- C. The teaching philosophy should be drafted by the resident by the end of the first quarter and completed/approved by the faculty mentor by the end of the residency.

1. Teaching portfolio

- A. Residents will work with faculty mentors to design and maintain a teaching portfolio, which is due by the end of the residency year.
- B. At a minimum, the resident teaching portfolio should include the following:
 - i. Summary of the resident's career goals in academia
 - ii. Copy of the resident's teaching philosophy
 - iii. All related teaching documents/materials created by the resident including lectures, test questions, etc.
 - iv. Copies of formative or summative evaluations written by the resident (including any self-reflections or evaluations of other learners written while precepting)

2. Classroom lectures and facilitations/recitations

- A. Residents will coordinate with their faculty mentors to observe at least 2 different didactic lectures at their assigned school. These lectures should be delivered by 2 different educators to ensure exposure to different teaching styles.
 - i. Residents then submit a brief reflection of their experience to their faculty mentor for review and discussion. They may also be asked to submit a formal lecture evaluation, coordinating with their faculty mentor.
- B. Residents will work with their faculty mentor to develop and deliver a lecture at college to students. This lecture must include learning objectives and the development of test questions.
 - i. Residents then submit a brief reflection of their experience to their faculty mentor for review and discussion.
- C. The resident will also participate as a leader/facilitator of at least one recitation, simulation lab, or other similar activity at a college of pharmacy.
 - i. Residents then submit a brief reflection of their experience to their faculty mentor for review and discussion.

3. Academia experiences

- A. The resident will serve, in a limited capacity, as a teaching assistant to help their faculty mentor with some classroom activities, such as grading tests or other instructional activities. The goal of these activities is to provide the resident with exposure to the "behind-the-scenes" work of leading a classroom course.

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- i. The resident, faculty mentor, and teaching certificate coach should collaborate on specific work and expectations, as appropriate.
 - B. Residents will also work with faculty mentors to attend at least 2 committee or faculty meetings at their assigned college.
 - i. The resident and faculty member will then debrief after each meeting to discuss questions, observations, and learnings.
- 4. **Other non-classroom presentations**
 - A. Residents will work with their Intermountain teaching coaches and preceptors to give a seminar presentation to local staff. This presentation is to be delivered during the first half of the residency year. The target audience is pharmacists.
 - B. Residents will work with their Intermountain teaching coaches, preceptors, and the EPTPM to give an ACPE-accredited presentation. This accredited presentation will be broadcast system-wide, with the target audience being both pharmacists and technicians.
 - C. Residents must also deliver at least 1 in-service presentation to clinical staff (nursing, pharmacists, etc.) while on a clinical rotation.
 - D. Residents will also coordinate and deliver a journal club, topic discussion, or other similar activity to pharmacy learners (typically a pharmacy student) while on rotation.
 - E. Residents will deliver one platform presentation and one poster presentation at a regional, state, national or other approved meeting.
 - i. Typically, residents will present a platform presentation at MSC and a poster at ASHP Midyear; however, other conference venues are also acceptable.
 - F. Residents will self-reflect and discuss an evaluation with their project preceptors and teaching coach after each of these activities.
- 5. **Precept learners**
 - A. Residents will work with their Intermountain coach, local RPSC, and rotation preceptors to serve as the primary preceptor of a learner (typically a pharmacy student) for at least 3-4 weeks.
 - i. Ideally, precepting would be done on a clinical rotation experience; however, longitudinal precepting of projects or other activities may also count toward this requirement.
 - ii. This experience will include delivering formative and summative feedback to the learner, in coordination with the Intermountain coach and rotation preceptor.
 - B. Residents will self-reflect and discuss an evaluation with their preceptors and teaching coaches throughout the precepting process.
- 6. **Scholarship activities**
 - A. By the end of their residency year, residents must complete at least one of the following (completion of **any** of the items below meets the requirement):
 - i. Author and publish an article in a reputable/recognizable pharmacy resource or newsletter. Examples include, but are not limited to, the following:
 - 1. *Pharmacy Times*
 - 2. *Pharmacists Letter*
 - 3. Vizient newsletter
 - 4. Local state pharmacy association newsletter
 - 5. Monograph or article for a drug compendium like Lexicomp
 - 6. Internal newsletter (such as the Ambulatory Care Rx Report)

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7. Others at the discretion of the resident's mentors and program RPD
 - ii. Submit a publication to a peer reviewed journal (e.g., *AJHP*, *Hospital Pharmacy*, *Pharmacotherapy*, *Critical Care Medicine*, etc.). This publication does not need to be the resident's research project; other articles like case reports, review articles, etc. count.
 - iii. Serve as a peer reviewer on at least 1 article for a journal (e.g., peer reviewing an article for *AJHP*).
 - iv. Other novel scholarship activities, as determined appropriate by the resident's mentors. Examples include, but are not limited to, the following:
 1. Participating in a podcast hosted by a reputable/recognizable pharmacy organization (e.g., Vizient, ASHP, ACCP, UPhA, local State pharmacy association) and ideally one that focuses on clinical pharmacy or practice topics.
 2. Participate in a regional/national presentation or panel discussion (e.g., give an ACPE-accredited presentation at USHP, ASHP, PPA, etc.). Platform presentations of the resident's research project do *not* count toward this completion requirement.
 3. Act as a guest lecturer or invited speaker for a school or organization (e.g., teaching at a formal pharmacy technician training program, giving a lecture at a nursing school on a medication topic). Giving the scheduled classroom presentation that is already a requirement of the teaching certificate doesn't count.
 4. Others at the discretion of the resident's mentors and RPD.
7. **Engage in additional group discussions and workshops:**
- A. The resident will actively participate in various education-focused lecture series throughout the year. Some of these lectures may be required in addition to the Core Curriculum conference residents are already expected to attend.
 - B. Specific topics include the following:
 - i. Precepting and the 4 preceptor roles
 - ii. Preparing presentations
 - iii. Preparing posters and platform presentations
 - iv. Writing objectives and assessment questions
 - v. Active learning techniques
 - vi. Feedback and evaluations
 - vii. Managing difficult learners
 - viii. Teaching philosophies
 - ix. Career development in academia (tenure process, types of professorships, typical requirements for promotion, etc.)

Program completion

1. Enrolled residents will receive a signed teaching certificate when they complete the program. Residents who do not complete all teaching certificate program requirements will not be issued this certificate.
2. To complete the program, residents must submit their final teaching portfolio and [participant attestation and requirements tracking form](#) to the EPTPM, faculty mentor, and Intermountain program coach.



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Expectations of participants

1. Residents

- A. Complete all program requirements in a timely manner.
- B. Remain actively engaged in all aspects of the teaching certificate.
- C. Meet project deadlines and milestones, as assigned by faculty mentors, Intermountain coaches, and other preceptors.
- D. Communicate with faculty mentors, Intermountain coaches, local RPSCs, and/or the EPTPM if issues arise, help is needed, or deadlines cannot be met.
- E. Take responsibility and ownership for completing program deliverables, including a teaching portfolio documenting progress toward program completion.
- F. Participate in a joint meeting with your faculty mentor and Intermountain coach at least once per quarter to review your teaching portfolio and evaluate your progress toward program completion.
- G. Meet with your faculty mentor and/or Intermountain coach as needed on various projects and activities related to the program.

2. School Faculty Mentors

- A. Support the resident in completing all academia-related program requirements in a timely manner.
- B. Guide the resident throughout their teaching certificate journey, with an emphasis on the deliverables related to academia. This includes committing to be a true mentor to the resident and exposing them to important aspects of academic life.
- C. Spend time providing feedback to the resident on their performance and debriefing with them after activities.
- D. Provide written evaluations (either within or outside PharmAcademic™) to the Intermountain coach regarding assigned resident projects.
- E. Participate in a joint meeting with the resident and Intermountain coach at least once per quarter to review the resident's progress toward program completion.
- F. Meet with the resident as needed on various projects and activities throughout the year.
- G. Communicate with the Intermountain coach, local RPSC, and/or EPTPM if there are any concerns or issues related to the resident's performance.

3. Intermountain Teaching Certificate Coaches

- A. Support the resident in completing program requirements in a timely manner.
- B. Coordinate with the local RPSC to initiate the longitudinal teaching certificate evaluations in PharmAcademic™.
- C. Participate in a joint meeting with the resident and faculty mentor at least once per quarter to review the resident's progress toward program completion.
- D. Keep the local RPSC informed of the resident's progress toward the teaching certificate.
- E. Act as a liaison between Intermountain and the school of pharmacy faculty mentor related to the residents enrolled in the teaching program at your facility/location.
- F. Participate in scheduled system-wide meetings with other Intermountain teaching program coaches and the EPTPM.
- G. Meet with the resident as needed on various projects and activities related to the teaching certificate program throughout the year.

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Table 11. Utah Teaching Program Timelines and Deliverables

Deliverable/Activity	Owner	Assistance from...	Timeline/Due Date
Teaching philosophy	Resident	Faculty mentor	Send of second quarter (Dec 31 st)
Classroom observation and associated reflections/evaluations (x 2)	Resident	Faculty mentor	By the completion of residency
Didactic classroom lecture to students	Resident	Faculty mentor	By the completion of residency
Function as a teaching assistant to support classroom instruction activities	Resident	Faculty mentor	By the completion of residency
Lead at least one student group recitation, simulation lab, or other similar activity	Resident	Faculty mentor	By the completion of residency
Attend at least 2 faculty meetings or equivalent committee meeting at college of pharmacy	Resident	Faculty mentor	By the completion of residency
Fall seminar presentation (PGY1 residents)	Resident	Intermountain coach	By the end of the second quarter
Spring seminar presentation (PGY2 residents)	Resident	Intermountain coach	By the end of the fourth quarter
Fall CE presentation (PGY2 residents)	Resident	Intermountain coach & EPTPM	By the end of the second quarter
Spring CE presentation (PGY1 residents)	Resident	Intermountain coach & EPTPM	By the end of the fourth quarter
Inservice to clinical staff	Resident	Intermountain coach and preceptors	By the completion of residency
Poster presentation	Resident	Intermountain coach & preceptors	By professional conference deadline
Platform presentation	Resident	Intermountain coach & preceptors	By MSC deadline
Lead a journal club, topic discussion, etc. for pharmacy learners on rotation	Resident	Intermountain coach & rotation preceptors	By the completion of residency
Precept a pharmacy learner	Resident	Intermountain coach, RPD/RPSC, & rotation preceptors	By the completion of residency
Complete scholarly activity requirement	Resident	Various, depending on the project submitted	By the completion of residency
Attend scheduled group discussions and workshops	Resident	EPTPM	Longitudinal
Teaching portfolio	Resident	Faculty mentor	By the completion of residency
Signed teaching certificate completion form	Resident	Faculty mentor & Intermountain coach	By the completion of residency

Administration of the Residency Program

System Resources

Postgraduate Education and Leadership Council (PELC)

PELC provides guidance and strategic decision making for postgraduate pharmacy residency training programs and fellowships, pharmacist externship programs with colleges of pharmacy, and pharmacy technician externships with external training programs or training programs at Intermountain Health. This includes approval of new residency training programs, substantive changes to current residency programs, and adding residents to an existing program. See charter [here](#).



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Education and Postgraduate Training Pharmacy Manager (EPTPM)

The EPTPM partners with individual RPDs to oversee pharmacy residency programs supported by Intermountain Health, including ensuring alignment to national standards and accreditation requirements, outlining strategic direction, and minimizing inter-program variation.

System Residency Advisory Committee (RAC)

The System RAC provides direction and oversight to all Intermountain Health Pharmacy Residency Programs. The system RAC assists the PGY1 and PGY2 RPDs/RPSCs in compliance with ASHP, Intermountain, and individual department requirements. Membership consists of the EPTPM (Chair), each residency program RPD, each residency program RPSC (if applicable), site pharmacy director, and system operations directors. The System RAC Charter can be found [here](#).

Functions of System RAC include:

- Create and revise system policies and standards for all residency training programs.
- Serve as a cross-functional venue for inter-program collaboration and standardization.
- Approve applicable updates to the System Residency Manual.
- Coordinate and communicate expectations for system residency recruitment efforts, orientation, and end of year planning.
- Communicate key policy changes and deadlines set by ASHP.
- Engage in continuous residency program improvement planning and implementation.

Site/Program Resources

Residency Program Director (RPD)

The PGY1 or PGY2 RPD shall be responsible for overseeing the residency program and working directly with the EPTPM, System and local RAC, and RPSC, as applicable. responsible for directing the activities of a particular residency program, responsible for maintaining the program's compliance with the provisions of the current version of the ASHP Regulations on Accreditation of Pharmacy Residencies throughout the accreditation cycle. Responsibilities include activities related to recruitment, selection, instruction, supervision, counseling, evaluation, advancement of residents, evaluation and development of preceptors, and the maintenance of records related to program accreditation. The RPD is responsible for ensuring the following:

- Residents are adequately oriented to the residency program and Pharmacy Services
- Overall program goals and specific learning objectives are met.
- Training schedules are maintained.
- Appropriate preceptorship levels for each rotation are provided.
- Resident evaluations are based on pre-established learning objectives and are routinely conducted.
- The residency program meets all standards set by ASHP.
- Communication with residents throughout the program is maintained to ensure an optimal experience and to resolve problems as they arise.
- All resident minimum requirements for graduation are completed prior to issuing a certificate of residency completion.
- Routinely meeting with the resident and maintaining the resident development plan.



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Residency Program Site Coordinator (RPSC)

RPSCs assist the program RPD with the execution and delivery of the program. Responsibilities may vary by program but generally include:

- Facilitating program-specific orientation and training.
- Coordinating scheduling of resident rotations, rotation pass offs, and quarterly development plan meetings.
- Meeting with the resident or preceptors to identify and resolve any issues which arise.
- Serving as the backup RPD if the designated RPD has FMLA leave during the residency year.

Preceptors

Preceptors are assigned to educate, train and evaluate residents within their practice area or area of expertise who:

- Contributes to the success of residents and the program.
- Provides learning experiences in accordance with *ASHP Accreditation Standard 3*.
- Actively participate in the residency program's continuous quality improvement processes.
- Demonstrate the ability to precept residents' learning experiences by use of clinical teaching roles (i.e., instructing, modeling, coaching, facilitating) at the level required by residents.
- Demonstrate practice expertise, preceptor skills, and strive to continuously improve.
- Adhere to residency program and department policies pertaining to residents and services.
- Demonstrates commitment to advancing the residency program and pharmacy services.
- Review learning description with resident by the end of the first day of rotation
- Review the learning description with the resident prior to the rotation and ensure that they have been provided with a copy.
- Introduce the resident to unit team members and area staff.
- Provide and document timely, objective, and actionable feedback to the resident.
- Complete rotation evaluations of the resident within 7 days of completion of the rotation

Pharmacy Director/Site Manager

The Pharmacy director is responsible for the following:

- Designating the individual responsible for the administration and coordination of the residency training program.
- Ensuring the RPD is allotted protected time as required by ASHP for residency program administration.
- Establishing the mission, vision, goals, and scope of services of the pharmacy based on the needs of the patients served, the needs of the practice area, and developments and trends in healthcare and pharmacy practice.
- Developing, implementing, evaluating, and updating plans and activities to fulfill the mission, vision, goals, and scope of services of the pharmacy.
- Actively working with or as a part of hospital or health-system leadership to develop and implement policies and procedures that provide safe and effective medication use for the patients served by the institution.



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- Mobilizing and managing the resources, both human and financial, necessary for the optimal provision of pharmacy services
- Ensuring that patient care services provided by pharmacists and other pharmacy personnel are delivered in adherence to applicable state and federal laws and regulations, hospital privileging requirements, and national practice standards
- Responsible for handling resident grievances that disputed beyond the RPD.

Local Residency Advisory Committees

Local RACs provide direction and oversight to the specific residency program(s) at the site and ensure compliance with the ASHP, Intermountain Health, and individual facility requirements. Local RACs also execute decisions from System RAC and address program-specific or resident-specific need. Each local RAC has a committee charter including details about membership, structure, responsibilities, etc. Selected responsibilities include:

- Tracking the progress of the resident, developing remediation plans, and recommending disciplinary action as needed.
- Reviewing and approving the following including subsequent modifications:
 - Residency goals and objectives
 - Learning experience descriptions
- Participating in candidate application, interview, and selection processes.
- Addressing other professional and operational issues relating to the training of the resident.

Preceptor Qualifications and Appointment

Program Leader Qualifications

RPDs and RPSCs meet all ASHP qualifications to be eligible for their role. (See ASHP Accreditation Standards). RPDs are appointed by the applicable facility or system leader, who takes guidance and recommendations from other leaders and the Postgraduate Education Leadership Council.

Preceptor Qualifications

Program leaders will identify pharmacists interested in precepting and inform the System Preceptor Development Subgroup (PDS) when new preceptors are selected. Residency program preceptors include those who lead rotations or spend a significant amount of time mentoring/teaching residents. All preceptors are expected to read and follow guidance outlined in the Pharmacy Preceptor Resource Manual. Preceptors are required to meet the eligibility and qualification criteria set forth by ASHP. Preceptors are also required to have at least one example of "Professional Engagement" as outlined in the PharmAcademic™ Academic and Professional Record (APR).

Appointment and Reappointment Process

Program leaders and preceptors annually attest to reviewing the Pharmacy Residency Manual, Pharmacy Preceptor Resources Manual, Preceptor Development Plan, completing/updating an APR in PharmAcademic™, and completing an individual preceptor development plan (iPDP) if full preceptor criteria are not met. The PDS reviews and appoints all preceptors, with appointment status recorded in the



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preceptor roster. Appointment and reappointment are based on review of the APR for eligibility/qualification criteria as well as other factors such as recommendations from program leaders, aptitude for precepting, and prior evaluations from residents. Preceptors without prior resident precepting experience are assigned preceptor-in-training (PIT) status and are assigned a mentor. Preceptors meeting all criteria are assigned full appointment status and those not meeting criteria are assigned partial appointment status. Preceptors with partial appointment and PIT have a documented individualized preceptor development plan (iPDP) to achieve full preceptor appointment criteria within 2 years; the iPDP is reviewed by the PDS and program leaders. Preceptor appointments are re-evaluated every four years for those with full appointment status, annually for those with PIT or partial appointments, and off-cycle for preceptors, site coordinators, and RPDs prior to residency program accreditation. The PDS will communicate with program leaders annually regarding appointment status of all preceptors. Preceptors with PIT status or partial appointment status will receive communication from the PDS and/or program leaders notifying them of their appointment and the requirement to complete an iPDP.

Intermountain Facility and Services Descriptions

Intermountain Health

Based in Salt Lake City, Utah, Intermountain Health (Intermountain) is a nonprofit health care system serving the health care needs of Utah, Idaho, Nevada, Colorado, Wyoming, Montana, and Colorado residents. Intermountain employs over 59,000 Health professionals (called caregivers). Intermountain is one the nation's leading integrated health care system, usually ranked number one or two in Modern Health's list of "Top 10 Integrated Health Networks".

Physicians, hospitals, home care, community pharmacy, and managed care work together at Intermountain in a mutual search for higher quality health care. We strive to provide a seamless continuum of care and services to our customers. We believe by working together, we enhance value and take health care to new levels of excellence.

Residents in the intermountain West have access to the finest medical care available in the world, due in large part to the presence of Intermountain. System-wide quality improvement efforts ensure high quality at all Intermountain facilities. Through the Intermountain system, even rural areas of the intermountain West have access to care. Intermountain offers inpatient care at 33 hospitals, including one virtual hospital, with 4700 licensed beds.

The Intermountain Physician's Division aspires to provide the highest quality, most compassionate patient care at an affordable cost through a physician-led team of diverse specialties working together in clinical practice. These physicians also work with 3800 independent colleagues who are affiliated with Intermountain.

SelectHealth, a division of Intermountain, offers its members convenience, excellent service, and affordable health coverage. SelectHealth was the first and only plan in Utah to receive full accreditation by the National Committee for Quality Assurance. SelectHealth serves over 1 million members.



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Intermountain Health Shared Pharmacy Services coordinates and integrates pharmacy services across the continuum of care provided by Intermountain. Intermountain Central Entity Pharmacy Services encompasses both acute and ambulatory care services, community pharmacy, homecare pharmacy, and specialty pharmacy.

Good Samaritan Hospital – Lafayette, CO

Intermountain Health, Good Samaritan Hospital (GSH) is a community-based, acute care hospital located in Lafayette, Colorado that primarily serves Boulder and Broomfield Counties. Licensed for 234 beds, the hospital offers a wide range of services, including 24-hour emergency services, adult critical care services, Cancer Centers of Colorado, Level II Neonatal Care Unit, Level II Trauma Center, Labor & Delivery, Orthopedics, Bone and Joint Institute, Radiology and imaging services, Rehabilitation services (including physical therapy, occupational therapy, speech therapy), and Robotic-assisted surgery using the da Vinci® Surgical System. Good Samaritan is an accredited Chest Pain Center & Cardiovascular Center of Excellence, as well as a Primary Stroke Center. [Click here](#) to learn more.

The pharmacy department primarily provides inpatient pharmacy services with centralized operations for sterile compounding, including hazardous medications, along with decentralized pharmacists. Centralized services are provided twenty-four hours a day, seven days a week. Decentralized clinical pharmacists provide patient care and are physically located on the Medical/Surgery/Oncology, Medical/Telemetry, and ICU/Observation floors as well as in the Emergency Department, and are provided seven days a week, during daytime hours. Pharmacist daily workflow includes dosing and management of all antibiotic kinetics, anticoagulants, and TPNs, as well as interacting with physicians, nurses, and other health care professionals. Additionally, pharmacists provide compounding and clinical services in the Cancer Centers of Colorado for oncology medications and other infusions.

Technology is heavily incorporated into the pharmacy department: Swisslog Boxxpicker and Omnicell automated dispensing technology, DoseEdge pharmacy workflow manager for central pharmacy compounding workflows. Current staff includes a pharmacy director, clinical manager, operations manager, 33 pharmacists, 6 pharmacy interns, and 16 technicians.

Intermountain Medical Center – Murray, UT

IMC is one of the largest hospitals in the Intermountain West and the flagship of Intermountain Health. It provides a unique setting and ability to provide care to a broad scope of internal medicine patients. IMC is a Level 1 trauma center, Level 3 NICU, comprehensive stroke center, pulmonary hypertension referral center and advanced heart failure program, and major adult referral center for six surrounding states and more than 75 regional health care institutions. The campus is made up of five specialty hospitals: Intermountain Heart Institute, Cancer Center, Patient Tower, Women and Newborn Center, and Ambulatory Care Clinics. IMC is licensed for 504 beds and includes 5 intensive care units and a 72-bed emergency department. IMC is the only hospital in the system that provides cardiac transplantation and mechanical circulatory support. IMC has a dedicated Heart and Lung tower comprising 128 adult meds, 13 cardiac procedural rooms and 48 intensive care unit beds. The campus is made up of five specialty hospitals, a central laboratory, a physical plant, and an education center. The specialty hospitals provide a full spectrum of care for patients and



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families. Medical education and research facilities are on campus. Intermountain Medical Center serves as a major teaching hospital for local medical, pharmacy, and nursing colleges. [Click here](#) to learn more.

The pharmacy department includes over 50 pharmacy technicians and over 70 clinical pharmacists, about 65% who are board certified. Our residency preceptors come from all over the United States, and many are involved with multi-disciplinary research, teaching, and actively participate in national meetings. The pharmacy department provides both inpatient and ambulatory pharmacy services. The inpatient pharmacy provides comprehensive pharmaceutical care for hospital patients seven days a week, twenty-four hours a day. Pharmacy technicians are widely used in the distribution process. A robot and two new carousels are used for filling new orders and medication carts. Automated dispensing machines are used on nursing units for controlled substances and immediate needs. Over 2 million doses are administered annually. The infusion center provides comprehensive IV admixture services, chemotherapy and parenteral nutrition (PN). An operating room (OR) satellite pharmacy provides pharmacy services for these patients.

Clinical pharmacist teams provide pharmaceutical care. Current teams include Central, Medicine, Cardiovascular, Critical Care, Transplant, Ambulatory Care, and Float Team. Clinical pharmacists are involved in multidisciplinary team meetings, protocol development, rounds, patient monitoring, interventions, ADE surveillance, and education for patients, nurses and physicians. Pharmacy provides support for pharmaceutical research studies done in the hospital.

Current inpatient personnel include pharmacy director, clinical manager, operations manager, 6 clinical coordinators, approximately 80 pharmacists, 60 pharmacy technicians, an inventory specialist, and 16 pharmacy interns.

Pharmacists also provide ambulatory pharmaceutical care to medicine, anticoagulation, solid organ transplant, and heart failure clinic patients.

LDS Hospital – Salt Lake City, UT

LDS Hospital is a 263-bed, full-service, community hospital serving Salt Lake City, Northern Salt Lake and Southern Davis Counties. The population served in this geographical area totals 312,000. However, the Acute Leukemia and Blood/Marrow Transplant program including CAR-T therapy serves patients throughout Utah and the Intermountain West. LDS Hospital is an Orthopedic and Bariatric Center of Excellence. LDS Hospital is a Watson's top 100 hospital and has a CMS 5 Star rating. LDS Hospital is near the heart of downtown Salt Lake City and offers a complete range of high-quality wellness, diagnostic and treatment services to the community. [Click here](#) to learn more.

The pharmacy department provides both inpatient and ambulatory pharmacy services. Current inpatient personnel include: a pharmacy director, two managers, two team leads, technician supervisor, automation technician lead, patient assistance specialist, inventory specialist, 21 clinical pharmacists, and 16 pharmacy technicians.

The inpatient pharmacy provides comprehensive pharmaceutical care for hospital patients seven days a week, twenty-four hours a day. Pharmacy technicians are widely used in the medication acquisition, preparation and distribution processes. Multiple carousels are used for filling ADM orders and patient



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specific medications. ADMs are used on nursing units for managing controlled substances and immediate medication needs. Approximately 1.2 million doses are administered annually. The sterile compounding center provides comprehensive IV admixture services including chemotherapy and investigational products. An OR satellite pharmacy is staffed by a pharmacist and technician team that provides services for these patients. The inpatient pharmacy also provides services for an outpatient infusion center and supports pharmaceutical research studies performed within the hospital.

Clinical pharmacists are highly engaged in providing pharmaceutical care in a variety of specialized settings which include the emergency department, post-surgical (general and orthopedic), internal medicine, psychiatry (including general inpatient, geriatric, and PICU), medical/surgical intensive care unit (MICU), BMT/acute leukemia and comprehensive ambulatory care to hematopoietic stem cell transplant patients. Clinical pharmacists are actively involved in multidisciplinary team meetings, protocol development, huddles, rounds, patient monitoring, interventions, ADE surveillance, and education for patients, nurses and physicians.

Lutheran Hospital – Wheat Ridge, CO

Lutheran Hospital is 226-bed community hospital located in the western suburbs of Denver, Colorado. For more than 100 years, Lutheran Hospital has served metro Denver and Jefferson County. Today, the community-based hospital offers a comprehensive spectrum of specialized care, from birth to end-of-life at its new location in Clear Creek Crossing. Every patient can be assured of receiving the highest standard of care. Local and national organizations regularly recognize Lutheran for clinical excellence, patient safety and patient experience. Lutheran's premier services include a birthing center, Heart and Neurovascular Center, robotic surgery, Comprehensive Stroke Center, Cancer Centers of Colorado, Orthopedics, a Level II Trauma Center, emergency services, and Collier Hospice. [Click here](#) to learn more.

The inpatient pharmacy team includes a Pharmacy Director, one manager, two supervisors, approximately thirty pharmacists, 53% of whom are board certified, fifteen pharmacy technicians, one inventory specialist, two PGY1 residents, and eight interns. Clinical pharmacists contribute to quality comprehensive care in critical care, emergency medicine, post-surgical and internal medicine units, cardiology, and more. Clinical pharmacists are engaged in providing pharmaceutical care and participate in multidisciplinary rounds, protocol development, patient monitoring, and education for patients, nurses and providers.

Automated dispensing cabinets are used on nursing units and anesthesia workstations are used in perioperative spaces for managing controlled substances and immediate medication needs. Automation and technology are leveraged within the main pharmacy and throughout the hospital to minimize errors and optimize efficiencies with the ultimate goal of having 90% of medications dispensed from Omnicells. The sterile compounding room provides IV admixture services. Within the hospital, smart IV pumps are set up to work with the electronic health record to maximize safe and efficient patient care.

McKay-Dee Hospital – Ogden, UT

McKay-Dee Hospital is a 349-bed, full service, tertiary and acute care referral center. With ten affiliated clinics, McKay-Dee serves northern Utah, portions of southeast Idaho, and western Wyoming. McKay-Dee Hospital offers nationally ranked health programs such as the Heart Institute, the Newborn Intensive Care



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Unit and, a newest addition, the Cancer Center. Other “Centers of Excellence” include Emergency and Level II Trauma Care, Critical Care, Women and Children’s Services, Stewart Rehabilitation Center, Behavioral Medicine and the Community Health Information Center. [Click here](#) to learn more.

The pharmacy department provides both inpatient and ambulatory pharmacy services. The inpatient pharmacy provides comprehensive pharmaceutical care for hospital patients twenty-four hours a day, seven days a week. Pharmacy technicians are widely used in the distribution process. A medication carousel – automated dispensing machine model is used for the storage, distribution and dispensing of medications. The IV center provides comprehensive IV admixture services, chemotherapy and PNs. An ICU/OR satellite pharmacy provides pharmacy services for patients in the ICU/OR.

Clinical pharmacist teams provide pharmaceutical care. Current teams include Critical Care, Medical, Surgical and Newborn ICU. Clinical pharmacists are involved in multidisciplinary team meetings, protocol development, rounds, patient monitoring, interventions, ADE surveillance and education for patients, nurses and physicians.

Current staff includes a pharmacy director, two managers, thirty-nine pharmacists, twenty-eight technicians and one buyer.

Primary Children’s Hospital – Salt Lake City, UT campus

Founded on the philosophy of “the child first and always,” Primary Children’s Hospital Salt Lake campus is the pediatric referral center for five states in the Intermountain West. The 300-bed facility is a level I Trauma Center and is equipped to care for neonates, children, and adolescents with complex illnesses and injuries. Primary Children’s Hospital Salt Lake campus is associated with the University of Utah School of Medicine Department of Pediatrics, enabling patients and staff to benefit from its research and clinical expertise. [Click here](#) to learn more. Primary Children’s Hospital plays a key role in caring for all pediatric patients throughout the state and has a Primary Promise to build the nation’s model Health system for children. See [Link](#).

The inpatient pharmacy is open 24 hours a day, 7 days a week, 365 days a year. The inpatient pharmacy works as a team to provide pharmaceutical care for the children cared for by Primary Children’s Hospital Salt Lake campus. Each floor has its own team of pharmacists supporting clinical activities, educating medical residents and interacting with physicians, nurses and other health care professionals. Central pharmacy, consisting of pharmacists and technicians, plays a large role in the overall support of the pharmacy teams on each floor. All medication orders, IV preparations, and PN’s administered to the patients admitted to the hospital are dispensed from the central pharmacy. A robot is used for filling new orders and medication carts. A pharmacy satellite in the operating room provides pharmacy services to each room in the OR.

The clinical pharmacist teams provide pharmaceutical care to Newborn Intensive Care, General Medicine, Hematology/Oncology, BMT, Solid Organ Transplant, Pulmonary, Endocrine, Surgery, Pediatric Intensive Care, Inpatient Rehab, Neurology, and Behavioral Health. Each floor team has a team leader and clinical staff pharmacists. Clinical pharmacists are involved in interdisciplinary meetings, rounds, drug guideline/protocol development, patient monitoring, interventions, ADE surveillance, order review, as well



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as educating patients, parents, nurses, physicians, and other health care professionals. Pharmacy is a member of the Institutional Review Board and is involved with investigational drug studies conducted at Primary Children's Hospital.

Current staff include a pharmacy director, medication safety manager, clinical manager, pharmacy operations manager, six pharmacy team leads, approximately thirty-two clinical staff pharmacists, six ambulatory care pharmacists, twenty-seven pharmacy technicians, and ten pharmacy student interns that address the pharmaceutical care for Primary Children's Hospital, Primary Children's Surgical Center at Riverton Hospital, and Wasatch Canyons Behavioral Health Campus.

Saint Joseph Hospital, Denver, CO

Saint Joseph Hospital (SJH), Denver's oldest private teaching hospital, was founded in 1873 by the Sisters of Charity of Leavenworth. The current hospital was built in 2014 and is licensed for 365 beds. [Click here](#) to learn more.

The Pharmacy Department provides 24-hour care to patients at SJH. The department consists of 3 residents, 44 pharmacists, 26 technicians and 7 interns. The department currently has 26 board certifications. The high level of automation in the medication distribution process allows more time for pharmacists to provide clinical services. Pharmacists are located in/on the NICU, ICU, Internal Medicine, Intermediate Care/IM, Cystic Fibrosis Unit, Oncology, Emergency Department and Surgery floors. On the most current physician satisfaction survey, the pharmacy department was the number one satisfier (97% percentile). Saint Joseph Hospital trains over 100 medical residents in internal medicine, surgery, family medicine and OB/GYN. The pharmacy resident trains side by side with these medical residents on nearly all of the required clinical rotations.

St. George Regional Hospital – St. George, UT

St. George Regional Hospital is the major medical referral center for northwestern Arizona, southeastern Nevada, and southern Utah. The 284-bed hospital is fully accredited by The Joint Commission and serves as a level II trauma center, certified stroke center, and has a level III newborn ICU. [Click here](#) to learn more.

Comprehensive pharmacy services are provided throughout the hospital by a department that includes 30 pharmacists and 40 pharmacy technicians. Decentralized pharmacists staff clinical care areas including the ICU, NICU, ED, medical/oncology, cardiovascular, neurology, orthopedic, surgical, and pediatric units. Outpatient services are provided to an infusion therapy clinic and oncology clinic. Ambulatory care services in the St. George area are provided at a pharmacist-managed anticoagulation clinic as well as ongoing expansion into multiple primary care clinics.

The central pharmacy supports the hospital with 24-hour services. The pharmacy is equipped to provide both sterile and non-sterile compounding, including hazardous drugs. Sterile compounding is supported by an automated sterile compounder and remote video verification technology. A medication carousel system supports on-demand dispensing and efficient stocking of automated dispensing cabinets throughout the hospital. Decentralized pharmacy technicians provide further optimization of drug distribution in high-acuity areas throughout the hospital.



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St. Vincent Regional Hospital – Billings, MT

Serving the region for more than 125 years, St. Vincent Regional Hospital in Billings is proud to deliver compassionate, quality care to the people of Montana, Wyoming and the western Dakotas. In addition to primary care clinics in and around the Billings area, St. Vincent offers dozens of progressive specialty services and a 286-bed hospital. The hospital is a Level I Trauma Center with a Level III Neonatal ICU, which is vital for providing high quality care to the patients in the Rocky Mountain Region. St. Vincent even has a special “hospital within a hospital” just for children, St. Vincent Children’s. St. Vincent has more than 1,400 caregivers and more than 600 physicians and advanced care professionals. St. Vincent is a CMS 5-star hospital for overall care and experience and proudly carries a Leapfrog “A” Safety Grade. The hospital has been designated as “High Performing” in six adult procedures and conditions by U.S. News and World Report. [Click here](#) to learn more.

The pharmacy department provides both inpatient and ambulatory pharmacy services. The inpatient pharmacy provides comprehensive pharmaceutical care for hospital patients twenty-four hours a day, seven days a week. The inpatient pharmacy team includes twenty-nine pharmacists, 34% of whom are board-certified, eighteen technicians, one inventory specialist, and three interns. Automated dispensing cabinets are used on nursing units and anesthesia workstations are used in perioperative spaces for managing controlled substances and immediate medication needs. The sterile compounding room provides IV admixture services including chemotherapy and medications for the outpatient infusion center. Within the hospital, smart IV pumps are set up to work with the electronic health record to maximize safe and efficient patient care.

Clinical pharmacists contribute to quality comprehensive care in critical care, emergency medicine, pediatrics and the neonatal ICU, post-surgical and internal medicine units, oncology, and cardiology. Clinical pharmacists are very engaged in providing pharmaceutical care and participate in multidisciplinary rounds, protocol development, patient monitoring, and education for patients, nurses and physicians.

Utah Valley Hospital – Provo, UT

Utah Valley Hospital is a 400-bed referral hospital located in Provo, Utah. The facility is a level II Trauma Center, a certified stroke center, and has a level III NICU. Utah Valley Hospital serves patients in Utah County, central Utah, and southern Utah. Comprehensive pharmacy services are offered throughout the hospital and the Infusion clinic. Utah Valley Hospital prides itself on fostering a healthy and supportive learning environment for its residents. [Click here](#) to learn more.

The Pharmacy primarily provides inpatient pharmaceutical services. Hospice care is also provided. Approximately 45 pharmacists and 40 technicians address the pharmaceutical care for the 400-bed hospital which encompasses most areas of health care. Staff includes a Pharmacy director, 2 managers, 5 team leads, 2 technician supervisors, administrative assistant, medication history technicians, buyer, and a decentralized staffing model employed in most areas including cardiology, adult, pediatric, and neonatal intensive and general care units, orthopedics and neurological care, oncology, rehabilitation, intermediate and transitional care areas, behavioral medicine, medical/surgical, and maternal care.



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Centralized operations include dedicated intravenous and chemotherapy preparation which support the decentralized model and allow extended clinical services to coexist. Satellite pharmacies or equivalent work areas exist throughout UVH and provide additional medication needs and computer access. The central pharmacy is open 24/7 and dispenses approximately 2.4 million doses/year. In addition to routine pharmaceutical services, the pharmacy staff actively participate in interdisciplinary care, including clinical teams established as needed.

Current teams include congestive heart failure, surgical prophylactic antibiotic use, medical specialties (deep vein thrombosis, community acquired pneumonia), oncology, pain management, critical care, neonatal care, medication safety, DRG-specific group evaluations, infection control, and investigative medication use. Each multidisciplinary team typically is comprised of physicians, pharmacists, nurses, and support staff devoted to further examining and improving health care via fine-tuning or introduction of new care models.

Automation of medication delivery and information system development is a part of the pharmacy operations at UVH, and emphasis on data information systems and application as solutions to ongoing pharmacy issues is stressed. Centralized robotics and decentralized automated dispensing machines complement the medication distribution system. Pharmacists participate in medication use evaluations, patient and health care provider consultation, and treatment protocols to provide a completely integrated medication delivery system.

Ambulatory Care Services

Ambulatory care pharmacy services encompass pharmacists embedded in clinic practices, centralized teams of pharmacists and pharmacy technicians, and anticoagulation pharmacists aimed at improving patient safety, quality, and access related to medications. They work cohesively to support the care team and patients to optimize medication therapy, improve adherence, and avoid/correct MTPs. Current efforts are focused in primary care, anticoagulation and population health initiatives. Opportunities exist to extend similar services within specialty clinic practices (i.e., rheumatology, GI, endocrinology, cardiology, etc.). Additionally, support for Medical Group refills and prior authorizations have been identified as areas of need.

Community Pharmacy Services

Community pharmacy includes outpatient, specialty, home delivery and discharge pharmacy services. With distinct specialties, the pharmacies combine to provide a cohesive approach to supporting evidence-based care and medication therapy management that meets individual's health goals. Pharmacists, technicians, and patient service representatives provide efficient and timely medication delivery resulting in better patient outcomes. Through efforts to improve medication adherence and safety, pharmacies strive to improve patient outcomes. This quality approach coupled with direct to patient delivery options including at the counter, at the bedside or at home further disrupts barriers and increases accessible care.

Intermountain has experienced a change in the way patients want and expect to receive Health and other services including medications. Community pharmacy is well positioned to address this change through the ability to provide pharmacy services when, where and how a patient prefers. Medication delivery service



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expands beyond the intermountain footprint to encompass the greater part of the continental United States, and Hawaii. With non-resident pharmacy licenses in 49 states, convenient medication access and delivery is available to the over one million SelectHealth covered lives across the country. Community pharmacy will continue to evaluate unique and innovative services to further promote the organizational vision.

Home Services (Homecare) Pharmacy Services

The Home Services delivery model is designed to allow patients to receive therapy at home rather than in a facility. This model decreases costs to the health system, insurance providers, and patients. Homecare offers traditional home infusion services such as IV antibiotics, PN, enteral nutrition, hydration, electrolyte replacement, and other infused medications. Homecare supports patients from both community providers and hospitals. The pharmacy at Homecare provides robust IV compounding that includes PN, chemotherapy, and high-risk compounding. Homecare provides patient-specific products to our hospitals and clinics, including PN for most Intermountain Hospitals. Homecare also provides medication and clinical services for facilities being supported by the Hospital Level Care at Home. Additionally, chemotherapy is provided to non-intermountain facilities. This allows patients to receive care closer to where they live. [Click here](#) to learn more.

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Resources and Supplements

Intermountain-Specific Resources

- [Intermountain Health Pharmacy Residencies](#) (public)
- [Intermountain System RAC Charter](#)
- [Pharmacy Residency Class of 2025-2026 Microsoft Teams Channel](#)
- [Pharmacy Preceptor Resource Manual](#)
- [Pharmacy Preceptor Academic and Professional Record \(APR\) and Intermountain Health Preceptor Requirements](#)
- [Pharmacy Residency Preceptor Development Plan](#)

General Accreditation Standards

- [ASHP Accreditation Standard for Postgraduate Pharmacy Residency Programs](#)
- [Evidence of Residents' Completion of CAGO Requirements](#)

Evaluation Tools

- [PharmAcademic™](#)
- [Residency Rotation Pass-off Form](#)
- [Presentation Evaluation Form](#)
- [Journal Club Evaluation Form](#)

Conferences

- [ASHP National Pharmacy Preceptor Conference](#)
- [ASHP Midyear](#)
- [Mountain States Conference](#)
- [Residency Conference of the Rockies](#)

PGY1 and PGY2 Program Supplements

- [PGY1 Community Pharmacy Residency](#)
- [PGY1 Utah-based Pharmacy Residencies](#)
- [PGY1 Good Samaritan Hospital Pharmacy Residency](#)
- [PGY1 Lutheran Hospital Pharmacy Residency](#)
- [PGY1 Saint Joseph Hospital Pharmacy Residency](#)
- [PGY1 St. Vincent's Regional Hospital Pharmacy Residency](#)
- [PGY2 Ambulatory Care Pharmacy Residency](#)
- [PGY2 Cardiology Pharmacy Residency](#)
- [PGY2 Critical Care Pharmacy Residency](#)
- [PGY2 Emergency Medicine Pharmacy Residency](#)
- [PGY2 Infectious Diseases Pharmacy Residency](#)
- [PGY2 Internal Medicine Pharmacy Residency](#)
- [PGY2 Pediatrics Pharmacy Residency](#)
- [PGY2 Psychiatry Pharmacy Residency](#)
- [PGY2 Solid Organ Transplant Pharmacy Residency](#)
- [PGY2 Thrombosis and Hemostasis Management Residency](#)



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PGY1 Community Pharmacy Residency Program Supplement

The PGY1 Community Pharmacy residency is on pause for the 2025-2026 residency year.

Program sites for home facilities:

Intermountain Supply Chain Center, Primary Children's Hospital – Salt Lake campus

Program sites for required rotations:

- [Intermountain Health Supply Chain Center](#), 7268 Bingham Jct Blvd, Midvale, UT 84047
- [Primary Children's Hospital – Salt Lake campus](#), 100 N Mario Capecchi Dr, Salt Lake City, UT 84113
- [SelectHealth](#), 5381 S. Green St. Murray, UT 84123
- [Intermountain Medical Center](#), 5121 S Cottonwood St., Murray, UT 84123

Website: <https://intermountainhealthcare.org/for-professionals/pharmacy-residencies/pgy1-community-based>

Program Design

The PGY1 Community-Based Pharmacy Residency at Intermountain Health is a structured, ASHP-accredited postgraduate training program focused on community, specialty, and ambulatory care pharmacy practice. It is designed to build upon PharmD education and develop pharmacist practitioners with advanced competencies in patient care, practice management, leadership, and education. Pharmacist Residents in this program demonstrate professional maturity by adhering to a personal philosophy of practice, actively monitoring and improving their own performance, showing a strong commitment to the profession, and leading initiatives that improve the safety and effectiveness of the medication-use system.

Throughout the residency program, pharmacist residents are immersed in a dynamic learning environment that fosters a strong commitment to the pharmacy profession. They are empowered to take ownership of their development and contribute to meaningful patient care outcomes and system-level improvements. Pharmacist residents will be prepared to deliver high-quality direct patient care across a variety of practice settings. They will learn clinical expertise and confidence to identify and resolve both actual and potential medication-related problems and be equipped to successfully pursue competitive positions in community, specialty, or ambulatory care pharmacy.

Learning Experiences

Required Rotations

Required learning experiences include the following:

- System Orientation (2 weeks)
- Facility Orientation (2 weeks)
- Oral Oncology (4 weeks)
- Managed Care (4 weeks)
- Ambulatory Care (4 weeks)
- Specialty Pharmacy & Rare Diseases (4 weeks)
- Pharmacy Practice Management (4 weeks)



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- Community Pharmacy Practice (longitudinal, 16 hours per month)
- Specialty Pharmacy Practice (longitudinal, 16 per month)

Elective Rotations

The Program Director and preceptors work collaboratively with each resident to customize elective rotations that align with individual career goals. Elective rotations include the following items. Other elective rotations may be offered based upon preceptor availability and resident interest.

- Internal Medicine (Acute Care, Hospital-based) (4 weeks)
- Homecare and Hospice (4 weeks)
- Drug Information (4weeks)
- Advanced Specialty Pharmacy (4 weeks)
- Anticoagulation Clinic (4 weeks)
- Geriatrics (4 weeks)
- Leadership (4 weeks)
- Home Delivery/Mail Order Pharmacy (4weeks)
- Internal Process Control (4 weeks)
- Pain Management (4 weeks)
- Pediatrics (4 weeks)
- Transitions of Care (4 weeks)
- Family Medicine/Internal Medicine Clinic (4 weeks)

Service Requirements

Residents are required to provide staffing support as part of the Intermountain Health Pharmacy Residency Program and stipend Residents will complete 32 staffing hours per month (every other weekend) at Primary Children Outpatient Pharmacy. The residents will also staff one major holiday. Training for staffing responsibilities will be provided during the orientation period to ensure readiness and confidence in fulfilling these duties.

Minimum Requirements for Completion

1. Complete orientation and 10 learning experiences along with required activities and assignments.
2. Complete a research or quality improvement project. See the [Resident Project](#) section for full details and requirements. Key activities include the following:
 - A. Complete data collection and analysis
 - B. Write manuscript
 - C. Complete CITI training
 - D. Complete project design
 - E. Submit for IRB approval
 - F. Present a platform presentation of the final project
3. Identify, implement, and evaluate a new or enhanced pharmacy service. (i.e., business plan).
4. Staff 32 hours per month.. To be eligible for graduation from the residency program, a minimum of 300 total staffing hours must be completed.
5. Complete all PharmAcademic™ evaluations and requirements.



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6. Attain “achieved” on at least 80% of all objectives (including 100% of the objectives in competency areas surrounding patient care) within each goal and attain satisfactory progress on all other objectives not documented as achieved by the end of the residency year.
7. Completion of all learning experience assignments as determined by the RPD and preceptor. Attend and participate in Core Curriculum Conferences, as scheduled.
8. Prepare and present a medication use project (e.g., drug class review, monograph, treatment guideline, treatment protocol, or order set).
9. Obtain and maintain BLS certification.
10. Complete required teaching activities including:
 - A. Prepare and present a 45-min seminar at home base facility for pharmacists and technicians.
 - B. Prepare and present a 1-hour, system-wide broadcast ACPE-accredited presentation for pharmacists and technicians.
 - C. Develop and deliver one platform presentation and one poster presentation at a regional, state, national or other approved conference meeting.
 - D. Precept at least 1 student on rotation and demonstrate the ability to effectively assess student performance, including the following:
 - i. Lead at least 1 topic discussion
 - ii. Lead at least 1 journal club
 - iii. Participate in either a midpoint or final assessment
 - iv. Give meaningful feedback to the student after at least 1 learning activity

Additionally, some residents may choose to pursue an optional, formalized teaching certificate program to further advance their knowledge. Program highlights are described in the [Academic Teaching Certificate Program for Utah-based Pharmacy Residents](#) section.



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PGY1 Utah-based Pharmacy Residency Programs Supplement

PGY1 Intermountain Medical Center, PGY1 LDS Hospital, PGY1 McKay-Dee Hospital, PGY1 St. George Regional Hospital, PGY1 Utah Valley Hospital

Program sites for home facilities:

- [Intermountain Medical Center](#), 5121 South Cottonwood Street, Murray, UT
- [LDS Hospital](#), 389 South 900 East, Salt Lake City, UT
- [McKay-Dee Hospital](#), 4401 Harrison Boulevard, Ogden, UT
- [Primary Children's Hospital – Salt Lake campus](#), 100 North Mario Capecchi Drive, Salt Lake City, UT
- [Saint George Regional Hospital](#), 577 South River Road, St. George, UT
- [Utah Valley Hospital](#), 1034 North 500 West, Provo, UT

Websites:

- Intermountain Medical Center: <https://intermountainhealthcare.org/for-professionals/pharmacy-residencies/imc-pgy1>
- LDS Hospital: <https://intermountainhealthcare.org/for-professionals/pharmacy-residencies/lhs-hospital-pgy1>
- McKay-Dee Hospital: <https://intermountainhealthcare.org/for-professionals/pharmacy-residencies/mckay-dee-pgy1>
- Primary Children's Hospital – Salt Lake campus: <https://intermountainhealthcare.org/for-professionals/pharmacy-residencies/pch-pgy1>
- Saint George Regional Hospital: <https://intermountainhealthcare.org/for-professionals/pharmacy-residencies/st-george-pgy1>
- Utah Valley Hospital: <https://intermountainhealthcare.org/for-professionals/pharmacy-residencies/utah-valley-pgy1>

Program Design

Training is provided in acute care, primary care, drug information, practice management, and other clinical practice areas. Rotation sites are available at Intermountain Medical Center, LDS Hospital, McKay-Dee Hospital, Primary Children's Hospital, Utah Valley Hospital, St. George Regional Hospital, Central Pharmacy Offices, and a variety of other sites of service. For hospital-based PGY1 pharmacy residents there is an additional 1-week central operations and compounding learning experience.

Program Description

The PGY1 programs at Intermountain Medical Center, PGY1 LDS Hospital, PGY1 McKay-Dee Hospital, PGY1 Primary Children's Hospital (Salt Lake campus), PGY1 St. George Regional Hospital, PGY1 Utah Valley Hospital are accredited by ASHP. The program goals and objectives have been selected using the ASHP Accreditation Standard for the applicable program.

Learning Experiences

Required Rotations

Required learning experiences include the following:

- System Orientation (2 weeks)



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- Facility Orientation (4 weeks)
- Central Operations/Compounding (1 week)
- Pharmacy Management (4 weeks)
- Medicine (4 weeks)
- Ambulatory Care (4 weeks)
- Critical Care (4 weeks)

Elective Rotations

Over 100 rotations are available across Utah-based sites. There are opportunities to complete rotations outside the home facility. Click [here](#) for a full list of elective rotations.

Service Requirements

1. All residents are required to provide staffing support, within their home facility's Pharmacy Department, as part of the Intermountain Health (Intermountain) Pharmacy Residency Program and stipend. Residents shall provide staffing for the Department of Pharmacy, in the amount of **32 hours every month**. Staffing requirements serve to benefit the facility and the resident experience. A formal training for the staffing requirement will begin during the first residency program rotation in July during the initial training rotation that ends the middle of August.
2. After hospital-based PGY1 Pharmacy residents complete appropriate compounding training, they complete a Central Operations/Sterile Compounding Operations learning experience. During the central operations experience, residents spend **at least 40 hours staffing in the central pharmacy during the residency year**, including the IV compounding area. The central pharmacy staffing shifts (40 hours cumulative) must be completed over 7 days to provide continuity for the pharmacy operations experience.

Minimum Requirements for Completion of Utah Sites PGY1 Pharmacy Programs

Minimum requirements have been set for completion of the hospital-based Utah Intermountain Health PGY1 Pharmacy residency programs. The requirements and progress will be reviewed with the resident at each quarterly evaluation. Failure to meet the minimum requirements by the end of the residency year will result in the resident not receiving a certificate of achievement and not completing the PGY1 residency program.

The minimum requirements for the PGY1 Pharmacy program include the following:

11. Complete orientation and 10 learning experiences along with required activities and assignments.
12. Complete a research or quality improvement project. See the [Resident Project](#) section for full details and requirements. Key activities include the following:
 - A. Complete data collection and analysis
 - B. Write manuscript
 - C. Complete CITI training
 - D. Complete project design
 - E. Submit for IRB approval
 - F. Present poster of the project
 - G. Present a platform presentation of the final project



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13. Staff 32 hours per month at home base facility. At least 300 staff hours must be completed for residency program graduation.
14. Complete all PharmAcademic™ evaluations and requirements.
15. Attain “achieved” on at least 80% of all objectives (including 100% of the objectives in competency areas surrounding patient care) within each of the 9 listed goals and attain satisfactory progress on all other objectives not documented as achieved by the end of the residency year.
16. Completion of all learning experience assignments as determined by the RPD and preceptor. Attend and participate in Core Curriculum Conferences, as scheduled.
17. Prepare and present a medication use project (e.g., drug class review, monograph, treatment guideline, treatment protocol, or order set).
18. Obtain and maintain BLS, ALS, and PALS certification and participate in management of medical emergencies.
19. Complete required teaching activities including:
 - A. Prepare and present a 1-hour seminar at home base facility for pharmacists.
 - B. Prepare and present a 1-hour, system-wide broadcast ACPE-accredited presentation for pharmacists and technicians.
 - C. Develop and deliver one platform presentation and one poster presentation at a regional, state, national or other approved conference meeting.
 - D. Precept at least 1 student on rotation and demonstrate the ability to effectively assess student performance, including the following:
 - i. Lead at least 1 topic discussion
 - ii. Lead at least 1 journal club
 - iii. Participate in either a midpoint or final assessment
 - iv. Give meaningful feedback to the student after at least 1 learning activity

Additionally, some residents may choose to pursue an optional, formalized teaching certificate program to further advance their knowledge. Program highlights are described in the [Academic Teaching Certificate Program for Utah-based Pharmacy Residents](#) section.



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PGY1 Good Samaritan Hospital Residency Program Supplement

Program site for required experiences: [Good Samaritan Hospital](#), 200 Exempla Circle, Lafayette, CO

Website: <https://intermountainhealthcare.org/for-professionals/pharmacy-residencies/good-samaritan-pgy1>

Purpose Statement

This residency program develops a well-rounded pharmacy practitioner and future leader in pharmacy practice. Upon completing the Good Samaritan Hospital Pharmacy Residency Program, the resident will be an experienced and competent provider of pharmaceutical care. They will be confident in their ability to provide optimal patient care in various settings as well as various disease states. The resident will be skilled in pharmacy practice areas that include patient centered pharmacotherapy, medication/disease education, pharmacy management and operations. The resident will demonstrate professional maturity by developing and following a personal philosophy of practice, monitoring their own performance, and demonstrating leadership and commitment to the pharmacy profession.

Program Design

Required Rotations and Learning Experiences

- System Orientation (2 weeks)
- Facility Orientation (5 weeks)
- Internal Medicine (8 weeks)
- Oncology (6 weeks)
- Infectious Disease (6 weeks)
- Critical Care (6 weeks)
- Emergency Medicine (6 weeks)
- Administration (longitudinal, minimum one day per month)
- Service (longitudinal, every other weekend)
- Teaching certificate program administered through the University of Colorado (longitudinal)

Elective Rotations and Learning Experiences

- Based on residents' interest
- Two electives (4 weeks)

Example Schedule

Month / Experience	Activities/ Rotation Options
July: Orientation	• System, Hospital, and Department • Residency Program Overview • EPIC / Omnicell / Dose Edge • Departmental Competencies • Training for staffing (IV Room and Medication Reconciliation) • PharmAcademic



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Month / Experience	Activities/ Rotation Options
Required Experiences	• Internal Medicine (8 weeks) • Oncology (6 weeks) • Infectious Disease (6 weeks) • Critical Care (6 weeks) • Emergency Medicine (6 weeks)
Longitudinal Experiences	• Administration • Service (staffing) • Research Project • MUE • Core topic and presentations • Case presentations • Meetings • Community service • Teaching certificate program • BLS / ACLS / PALS • Overhead alerts • Precepting IPPE and APPE students
Elective Experiences	• Based on resident interest • Two elective rotations (4 weeks)

Service Requirements

All residents are required to provide staffing support. Residents shall be required to provide staffing for the Department of Pharmacy. Staffing requirements serve to benefit the facility and the resident experience. Residents are asked to exchange with co-residents if they need off a scheduled weekend but may use PTO consistent with Intermountain Health policy and procedure if necessary. A formal training for the staffing requirement will begin during the first rotation of the residency program in the month of July.

- Residents must staff a minimum of 300 hours during their residency year. Note that this is a minimum requirement, and residents will likely staff more than this based on the requirements noted below.
- Staffing shifts may be 8- or 10-hour shifts.
- The resident may staff on med rec, central pharmacy, or decentralized shifts.
- Residents staff every other weekend
- Residents staff one major holiday.
 - Major holidays: Thanksgiving Day, Christmas Eve, Christmas Day, New Year's Day
 - Other observed holidays: MLK Day, Memorial Day, Independence Day, Labor Day
 - Time off for holidays not worked is subtracted from PTO
- The resident shall attend all huddles and educational meetings as scheduled.

Minimum Requirements for Successful Completion

Minimum requirements include:

Minimum requirements have been set for completion of Good Samaritan PGY1 Pharmacy residency programs. The requirements and progress will be reviewed with the resident at each quarterly



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evaluation. Failure to meet the minimum requirements by the end of the residency year will result in the resident not receiving a certificate of achievement and not completing the PGY1 residency program.

The minimum requirements for the PGY1 Pharmacy program include the following:

1. Complete orientation and required learning experiences along with required activities and assignments.
2. Complete a research or quality improvement project. See the [Resident Project](#) section for full details and requirements. Key activities include the following:
 - A. Complete data collection and analysis
 - B. Write final project plan
 - C. Complete CITI training
 - D. Complete project design
 - E. Submit for IRB approval
 - F. Present poster of the project
 - G. Present a platform presentation of the final project
3. Staff every other weekend. At least 300 staffing hours must be completed for residency program graduation.
4. Complete all PharmAcademic™ evaluations and requirements.
5. Attain “achieved” on at least 80% of all objectives (including 100% of the objectives in the R1 competency area, relating to patient care) within each of the 9 listed goals and attain satisfactory progress on all other objectives not documented as achieved by the end of the residency year.
6. Completion of all learning experience assignments as determined by the RPD and preceptor.
 - A. Present minimum of two case presentations.
 - B. Present minimum of two journal clubs.
7. Attend and participate in Core Curriculum Conferences, as scheduled.
8. Prepare and present a medication use project (e.g., drug class review, monograph, treatment guideline, treatment protocol, or order set).
9. Obtain and maintain BLS, ALS, and PALS certification and participate in management of medical emergencies.
10. Committee Membership: active participation in at least one hospital or departmental committee
11. Complete required teaching activities including:
 - A. Prepare and present a 1-hour, system-wide broadcast ACPE-accredited presentation for pharmacists and technicians.
 - B. Develop and deliver one platform presentation and one poster presentation at a regional, state, national or other approved conference meeting.
12. Complete teaching certificate program sponsored by the University of Colorado.



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PGY1 Lutheran Hospital Residency Program Supplement

Program site for required experiences: [Lutheran Hospital](#), 12911 West 40th Avenue, Wheat Ridge, CO

Website: <https://intermountainhealthcare.org/for-professionals/pharmacy-residencies/lutheran-pgy1>

Program Design

- The residency program is a postgraduate training program in pharmacy practice. Training is provided in acute care, primary care, drug information, practice management, and medication policy development.
- Rotations are tailored to meet the needs and interests of each resident.
- We intentionally work toward an Intermountain Health that reflects our diverse communities and provides culturally competent care, health equity, and a sense of belonging amongst all our caregivers (employees).

Learning Experiences

Required Rotations

The resident is required to complete the following learning experiences during the residency year.

Learning experience length is 4 weeks, except as noted below.

- Acute Care Blue (Internal Medicine focus)
- Acute Care Red (Cardiology focus)
- Administration
- Central Pharmacy (2 weeks)
- Critical Care
- Emergency Department
- Facility Orientation (3 weeks)
- Infectious Diseases / Antimicrobial Stewardship
- Neuro Intensive Care
- Surgical
- System PGY1 Residency Orientation (2 weeks)

The resident must complete the following longitudinal rotations during the residency year. Longitudinal learning experiences are completed throughout the residency year concurrently with other required learning experiences, unless otherwise noted below.

- Community and Professional Engagement
- Emergency Response
- Formal Presentation (one time presentation prepared over 4-5 months)
- Longitudinal Ambulatory Care (one day a week for 16 weeks)
- Major Project
- Teaching and Precepting
- Staffing

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Elective Rotations and Learning Experiences

The resident will select two elective rotations. Learning experience length is 4 weeks. Note that elective time slots may be used to repeat a required rotation if necessary due to not showing sufficient progress in achieving objectives.

- Advanced Acute Care
- Advanced Emergency Department
- Behavioral Health
- Neurology Ambulatory Care
- Oncology / Infusion Center
- Palliative Care
- Toxicology
- Transplant
- Experience developed based on resident needs and interests

Rotation Hours

Rotations will be scheduled at 40 hours per week. Preceptors may choose to schedule five 8-hour shifts per week, four 10-hour shifts per week, or per an alternative plan approved by the RPD and scheduling team. If the rotation is scheduled as four 10-hour shifts, one day off per week will be scheduled. Note that residents may sometimes work over 40 rotation hours per week to address urgent patient care needs in the practice area if necessary. This is at the discretion of the preceptor and resident.

Residents receive one project day per rotation. Exceptions are orientations, central pharmacy, and longitudinal rotations, which do not include a project day. This project day replaces a regularly scheduled rotation day and should be scheduled at least 4 weeks prior to the start of the rotation through discussion with the preceptor. The resident is encouraged to schedule their project day to best support their wellbeing. The resident may complete any residency-related tasks during this time. The resident must complete at least 6 hours of work on each project day either on-site or remotely during daytime hours (5 am to 7 pm). Preceptors are asked to avoid scheduling the resident for rotation-related activities (i.e. topic discussions, presentations) on the project day unless absolutely necessary.

Pre-Rotation Communication Expectations

Below are the elements that should be included in pre-rotation communication as well as an example of an exceptional pre-rotation email.

Goals

- For residents and preceptors to adequately prepare for the rotation, residents must provide preceptors with rotation goals. Residents need to have at least 3-4 goals that they would like to work toward. Goals should be specific and appropriate for the time assigned to the rotation. For 1–2-week rotations, residents may only have 1-2 goals.
- Example good goal: Become familiar with the selection and narrowing of antibiotic therapy and overall treatment of community acquired vs. Hospital acquired pneumonia in the ICU setting
- Example poor goal: Improve knowledge of antibiotics – **too broad**
- Example good goal: Increase comfort and confidence in making recommendations and interacting with physicians during patient care rounds



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- Example poor goal: Increase confidence – **too broad**

Learning Style

- Additionally, it is helpful if residents provide information about their learning style. Residents should be able to provide a general description of what is most effective for them to learn
- Example: I like to be quizzed on new information, I am a hands-on learner, I learn by doing, I like to observe first prior to trying new things on my own.

Schedule

- Preceptors should be notified with any meetings, staffing days, and if a project day will be scheduled during the rotation. Since schedules are likely to change, residents should provide preceptors with any updates on the first day and throughout the rotation.

Strengths and Opportunities for Improvement

- The goal for this portion is for residents to incorporate feedback from previous rotations and communicate it forward to the next preceptors
- Example: My identified strengths on my previous rotation were the ability to thoroughly review a patient profile and the ability to prepare topic discussions for students. Opportunities for improvement were my time management in working up patients and improving confidence by speaking up more on rounds.



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Example Pre-Rotation Email

Good afternoon,

I am excited to start my cardiology rotation with you on Monday, September 7th. I am one of the non-traditional residents and completed the LAPPE program here prior to starting my PGY1. So far during my residency, I have completed rotations in the MICU, transplant, internal medicine, administration and SICU. I staff all over the hospital including the PAT clinic, infusion clinic and central. I have included some information about myself below.

Goals

Overall goals:

- Obtain a PGY-2 in emergency medicine or critical care (still TBD)

Rotation goals:

- Anticipate patient's needs ahead of rounds to be prepared for the acute problems occurring as well as looking forward to future needs
- Incorporate myself into the team as a key member
- Create a strong knowledge base in treating cardiology patients

Strengths: strong communication skills, leadership, social, observant

Areas for improvement:

- make quick critical decisions
- informal topic discussions to solidify knowledge

Learning Style:

- I learn the best by seeing an example, then completing the task myself
- Being asked questions even if I have to look it up

Feedback:

- instant if needed
- weekly feedback sessions

Schedule conflicts:

- 9/9 Academic Afternoon 1300-1600
- 9/16 Academic Afternoon 1300-1600
- 9/22 Rounding 1630-1700
- 9/23 Academic Afternoon 1300-1600
- 9/30 Academic Afternoon 1300-1600

What can I do to prepare for my rotation? What time should I plan on starting on Monday September 7th?

If you have any other questions, let me know.

Best,
Tay

Service Requirements

- Residents staff every other weekend for 8- or 10-hour day shift.
- Residents begin staffing medication reconciliation shifts until licensed and then central pharmacy shifts. In late April, residents begin staffing decentralized shifts.
- Residents may use up to four days of PTO on their usual staffing weekends.
- One resident staffs Thanksgiving / Memorial Day, and one resident staffs Labor Day / Christmas.



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Minimum Requirements for Successful Completion

Minimum requirements have been set for completion of Intermountain Health PGY1 Pharmacy residency programs. The requirements and progress will be reviewed with the resident at each quarterly evaluation. Failure to meet the minimum requirements by the end of the residency year will result in the resident not receiving a certificate of achievement and not completing the PGY1 residency program.

Minimum requirements include:

1. Earn a rating of “achieved for residency” (ACHR) on all objectives in the R1 competency area (patient care) and at least 80% of all objectives.
2. Complete orientation and other learning experiences along with required activities and assignments.
3. Complete one major project (research or quality improvement project)
 - a. Complete CITI training and IRB approval
 - b. Develop a project plan
 - c. Complete project design
 - d. Complete data collection and analysis
 - e. Complete poster presentation at professional conference
 - f. Complete platform presentation at regional residency conference
 - g. Final written report
4. Complete a second project, which is a medication use project as part of the Infectious Disease / Antimicrobial Stewardship learning experience.
5. Complete five written communications (emails) on relevant operational or clinical pearls for pharmacy staff.
6. Staff weekends and holidays as detailed in the manual section titled “Service Requirements”
7. Complete all PharmAcademic™ evaluations and requirements.
8. Attend and participate in Core Curriculum as scheduled.
9. Obtain and maintain BLS and ALS certification and participate in management of medical emergencies.
10. Complete Teaching Certificate Program, including required small group teaching / facilitating experiences
11. Prepare and present a 1-hour, system-wide broadcast ACPE-accredited presentation for pharmacists and technicians.
12. Complete one community engagement activity
13. Actively participate in at least one hospital or departmental committee

Resources for Residents

Resilience

The resident will receive resilience education from the RPD during orientation. The resident will complete a monthly Resident Resilience Form to follow signs/symptoms of burnout, strategies to promote work/life balance and relieve stress, and if PTO is being used.

Mentorship Experiences

Residents will be paired with a mentor and advisor at the start of the residency year. Residents are responsible for scheduling monthly meetings with their assigned mentors and advisors.



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- A preceptor or non-preceptor pharmacist will serve as mentor, and the relationship's main purpose is to give residents guidance throughout the year with an emphasis on development and education.
- A member of pharmacy leadership will serve as advisor, and the relationship's main purpose is to give residents guidance throughout the year with an emphasis on overall professional development and career advancement.



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PGY1 Saint Joseph Hospital Residency Program Supplement

Program site for required experiences: [Saint Joseph Hospital](#), 1375 East 19th Avenue, Denver, CO

Website: <https://intermountainhealthcare.org/for-professionals/pharmacy-residencies/saint-joseph-pgy1>

Purpose Statement

The PGY1 Pharmacy Residency Program at Saint Joseph Hospital will provide a learning and training environment designed to advance the practice of post-graduate pharmacists. The resident will develop knowledge and skills with direct patient care experiences. Teaching and research will also occur to equip the resident to be successful in multiple pharmacy practice environments or build upon the foundation with enrollment into advanced training programs. The purpose of this program is to produce pharmacy **practitioners** who are able to assume leadership roles upon graduation.

Learning Experiences

Required Rotations

There are 9 required learning experiences during the residency year:

- Administration (Clinical and Operational) 1 week quarterly for a total of 4 weeks
- Critical Care (6 weeks)
- Emergency Care (4 weeks)
- Facility Orientation (3 Weeks)
- Formal Presentation (longitudinal, over 6 months)
- Infectious Diseases (6 weeks)
- Medicine I (6 weeks, one of the following):
 - Internal Medicine I
 - Family Medicine I
- Medicine II (6 weeks, one of the following):
 - Internal Medicine II
 - Family Medicine II
- Major Project (longitudinal, over 12 months)
- Major Project, Intensive (4 weeks)
- Service (Staffing) (longitudinal, over 12 months)
- System Orientation (2 weeks)
- Surgery (4 weeks)

Elective Rotations and Learning Experiences

- Optional teaching certificate administered through the University of Colorado
- Other rotations may be offered based upon resident interest and preceptor availability.

Service Requirements

1. All residents are required to provide staffing support. Residents shall be required to provide staffing for the Department of Pharmacy, on Saturday and Sunday every third weekend (0700-1530). Staffing requirements serve to benefit the facility and the resident experience. Residents are asked



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to exchange with co-residents if they need off a scheduled weekend but may use PTO consistent with SJH Department of Pharmacy Services policy and procedure if necessary. A formal training for the staffing requirement will begin during the first rotation of the residency program in the month of July.

2. In addition to the staffing requirement of SJH Pharmacy Residency program, the residents may staff Intermountain recognized holidays. Residents will be required to staff 1 major holiday per residency year.
 - a. Major holidays include New Year's Day, Thanksgiving, and Christmas Day.
 - b. Non-major holidays include, Memorial Day, and Labor Day. July 4th is not staffed by residents as they are not trained.
3. The fulfillment of holiday coverage will be coordinated through the RPD. See the *Holidays and Holiday Leave* Section for additional details.

Exception to Moonlighting Policy

- The PGY1 program at Saint Joseph Hospital does NOT allow external moonlighting organization.
- Internal moonlighting at Saint Joseph Hospital is allowed on a case-by-case basis. RPD approval is required. A maximum of 2 shifts a month (up to 24 hours) is allowed.

Minimum Requirements for Successful Completion

Minimum requirements have been set for completion of the SJH PGY1 Pharmacy residency program. The requirements and progress will be reviewed with the resident at each quarterly evaluation. Failure to meet the minimum requirements by the end of the residency year will result in the resident not receiving a certificate of achievement and not completing the PGY1 residency program.

Minimum requirements include:

- Complete orientation and required learning experiences along with required activities and assignments.
- Complete all PharmAcademic™ evaluations and requirements.
- Attain "achieved" on 80% of all objectives (including 100% of the objectives in competency areas surrounding patient care) and attain satisfactory progress on all other objectives not documented as achieved by the end of the residency year.
- Staff at average 32 hours per month at home base facility. At least 200 staff hours must be completed for residency program graduation. Note that this is a minimum requirement, and residents will likely staff more than this based on the requirements noted below.
- Complete the following Deliverables and Activities:

Objective #	Objective	Deliverable
1.4.2	(Creating) Prepare or revise a drug class review, monograph, treatment guideline, treatment protocol, utilization management criteria, and/or order set.	• Prepare or revise a drug class review, monograph, treatment guideline/protocol, medication use evaluation, and/or order set

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Objective #	Objective	Deliverable
2.1.2	(Creating) Develop a project plan.	- Develop two protocols and or project outlines): - One major project development - One minor project development
2.1.6	(Creating) Develop and present a final report	- Complete CITI Training - Submit major project for IRB approval - Complete data collection and analysis for both major and minor project - Complete two manuscripts or appropriate project reports: - One major project manuscript/report - One minor project manuscript/report - Present a minimum of one poster presentation at a regional, state, national, or other approved conference meeting - Present final research results at Residency Conference of the Rockies or another approved conference venue
4.1.1 4.1.2 4.1.3	(Creating) Construct educational activities for the target audience. (Creating) Create written communication to disseminate knowledge related to specific content, medication therapy, and/or practice area. (Creating) Develop and demonstrate appropriate verbal communication to disseminate knowledge related to specific content, medication therapy, and/or practice area.	- Successful completion of at least four (4) journal clubs. - Prepare and present an ACPE-accredited presentation to pharmacists and pharmacy technicians - Prepare and present at least four (4) clinically based presentations (does not include ACPE-accredited presentations).
3.2.3	Demonstrate responsibility and professional behaviors.	- Obtain and maintain BLS, ALS, and PALS certification. Participate in management of at least five (5) medical emergencies (codes, emergent intubations, and/or rapid response). - Attend and participate in Core Curriculum.
3.2.4	Demonstrate engagement in the pharmacy profession and/or the population served.	Participate in one medication related community event or health fair

Additionally, some residents may choose to pursue an optional, formalized teaching certificate program to further advance their knowledge.



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PGY1 St. Vincent Regional Hospital Residency Program

Program site for required experiences: [St. Vincent Regional Hospital](#), 1233 North 30th Street, Billings, MT

Website: <https://intermountainhealthcare.org/for-professionals/pharmacy-residencies/st-vincent-pgy1>

Learning Experiences

Required Rotations (5 weeks)

- Orientation (2 weeks)
- Medicine (8 weeks)
- Infectious Diseases
- Cardiology
- Critical Care
- Emergency Medicine
- Pediatrics

Longitudinal Rotations (52 weeks)

- Service/Staffing
 - 52 Weeks in duration
 - Five 10-hour staffing days after Medicine Learning Experience (approximately week 12 of residency)
 - Five 10-hour staffing days after first elective/midway through year (approximately week 28 of residency)
 - Two 10-hour staffing days approximately every third weekend for a minimum of 13 total weekends staffed (starting Labor Day Weekend)
- Project Management
 - 52 Weeks in duration
 - Half day per month as dedicated project day
- Teaching/Presentations
 - 52 Weeks in duration
 - Half day per month as dedicated project day
- Practice Management
 - 52 Weeks in duration
 - One 2-hour session per month

Additional Required Experience (3–5-month duration)

- Formal Presentation
 - Duration dependent on presentation date
 - Begins approximately October 1st, no specific time schedule on a recurring basis

Elective Rotations (4 weeks) - Resident may select 3

- Administration

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- Oncology
- Advanced Emergency Medicine/Trauma
- Ambulatory Care
- Advanced Ambulatory Care
- Family Medicine
- Drug Information

Service Requirements

- Residents are required to complete central pharmacy orientation and demonstrate ability to staff independently prior to first weekend shift
- Residents are expected to work 10-hour shifts for weekend staffing (centralized shifts, either 0700-1730 or 1030-2100)
- Minimum local staffing requirement for completion of residency: 350 hours.
This includes:
 - Approximately 5 initial staffing days following orientation period and initial training
 - Approximately 5 staffing days mid-way through residency year
 - Required staffing every third weekend, on average
 - Required staffing on three holidays (recognized holidays: 4th of July, Labor Day, Thanksgiving, Christmas, New Year's Day, and Memorial Day).
 - One must be Thanksgiving or Christmas

Minimum Requirements for Successful Completion

Pharmacy residents must complete at least 80% of competency area goals (with 100% of patient care goals marked as achieved), a minimum 52-week full-time practice commitment or equivalent, and any other residency requirements established by the Residency Advisory Committee, prior to receiving a certificate of residency. A resident portfolio containing learning experience and residency requirement documents must be kept and reviewed with the RPD and RAC prior to completion of the residency program.

Minimum requirements include:

- Complete all 52 weeks of the residency program, including all required experiences
- Successfully completes both hospital and departmental orientation programs with licensure by October 1st
- Achievement of Intermountain Health and St. Vincent Regional Hospital required educational competencies, goals and objectives
 - Attain "achieved" on at least 80% of all objectives (including 100% of the objectives in competency areas surrounding patient care) within each of the 9 listed goals and attain satisfactory progress on all other objectives not documented as achieved by the end of the residency year.
- Completes all evaluations and requirements in PharmAcademic
- Maintain good standing with the department of pharmacy with adherence to departmental policies and procedures
- Complete required service/staffing hours and required departmental competencies

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- Schedule and attend quarterly performance evaluation meetings with program director
- ASHP duty hours standards tracking form through PharmAcademic
- Teaching certificate administered through ASHP and portfolio (optional)
- Complete the following Deliverables and Activities:

Objective #	Objective	Deliverable
1.4.2	(Creating) Prepare or revise a drug class review, monograph, treatment guideline, treatment protocol, utilization management criteria, and/or order set.	Complete one of the following: - Drug class review - Monograph - Treatment Guideline - Treatment Protocol - Utilization Management Criteria - Order Set
2.1.2	(Creating) Develop a project plan.	Complete CITI Training Develop two protocols and or project outlines (one of which is or contains a Medication Use Evaluation): - One major project development - One minor project development
2.1.6	(Creating) Develop and present a final report	Complete two manuscripts or appropriate project reports: - One major project manuscript/report - One minor project manuscript/report Present a minimum of one poster presentation*: - Vizient Poster Session (required) - Montana Pharmacy Association Winter Meeting Poster Session Present a minimum of one platform presentation at external conference*: - Regional Residency Conference (required) - Montana Pharmacy Association Spring Residency Conference *One verbal presentation (minimum) is required for major project in addition to written manuscript

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Objective #	Objective	Deliverable
4.1.1 4.1.2 4.1.3	(Creating) Construct educational activities for the target audience. (Creating) Create written communication to disseminate knowledge related to specific content, medication therapy, and/or practice area. (Creating) Develop and demonstrate appropriate verbal communication to disseminate knowledge related to specific content, medication therapy, and/or practice area.	A minimum completion of 10 formal presentations or written documents to healthcare providers which must include: - One Rocky Mountain Physician Assistant Lecture (Verbal presentation with slide set) - One Inservice (Written education to health care provider with verbal presentation of summary) - One Formal Journal Club Presentations (Verbal presentations with handout) - One Educational Case Conference Presentations (Verbal presentations with slide set) - One Medication or disease state related newsletter (Written document for healthcare providers) - One ACPE-accredited Grand Rounds Presentation (Verbal presentation with slide set) - One Preceptor Development Lecture (Verbal presentation with slide set) - Three additional presentations or written documents (may include in-services, additional educational lectures, formal topic discussion presented to a group of students, newsletters, patient handouts etc. based on resident interest and available opportunities)
3.2.3	Demonstrate responsibility and professional behaviors.	Obtain and maintain BLS and ACLS certification Complete Code Blue Checklist Core Curriculum engagement and completion
3.2.4	Demonstrate engagement in the pharmacy profession and/or the population served.	Participate in Montana Youth Diabetes Alliance diabetes camp Participate in one medication related community event or health fair
4.2.1	(Evaluating) Employ appropriate preceptor role for a learning scenario.	Precept at least one student on rotation and demonstrate the ability to effectively assess student performance, including the following: - Give written feedback to student for at least one assigned written document - Give verbal feedback to student after at least one learning activity - Participate in midpoint or final assessment



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PGY2 Ambulatory Care Residency Program Supplement

Program sites for required experiences:

- Geriatrics: [Southridge Clinic](#), 3723 W 12600 S., Riverton, UT
- Personalized Primary Care
 - [Salt Lake Clinic](#), 389 S 900 E, Salt Lake City, UT
 - [Roy Clinic](#), 1915 W 5950 S, Roy, UT
 - Castell House Calls: Remote with potential for occasional patient home visit in the Salt Lake area

Program sites for elective learning experiences:

- Academia: 30 S 2000 E Salt Lake City, UT
- Mental Health: Salt Lake VA, 500 Foothill Blvd, Salt Lake City, UT
- Oncology Clinic: 5121 S. Cottonwood St. Murray, UT
- Solid Organ Transplant Clinic: 5121 S. Cottonwood St. Murray, UT
- Pharmacy Leadership: Remote rotation
- Blood and Marrow Transplant and Hematologic Malignancies: 8th Ave., C Street E, Salt Lake City, UT
- Emergency Medicine: 5121 S. Cottonwood St. Murray, UT
- Heart Failure and Transplant / Mechanical Circulatory Support Clinic: 5121 S. Cottonwood St. Murray, UT
- Informatics: Remote rotation
- Managed Care (SelectHealth): 5381 S. Green St., Murray, UT
- Pediatric Diabetes Management: 100 N. Mario Capecchi Drive, Salt Lake City, UT
- Pediatric Hematology and Oncology: 100 N. Mario Capecchi Drive, Salt Lake City, UT
- HIV Clinic: 1525 West 2100 South, Salt Lake City, UT

The resident's office is located at: Intermountain Supply Chain Center, 7302 Bingham Jct Blvd, Midvale, UT 84047

Website: <https://intermountainhealthcare.org/for-professionals/pharmacy-residencies/pgy2-ambulatory-care>

Purpose Statement

The Ambulatory Care (PGY2) Residency is an organized, directed, postgraduate training program in ambulatory care pharmacy practice. Interactive training is provided in practice management, program implementation, research, and teaching, in addition to ambulatory care practice. Pharmacists in this program demonstrate professional maturity by independently following a personal philosophy of practice, monitoring their own performance, exhibiting commitment to the profession, and exercising leadership to improve safety of the medication-use system. They will be competent, confident practitioners of direct patient care, with the ability to identify and resolve patient-specific, medication-related problems. In addition, residents in this program will gain invaluable experience building a business plan for a service development or enhancement and may assist with implementation. A teaching certificate is available for residents in partnership with Roseman University and the University

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of Utah. Additionally, a research project of publishable/presentable quality is required. Residents will be well prepared to continue their career in ambulatory care pharmacy. The program requires rotations in primary care, geriatrics, home-based high-risk care and practice management with elective opportunities in a variety of practice settings with both longitudinal and block rotation formats. The Program Director, Program Site Coordinator, and the preceptors will assist the residents in selecting rotations to meet each resident's professional goals, the ASHP Pharmacy Residency Standards, and the ASHP residency learning goals.

Recruitment and Selection of Residents

Early commitment: The PGY2 Ambulatory Care Residency Program wants to ensure opportunities for candidates to confirm their interest in ambulatory care and our program. The program believes that candidates should have the time to explore their options before determining if our program is the right fit for them. For these reasons, the PGY2 Ambulatory Care Residency Program **does not participate in early commitment**.

Program Design

The PGY2 ambulatory care residency program provides rotation opportunities in longitudinal and block formats in a variety of clinic settings throughout the Intermountain Health system, including Intermountain Medical Center, Intermountain Medical Group, McKay-Dee Hospital, Primary Children's Hospital and Utah Valley Hospital. The resident's home base is Intermountain Health clinics; as such, travel will be involved between the different clinics, and can vary based on selected learning experiences.

Program Objectives

Refer to the items listed in [ASHP PGY2 Ambulatory Care CAGOs](#) from American Society of Health-System Pharmacists for details. No additional or elective competency areas, goals, or objectives are included in the program at this time.

Learning Experiences

The first 4 to 6 weeks of the residency program year consists of orientation activities. This includes pharmacy system-wide orientation and ambulatory care pharmacy residency onboarding. Following orientation, longitudinal and block learning experiences will begin. Longitudinal learning experiences will occur on a regular schedule and be from 6 months to one year in duration. Block rotations will be incorporated around longitudinal experiences and be 4 weeks in duration.

Required Rotations

- Required learning experiences
 - Orientation (4-6 weeks)
 - Personalized Primary Care (Block) (4-6 weeks)
 - Personalized Primary Care (Longitudinal) (2 days per week for 44-46 weeks)
 - Geriatrics (8 weeks)
 - Castell House Calls (4 weeks)
 - Practice Management (5-week block rotation + 12-15 hours divided throughout the year)
 - ACPE Continuing Education Presentation (1-2 hours per week for 12 weeks)



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- Interdisciplinary Continuing Education Presentation (1-2 hours per week for 12 weeks)
- Collaborative Practice Agreement Development (1-2 hours per week for 52 weeks)
- Research Project (1-2 hours per week for 52 weeks)
- Clinical Pharmacist Anticoagulation Service (CPAS) / Transition of Care (TOC) (Staffing -Service Component) (8 hours every third week for 46 weeks. Five on-call weeks every 8-10 weeks)

Elective Rotations (4 weeks)

- Academia
- Anticoagulation Leadership
- Mental Health
- Oncology Clinic
- Solid Organ Transplant Clinic
- Pharmacy Leadership
- Blood and Marrow Transplant and Hematologic Malignancies
- Emergency Medicine
- Heart Failure and Transplant / Mechanical Circulatory Support Clinic
- HIV Clinic
- Informatics
- Managed Care (SelectHealth)
- Pediatric Diabetes Management
- Pediatric Hematology and Oncology

The resident may choose to attend the core curriculum conference series throughout the year provided it does not conflict with rotation responsibilities. Required core curriculum sessions will be determined by the RPD to meet the resident's professional goals, knowledge gaps, and educational priorities.

Service Requirements

Residents are required to provide staffing support as part of their program and stipend. Residents work 8 hours every third Saturday (Clinical Pharmacist Anticoagulation Service [CPAS] and Transitions of Care Teleservice). Residents also remotely cover on-call responsibilities for system anticoagulation for 1-week increments every 8 to 10 weeks (5 on-call weeks). Required on-call weeks include 1 minor holiday week and 1 major holiday week (see Intermountain's observed holidays). On-call coverage is outside of CPAS clinic hours, and a designated back-up pharmacist is available if assistance is needed. The primary preceptor for the staffing learning experience and the RPD regularly check in on residents during their on-call weeks to monitor resident wellness.

Schedule changes will be coordinated through the service line preceptors and must align with duty hours policies.

Residency Saturday staffing pay is covered by the resident salary stipend. When staffing assigned on-call weeks, the resident is eligible for on-call lump sum resident payment.



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Resident Research Project and Project Days

The resident will have 2 project weeks scheduled for them during their 52-week program. It is expected for the resident to attend their longitudinal primary care clinic rotation during the project week.

In addition to the 2 project weeks, the resident can take up to 4 more project days. These are flexible but must be scheduled to take place on their primary care rotation days. These must be arranged with their primary care site preceptors with enough notice to block their schedule and not impact patient care.

Ambulatory Care Disease State Experience Tracker (Ambulatory Care Appendix Tracker)

Disease State	Patient Encounter + Date	Topic Discussion + Date	Journal Club + Date	Presentation + Date
Cardiology*				
Atrial fibrillation*				
Venous Thromboembolism*				
Heart Failure				
Hypertension*				
Hyperlipidemia*				
Coronary Artery Disease*				
Endocrinology*				
Diabetes – Type 1*				
Diabetes – Type 2*				
Diabetes - LADA				
Osteoporosis*				
Weight Loss*				
Hypothyroidism				
Geriatrics*				
Polypharmacy*				
Gender-Based Health*# (Women's and Men's Health)				
Hormone Replacement Therapy*#				
Hormone Reaffirming Therapy				
Nephrology*				
Chronic Kidney Disease*				

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Disease State	Patient Encounter + Date	Topic Discussion + Date	Journal Club + Date	Presentation + Date
Psychiatry*				
Depression*				
Anxiety*				
Insomnia*				
Pulmonology*				
Asthma*				
COPD*				
Smoking Cessation*				
Rheumatology*				
Gout*				
Dermatology				
Gastroenterology				
Cirrhosis				
Nonalcohol-associated fatty-liver disease				
Alcohol-associated liver disease				
Hematology-Oncology				
Infectious Disease*#				
PEP/PrEP*#				
Urinary Tract Infection*#				
Immunizations*				
Pediatrics				

* -Required Disease States; # -May Be Completed with Topic Discussion

Minimum Requirements for Successful Completion

The requirements and progress will be reviewed by the RPD with the resident at each quarterly evaluation. Failure to meet the requirements by the end of the residency year will result in the resident not receiving a certificate of achievement and will not complete the PGY2 Ambulatory Care residency program.

Minimum requirements include:

1. Attainment of achieved (ACHR) on 100% of R1.1 (R1.1.1-R1.1.8) and R1.2 (R1.1.1, R1.1.2) in addition to at least 80% (23 of 28) of all objectives within each of the nine required goals (R1.1, R1.2, R2.1, R2.2, R3.1, R3.2, R3.3, R4.1, R4.2). Must have a final rating of satisfactory progress (SP) on all other objectives not documented as achieved .



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A. ASHP PGY2 Ambulatory Care CAGOs

2. Complete *Ambulatory Care Disease State Experience Tracker (Ambulatory Care Appendix Tracker)* for the required disease states as outlined in the tracker. Completion is when all the following are met:
 - A. The resident can explain signs and symptoms, epidemiology, risk factors, pathogenesis, natural history of disease, pathophysiology, clinical course, etiology, and treatment of diseases and conditions in areas listed below.
 - B. The resident can explain the mechanism of action, pharmacokinetics, pharmacodynamics, pharmacogenomics, pharmacoeconomics, usual regimen (dose, schedule, form, route, and method of administration), indications, contraindications, interactions, adverse reactions, and therapeutics of medications and non-traditional therapies, where relevant, that are applicable to disease state.
 - C. The resident can explain various forms of non-medication therapy, including lifestyle modification and the use of devices for disease prevention and treatment, for the disease state.
 - D. The resident has experience managing patients in the disease state. If patient care is not possible, up to two disease states may be covered by case-base application through didactic discussion, reading assignments, care presentation and/or written assignments.
3. Completion of all required learning experiences.
4. Complete all PharmAcademic™ evaluations and requirements.
5. Meet credentialing and privileging requirements for all collaborative practice agreements
 - A. Ambulatory Care Scope of Practice
 - B. Anticoagulation
 - C. Refill Authorization
 - D. Therapeutic Interchange
 - E. Immunization
6. A project manuscript will be completed and submitted to the site coordinator and the residency program director before the end of residency. The report shall be written using a format and style consistent with publication in a professional journal, including project subject, background, methods, results, discussion and conclusions. Residents are encouraged to submit their project for publication.
7. Deliver a presentation at a residency conference during the residency year.
8. Submit an abstract for poster presentation at a professional meeting during the residency year.
9. Develop and present a system level ACPE and an interdisciplinary CE.
10. Develop or revise a collaborative practice agreement.
11. Develop or revise a clinical service development business plan.
12. Complete staffing (service) requirements.
 - A. 12 weekend Saturday shifts.
 - B. 5 on-call weeks with one over a major holiday and one over a minor holiday.
13. Complete and receive the Intermountain Health Teaching Certificate, if assigned at the beginning of the PGY2 residency year.



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PGY2 Cardiology Residency Program Supplement

Program site for required experiences: [Intermountain Medical Center](#), 5121 S. Cottonwood St., Murray, UT

Website: <https://intermountainhealthcare.org/for-professionals/pharmacy-residencies/pgy2-cardiology>

Purpose Statement

The objective of the Cardiology Pharmacy Residency Program is to develop a high-level cardiology pharmacy specialist who is qualified for critical care, acute care, and ambulatory care positions, as well as develop a leader and mentor to future learners. The American College of Cardiology recognizes pharmacists as core members of the team to provide optimal cardiovascular care (1). In their 2015 Policy Statement, they highlight the need for postgraduate residency programs and their importance in meeting increased demand and growing complexity of care.

ASHP supports Cardiology PGY2 Residencies as a specialized residency following successful completion of a PGY1 residency. In addition, the Board of Pharmacy Specialists recognizes the broad specialization of cardiology with the Cardiology Board Certification (BCCP). Cardiology residency training will expose the resident to various subspecialties including ambulatory care, acute care cardiology and critical care.

Cardiovascular disease management is a full spectrum of care from the ambulatory setting to critical care units. The resident will have the unique opportunity to be involved in all areas of care including highly specialized services including heart transplant and mechanical circulatory support. In addition, through the residency program, residents will have the opportunity for core experiences in general cardiology, heart failure, interventional cardiology and electrophysiology as well as specialty rotations like advanced heart failure, cardiac and thoracic intensive care units and pediatric cardiology.

Recruitment and Selection of Residents

See System Residency Manual for full procedure with the following additional details for the PGY2 Cardiology Program:

1. The members of the PGY2 Cardiology Pharmacy RAC will review applicants to determine qualifications based on a standardized, objective scoring rubric.
2. We will extend interviews to the top 4-6 candidates.
3. All interviewees will be scored based on standardized, objective scoring rubric by members of RAC. Scores will be averaged, reviewed by RAC at rank meeting, and candidate will be agreed upon based on scoring tools and rank meeting discussions.

Program Design

Program Overview

The PGY2 Cardiology Residency Program is conducted primarily at Intermountain Medical Center but has affiliation and opportunities for residents at two of our system hospitals including Utah Valley Hospital and Primary Children's Hospital. The program is accredited by the ASHP and follows their accreditation standards.



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IMC has a dedicated Heart and Lung tower comprising 128 adult meds, 13 cardiac procedural rooms and 48 intensive care unit beds. IMC is a level-one trauma center, certified stroke center, pulmonary hypertension referral center and advanced heart failure program.

The resident's program will be individualized based on their previous experience and/or interests. The resident will be involved with structuring their experience by helping the Program Director schedule rotations, choose projects, and select electives.

Program Objectives

PGY2 Cardiology Competency Areas, Goals, and Objectives:

The resident is encouraged to read detailed information about the ASHP required competency areas, goals, and objectives for PGY2 cardiology pharmacy residencies ([ASHP PGY2 Cardiology CAGOs](#))

- Competency Areas: Categories of the residency graduates' capabilities
 - R1: Patient Care
 - R2: Advancing Practice and Improving Systems of Care
 - R3: Leadership and Management
 - R4: Teaching, Education, and Dissemination of Knowledge
 - R5: Management of Cardiovascular (ACLS) Medical Emergencies
- Resident is required to attain "achieved" on at least 80% of all objectives (including 100% of the patient care objectives in competency R1) and attain satisfactory progress on all other objectives by the end of the year

Learning Experiences

Program Structure for the 2025 – 2026 Residency Year:

Required Rotations (*Learning experiences will be scheduled as 4 or 5-week blocks depending on learner's schedule and preceptor availability unless otherwise specified*)

- Orientation (3-4 weeks)
- Acute Care Cardiology
- Coronary Intensive Care Unit - Heart Service
- Thoracic Intensive Care Unit
- Advanced Heart Failure I
- Advanced Heart Failure II
- Electrophysiology (2 weeks)
- Cardiology Service Line (2 weeks)

Elective Rotations (*4-week rotations unless otherwise specified*)

- Pediatric Cardiology
- Advanced Heart Failure Clinic
- Coronary Intensive Care Unit II - Heart Service
- Thoracic Intensive Care Unit II
- Other elective learning experiences may be developed based on resident interest and preceptor availability

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Longitudinal Experiences

- Staffing: 12 months every 3rd weekend
 - 30 weekend staffing shifts and one minor and one major holiday block
- Practice Management:
 - Quality Improvement project: 6-12 months
 - Rapid Response/Code Blue team: 12 months
 - ACPE Accredited Presentation: one hour continuing education presentation
 - Spring Seminar: 1-hour non-ACPE accredited seminar
 - Twizzlers & Nerds resident case presentation
 - ASHP Appendix: The resident is expected to complete and track all ASHP required topics
- Resident Research Project: 12 months
- Advanced Heart Failure Longitudinal Clinic
 - Advanced Heart Failure Clinic: 10 months every other week on Mondays starting

Service Requirements

- Staffing description:
 - The resident must provide staffing support as part of the Intermountain Health Pharmacy Residency Program and stipend.
 - The resident will staff two 8 hour shifts every third weekend (Saturday and Sunday). Staffing will take place for half the year in the coronary intensive care unit and half the year in the thoracic intensive care unit.
 - At least 2 training weekends will occur prior to starting independent staffing in July and August each year.
 - A total of 32 staffing shifts is required for completion of staffing.
- Holiday Staffing:
 - The resident will work one major holiday block. Thanksgiving will include Black Friday; Christmas will include Christmas Eve and Christmas Day and New Year's will include New Year's Eve and Day. The resident will work the weekend associated with the major holiday so swapping of weekends will be arranged if their regularly scheduled weekend doesn't fall on their major holiday weekend.
 - The resident will work one minor holiday. If an additional minor holiday falls on the residents previously scheduled weekend, the resident will work the holiday in addition to their other scheduled holidays.

Resident Research Project and Project Days

The resident will be responsible for conducting a longitudinal research project during the residency year which includes the following requirements:

- Complete CITI training.
- Complete project design and obtain IRB approval.
- Complete data collection and analysis.
- If approved by leadership, present poster at ASHP Midyear Clinical Meeting Vizient Resident Poster session

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- Present poster at a major cardiology meeting, typically the American College of Cardiology
- Present results at MSC.
- Prepare a manuscript ready for publication.

The resident will be required to format a manuscript suitable for publication by the end of the residency year. Residents will identify applicable journals along with the help of their research project mentors. The purpose of this requirement is to develop scientific writing and communication skills. Submission and acceptance of the manuscript for publication is not a requirement for residency graduation.

The resident will be provided with the following for protected project time:

- 4 isolated weeks are scheduled for direct project time; one in the fall, two in December and one in the spring. There is no residency project month
- The resident is expected to complete an 8-hour workday and be on site; however, the resident may discuss work from home options with the RPD

The PGY2 Resident will follow PGY2 Cardiology specific research deadlines for project creation, IRB approval and ACC Annual Meeting. All other deadlines including manuscript deadlines, meeting abstract and poster deadlines and final reports will follow the deadlines outlines in the system residency manual. Program specific dates are outlined below.

Pharmacy Residency Project Activity		Due Date/Timeline
Conceptualize	Complete CITI Training	7/18/25
	Complete ASHP Research Learning Modules	7/18/25
	Submit project concept sheet to project preceptors.	7/28/2025
	Project concept sheet discussion and approval by research project preceptors	7/29/2025 - 8/4/2025
	Submit concept sheet to System Research Oversight Committee for final project vetting	8/4/2025
Design	Submit draft IRB protocol to project preceptors	8/15/2025
	Preceptor review IRB materials; edits/optimization with resident	8/18/24 through 8/29/25
	Submit final protocol to IRB (with preceptor approval)	9/8/25
Implement	Obtain IRB approval	Month of Sept/early Oct
	Data collection and project implementation	Ongoing October through November
Analyze and Present	Complete draft ACC abstract for preceptor review	1/16/2026
	Preceptor review of abstract and edits/optimization with resident	1/19/26 through 1/30/26
	Final ACC abstract due	Early-February per conference requirements
	Complete draft if ACC poster for preceptor review	
	Preceptor review of ACC poster	2/2/26 through 2/20/26
	Final ACC poster due; submit for printing	3/6/2026
	Present and attend ACC Conference	March 28-30, 2026

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Minimum Requirements for Successful Completion

Minimum requirements have been set for completion of the Intermountain Medical Center's PGY2 Cardiology residency program. The requirements and progress will be reviewed with the resident at each quarterly evaluation. Failure to meet the minimum requirements by the end of the residency year will result in the resident not receiving a certificate of achievement and the resident will not complete the PGY2 residency program. Requirements are broken down based on the learning experience where the item will be assessed.

Minimum requirements include:

1. Staffing
 - A. Staff a minimum of 30 weekend staffing shifts
 - B. Staff one major block and minor holiday
2. Learning experiences/PharmAcademic™
 - A. Complete all required and elective learning experiences
 - B. Attainment of "achieved" on at least 80% of all objectives within each of the goals as listed in PharmAcademic™ and no objectives evaluated as needs improvement on final evaluation.
 - C. Attainment of "achieved" on 100% patient care related objectives (R1)
 - D. Complete all PharmAcademic™ evaluations and requirements
3. Complete a research project with the following deliverables:
 - A. Complete CITI training.
 - B. Complete project design and obtain IRB approval.
 - C. Complete data collection and analysis.
 - D. Present poster at ACC Annual Meeting or similar conference.
 - E. Present results at MSC.
 - F. Prepare a manuscript suitable for publication
4. Practice Management
 - A. Complete a quality improvement project.
 - B. Prepare and present a 1-hour, system-wide broadcast ACPE-accredited presentation.
 - C. Prepare and present a 1-hour seminar at home base facility for pharmacists or alternative presentation as arranged.
 - D. Complete and track all Cardiology appendix topic discussions.
 - E. Be signed off on Code Blue/Rapid Response.
 - F. Twizzlers & Nerds



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PGY2 Critical Care Residency Program Supplement

Program site for required experiences: [Intermountain Medical Center](#), 5121 S. Cottonwood St., Murray, UT

Website: <https://intermountainhealthcare.org/for-professionals/pharmacy-residencies/pgy2-critical-care>

Purpose Statement

The objective of the PGY2 Critical Care Residency Program at IMC is to develop a high-level, critical care pharmacy specialist who is qualified for medical and surgical critical care positions. The residency facilitates clinical and professional growth, emphasizing the application of evidence-based medicine to critically assess and manage complex patients in a variety of fast-paced intensive care settings. Residents will be fully integrated within interdisciplinary critical care teams through a variety of rotations. They will have numerous opportunities to develop teaching, precepting, and presentation skills, as well as engage in research and committees. The program provides residents opportunities to conceptualize, integrate, and transform accumulated experiences and knowledge into skill, competence, and confidence in providing patient care to the critically ill population.

Program Design

Program Objectives

The resident is encouraged to read detailed information about [ASHP PGY2 Critical Care CAGOs](#).

Competency Areas: Categories of the residency graduates' capabilities

- R1: Patient Care
- R2: Advancing Practice and Improving Patient Care
- R3: Leadership and Management
- R4: Teaching, Education, and Dissemination of Knowledge

Learning Experiences

Descriptions of each learning experience can be found in [PharmAcademic™](#). PGY2 residents will learn the skills and gain experience to function as the primary ICU pharmacist during their learning experiences. The resident is responsible for the daily management of all ICU patients. This includes but may not be limited to patient workup, interpretation of labs/vitals/imaging, comprehensive medication management (ensuring all medications are properly indicated, dosed, delivered in a timely manner, administered according to best practice, monitored for therapeutic effect and adverse events), attending multidisciplinary rounds, order verification, follow-up, medication reconciliation, pharmacy documentation, and ensuring thorough pass-off for care continuity.

The resident is expected to develop a strong rapport with all members of the interdisciplinary team including intensivists, specialists, medical interns/residents/fellows, advanced practice providers, nurses, respiratory therapists, etc. In addition to enhancing clinical knowledge, focus will be placed on developing efficient daily workflow, verbal and written communication, precepting skills, presentation skills, and advanced clinical practice opportunities. The learning experiences will prepare the resident for any future practice environment requiring an advanced pharmacy practitioner.

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In addition to the required learning experiences, the resident will select 4 electives. These experiences allow the resident to customize the year by improving in an area of weakness or inexperience or pursuing an area of interest. Residents will also be given the choice of repeating a required learning experience. New elective experiences may be created on a case-by-case basis if the resident has interest in an area not currently offered.

Required Rotations (~4-5 weeks each)

- Orientation/Staffing Training (4-6 weeks, duration determined on an individual basis)
- Coronary ICU - Heart Service
- Emergency Department
- Neurosciences ICU
- Shock Trauma ICU – Medicine Service
- Shock Trauma ICU – Trauma Service
- Thoracic ICU

Elective Rotations (~4-5 weeks each; combination options may be available based on resident goals and availability)

- Heart Failure / Transplant / Mechanical Circulatory Support
- ID / Antimicrobial Stewardship
- Newborn ICU
- Pediatric ICU (off-site at Intermountain Primary Children's Hospital, Salt Lake campus)
- Coronary ICU - Lung Service/Medical ICU
- Solid Organ Transplant
- Tele Critical Care (off-site at Valley Center Tower)
- Intensive Research (hybrid on-site and remote)

Longitudinal Experiences

- Staffing (12 months)
 - Every third weekend (32 hours per month)
 - Shock-Trauma ICU
- Resident research (12 months)
 - Manuscript suitable for publication (submission highly encouraged)
- Practice management (12 months)
 - Committee participation (will be assigned based on resident interest/experience)
 - Code Blue response team (select rotations and dedicated code months)
 - Critical Care Appendix
- Teaching/education (12 months)
 - Three formal journal clubs (3 required, others based on rotation requirements)
 - Fall ACPE-accredited Continuing Education presentation
 - Spring Seminar presentation
 - Two informal case presentations ("Twizzlers and Nerds")
 - Nursing and provider in-services, as opportunity arises



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- Layered learning precepting (1 required, others based upon resident interest and rotation requirements)
- Teaching certificate (optional, if not previously obtained)

Practice Management:

The PGY2 resident will track progress and development in the areas of practice management which will be reviewed quarterly with the RPD through the customized training plan.

- **Committee Participation:** The resident will be required to participate in at least one committee relevant to critical care. The committee will be selected based on interest. The resident is expected to be an active participant and contribute to the mission and goals of the committee.
- **Emergency Response:** The Shock Trauma, Coronary ICU, and ED pharmacists respond to Code Blues and Rapid Responses depending on the location of the calls on campus. The resident will assume this responsibility when on each of these rotations. Outside of these rotations there will be select months when the code pager will be assigned to the PGY2 resident, during which the resident will be the primary responder.
- **Critical Care Appendix:** The resident will demonstrate an understanding of the mechanism of action, pharmacokinetics, pharmacodynamics, pharmacogenomics, pharmacoeconomics, regimen (dose, schedule, form, route, administration), indications, contraindications, interactions, adverse reactions, and therapeutics of medications and other therapies that are applicable to relevant diseases and conditions and have the ability to design appropriate treatment regimens to treat and assess outcomes. For most diseases and conditions, direct patient care is required. For others, a case-based, didactic approach may be substituted. In these cases, the resident will demonstrate understanding via didactic instruction, case-based application, simulation, or other approaches. The resident will demonstrate an understanding of signs and symptoms, epidemiology, risk factors and etiology, pathogenesis, pathophysiology, clinical course, and a comprehensive pharmacotherapy treatment plan.

Teaching/Education:

The resident will have multiple opportunities to develop their teaching, education, and precepting skills.

- **Journal Clubs:** The resident is required to present three formal journal clubs during the year. Articles should focus on a recent trial related to critical care, with final approval at the discretion of the preceptor. A rough draft is submitted to the preceptor in advance for feedback and comments. The resident may also choose to facilitate a PGY1 or student journal club in lieu of presenting for one of the required three. In this case the PGY2 resident will serve as the primary preceptor, critically analyzing the article, coaching the learner through analysis, facilitating discussion during the presentation, and delivering actionable feedback. A [PharmAcademic™](#) evaluation will be completed by the rotation preceptor to track completion.
- **ACPE-accredited Continuing Education:** The resident is required to present one CE presentation on a critical care topic, preferably selected from the needs assessment list. Two to three preceptors will mentor as content experts, with additional feedback provided during a practice run-through. This 50-minute presentation will typically be scheduled in October-November. A [PharmAcademic™](#) evaluation will be completed to track completion.

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- **Seminar:** The resident must present a Seminar presentation on an interest or clinical controversy in critical care. The expectations will be similar to those of the CE, with the exception that ACPE credit is not provided. This 50-minute presentation will typically be scheduled in April-May. A [PharmAcademic™](#) evaluation will be completed to track.
- **Nursing/provider in-services:** The resident will have many opportunities to present in-services to nurses and providers during each learning experience. In-services are usually 5-20 minutes, with emphasis on effectively condensing large amounts of information. Discussion of primary literature is always encouraged. Completion will be tracked through [PharmAcademic™](#) summative evaluations as well as the customized training plan.
- **Teaching certificate:** The PGY2 resident may obtain a Teaching Certificate if one has not been completed through their PGY1 residency. The purpose of the teaching certificate is to provide residents with the training necessary to enhance their teaching skills and succeed as a faculty member at a college of pharmacy, or an advanced experiential preceptor.

Sample Resident Learning Experiences/Longitudinal Schedule (2024-2025 Example)

Block	Dates (wks)	Rotation	Important Dates/Longitudinal
1	6/19 7/8/24 – 8/9/24 (5)	PGY2 Orientation Day STICU Staffing Training	July 20/21; August 3/4: Training Weekends July 25-26 & August 5-6: OFF, Comp days
2	8/12/24 – 9/6/24 (4)	STICU Medicine	8/17-18: First solo staffing weekend 9/2: OFF, Labor Day
	9/9/24 – 9/13/24 (1)	Project Week #1	
3	9/16/24 – 10/11/24 (4)	STICU Trauma	10/3-4: Excellence in Trauma Care Conference, Park City
4	10/14/24 – 11/15/24 (5)	Emergency Medicine	10/14-16: NCS poster presentation, San Diego 10/24: CE presentation Nov__: EMS drug review
5	11/18/24 – 12/13/24 (4)	Coronary ICU – Heart	11/28: OFF Thanksgiving Day 12/4: Project ECHO presentation 12/6-10 ASHP Midyear Clinical Meeting, New Orleans 12/7: Vizient Poster presentation

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Block	Dates (wks)	Rotation	Important Dates/Longitudinal
6	12/16/24 – 1/17/25 (5)	Neuro ICU	12/24 Christmas Eve (staffing STICU) 12/25 Christmas Day (staffing STICU) 1/1: OFF New Year's Day 1/6 Trauma Journal Club 1/8 Critical Care Journal Club
	1/20/25 – 1/24/25 (1)	Project Week #2	1/20: OFF Martin Luther King Jr Day
7	1/27/25 – 2/21/25 (4)	Infectious Disease	
8	2/24/25 – 3/21/25 (4)	Thoracic ICU	2/22-25: SCCM Congress, Orlando 3/13: NCS Pharmacy Journal Club (virtual) March 5th, 17 th , 19th: UofU Pharmacotherapy Course
	3/24/25 – 3/28/25 (1)	Project Week #3	
9	3/31/25 – 4/25/25 (4)	Pediatric ICU (Primary Children's Hospital)	4/2 Twizzlers and Nerds
10	4/28/25 – 5/23/25 (4)	Coronary ICU – Lung	May 8-9: Mountain States Conference, SLC 5/13: Core Curriculum Critical Care Pearls Presentation 5/15: Spring Seminar Presentation
11	5/26/25 – 6/20/25 (4)	Neonatal ICU	5/26: OFF Memorial Day
	6/23/25 – 7/4/25 (2)	STICU Medicine II	7/3: Last day of rotation 7/4: OFF Fourth of July

Service Requirements

The resident will staff two 8-hour shifts in the Shock Trauma ICU every third weekend. A minimum of 30 staffing shifts must be completed to fulfill the staffing requirement. The resident is required to staff one major holiday (Christmas). While staffing the resident will function as the Shock Trauma pharmacist and is responsible for managing both medicine and trauma services. The resident is responsible for ensuring safe and effective medication use, participation on rounds, collaboration with the central pharmacy team to ensure timely delivery and serving as the drug information specialist for nurses and providers. The resident will also respond to all in-unit emergencies and house-wide Rapid Responses, Code Blues, and Massive Transfusion Protocol alerts.

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Resident Project/Research and Project Days

The resident is responsible for conducting a longitudinal research project which requires the following:

- CITI training.
- Project design and IRB approval or documentation of IRB exemption.
- Data collection and analysis plan (may work with statistician).
- Present poster at Vizient Pharmacy Network Resident Poster Session at ASHP Midyear, or similar conference, pending funding.
- Present platform presentation at MSC (final results preferred).
- Prepare a manuscript suitable for publication and identify applicable journals with the help of research mentors. (submission highly encouraged).

Minimum Requirements for Successful Completion

Minimum requirements have been set for completion of the IMC PGY2 Critical Care Residency. Requirements and progress will be reviewed with the resident at each quarterly evaluation and more often if needed. Failure to meet the minimum requirements by the end of the residency year will result in not receiving a certificate of achievement and not completing the PGY2 residency program.

Minimum requirements include:

- **Orientation and Licensure**
 - Obtain or maintain BLS and ALS certification; PALS certification may be required based on resident interest and facility job roles
 - Complete orientation and staffing training
- **Rotation/Staffing/PharmAcademic™**
 - Complete 10 learning experiences with required rotational activities and assignments
 - Staff every third weekend at home facility
 - Attain “achieved for residency” on at least 80% of all PharmAcademic™ objectives, and 100% of the objectives in competency areas surrounding patient care, within each of the 9 listed goals. Attain a minimum of “satisfactory progress” on any objectives not achieved for residency.
 - Complete all PharmAcademic™ evaluations and requirements
- **Research**
 - Complete a research or quality improvement project, including all requirements in the Resident Research section
- **Teaching/Education**
 - Prepare and present an ACPE-accredited CE
 - Prepare and present a Seminar
 - Complete three formal journal clubs
 - Prepare and present nursing/provider in-services
 - Precept at least 1 student or PGY1 resident on rotation



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PGY2 Emergency Medicine Residency Program Supplement

Program sites for required experiences:

- [Intermountain Medical Center](#), 5121 S. Cottonwood St., Murray, UT
- [University of Utah](#), 50 Medical Dr N, Salt Lake City, UT

Website: <https://intermountainhealthcare.org/for-professionals/pharmacy-residencies/pgy2-emergency-medicine>

Purpose Statement

The purpose of the Emergency Medicine Pharmacy Residency is to develop a high-level emergency medicine pharmacist leader with the skills necessary to establish pharmacy services in any health system emergency department. To achieve this goal, the resident will be exposed to a variety of emergency medicine and critical care settings run by practitioners with advanced clinical skills.

Intermountain Medical Center has busiest ED in the state with over 89,000 annual visits. It is a Level I Trauma Center and is supported by Life Flight, Intermountain Health's air medical transport and rescue service. Intermountain Medical Center also has five intensive care units: Respiratory ICU, Shock-Trauma ICU, Neurosurgical ICU, Cardiac ICU and a Newborn ICU. Other specialty services that the resident will be exposed to include Pediatric Emergency Medicine at Primary Children's Hospital, and Toxicology at the Utah Poison Control Center. The resident will be involved in maintaining and improving emergency medicine practice by providing pharmacy services in the ED. The resident will be involved in all aspects of practice, including:

- Multidisciplinary rounds
- Development of protocols
- Quality assurance projects
- Education of physicians, nurses, and other pharmacists
- Education of PharmD students
- Patient education
- Completion of a research project
- Committee involvement (will get involved as opportunity permits)

The resident's program will be individualized based on his or her previous experience. Residents are required to be involved in structuring their experience by helping the program coordinator schedule rotations and decide on projects and electives.

After successful completion of the residency program, the resident shall be able to:

- Develop and sustain a high-level emergency medicine pharmacy practice site, which embraces the philosophical tenets of pharmaceutical care.
- Effectively identify medication problems in emergency medicine patients and clearly communicate rational evidence-based recommendations that optimize patient care and quality of life.
- Systematically and methodically monitor drug therapy in emergency medicine patients for therapeutic efficacy and possible adverse drug events.

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- Function as a liaison between the Emergency Department and the Department of Pharmacy Services.
- Integrate into a multidisciplinary healthcare team and contribute to the mission of the department and the hospital.
- Successfully complete a research project and present at MSC.
- Teach proficiently and effectively the concepts of emergency medicine pharmacy practice to residents, students and other pharmacists.
- Function as a role model to students and residents.
- Participate in ongoing research and publish in recognized medical and pharmacy literature.
- Contribute to the process of drug policy development.

Program Design

Program Objectives

See objectives listed in the [ASHP PGY2 Emergency Medicine CAGOs](#).

Learning Experiences

Required Rotations

- Orientation
- Emergency Medicine I
- Emergency Medicine II
- Emergency Medicine III
- Emergency Medicine IV
- Shock Trauma Intensive Care Unit (trauma)
- Shock Trauma Intensive Care Unit (medicine)
- Utah Poison Control Center Toxicology
- Academic Emergency Medicine (University of Utah)
- Pediatric Emergency Medicine
- Research Project (longitudinal)
- Service Component (longitudinal)

Elective Rotations

- Thoracic Intensive Care Unit
- Transplant
- Respiratory Intensive Care Unit
- Infectious Diseases
- Neuroscience Intensive Care Unit
- Cardiology Critical Care Unit

Core Areas or Types of Patient Care Experiences

The list of topics below represents core therapeutic areas, disease states, and emergency medicine topics that graduates of PGY2 Emergency Medicine programs are expected to have adequate knowledge of to provide patient care and comprehensive pharmacotherapy management. PGY2 Emergency Medicine programs must provide sufficient experiences for residents to meet this requirement.



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Residents are required to have direct patient care experience for topics listed in the first column, **“Required Direct Patient Experience”**. Topics in the second and third columns, **“Required Direct or Non-direct Patient Experience”** and **“Elective Direct or Non-direct Patient Experience”** may be covered by direct patient experience, case-based application, didactic instruction, topic discussion, simulation, or other alternative approach. Elective topics, in the third column, may be included if applicable to the patient population.

Residents should track progress on the topic areas throughout the residency year.

Patient Care Experiences

Cardiovascular			
Topic	Required/elective	Completion notes	Completion date
ACS	Required direct patient experience		
ADHF	Required direct patient experience		
HTN emergency/urgency	Required direct patient experience		
Acute aortic dissection	Required direct / non-direct patient experience		
Arrhythmias	Required direct / non-direct patient experience		
Pericardial tamponade	Elective		
Pericarditis	Elective		
Pulmonary HTN	Elective		
Dermatology			
Topic	Required/elective	Completion notes	Completion date
Burns (thermal, chemical, electric)	Required direct / non-direct patient experience		
Drug reactions	Required direct / non-direct patient experience		
SJS/TENS	Required direct / non-direct patient experience		
Topic/local anesthesia	Required direct / non-direct patient experience		
Erythema multiforme	Elective		
Gout exacerbation	Elective		
Rash (eg, poison ivy)	Elective		
Emergency Preparedness			
Topic	Required/elective	Completion notes	Completion date
Decontamination	Required direct / non-direct patient experience		
Disaster preparedness/ National incident mgmt system	Required direct / non-direct patient experience		
Medical surge capacity and capability	Required direct / non-direct patient experience		
Advanced HAZMAT life support	Elective		
Bioterrorism	Elective		
Nerve agents	Elective		
Radiation exposure	Elective		



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Endocrine			
Topic	Required/elective	Completion notes	Completion date
Glycemic control	Required direct patient experience		
Hyperglycemic crisis	Required direct patient experience		
Adrenal crisis/ insufficiency	Required direct / non-direct patient experience		
Myxedema coma	Required direct / non-direct patient experience		
Thyroid storm	Required direct / non-direct patient experience		
SIADH	Elective		
Environmental			
Topic	Required/elective	Completion notes	Completion date
Hyperthermia	Required direct / non-direct patient experience		
Hypothermia	Required direct / non-direct patient experience		
Altitude sickness	Elective		
Carbon monoxide	Elective		
Drowning/near drowning	Elective		
GI and Hepatic			
Topic	Required/elective	Completion notes	Completion date
Acute U/L GIB	Required direct patient experience		
N/V	Required direct patient experience		
Acute liver failure/ cirrhosis	Required direct / non-direct patient experience		
Constipation/ diarrhea	Required direct / non-direct patient experience		
PUD	Required direct / non-direct patient experience		
Esophageal FB	Elective		
Pancreatitis	Elective		
Hematology			
Topic	Required/elective	Completion notes	Completion date
Anticoag reversal	Required direct patient experience		
Thromboembolic disease (DVT/PE)	Required direct patient experience		
Benign heme disorders (eg, anemias, hemophilia, SCD)	Required direct / non-direct patient experience		
Coagulopathies	Required direct / non-direct patient experience		
Hypercalcemia of malignancy	Elective		
TLS	Elective		

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Infectious disease			
Topic	Required/elective	Completion notes	Completion date
Bites (animal, human)	Required direct patient experience		
Influenzae	Required direct patient experience		
Pneumonia	Required direct patient experience		
Sepsis	Required direct patient experience		
STI	Required direct patient experience		
UTI	Required direct patient experience		
Vaccinations	Required direct patient experience		
Conjunctivitis	Required direct / non-direct patient experience		
Dental infections	Required direct / non-direct patient experience		
Epiglottitis	Required direct/non-direct patient experience		
Endocarditis	Required direct / non-direct patient experience		
IAI	Required direct / non-direct patient experience		
Meningitis	Required direct / non-direct patient experience		
Occupational / non-occupational antiretroviral post exposure ppx	Required direct / non-direct patient experience		
Sinusitis/otitis media	Required direct / non-direct patient experience		
S. pharyngitis	Required direct / non-direct patient experience		
Bone/joint infx	Elective		
Febrile neutropenia	Elective		
Food & waterborne illness	Elective		
Hepatitis	Elective		
Parasites/worms	Elective		
TSS	Elective		
TB	Elective		
Wilderness medicine	Elective		

Neuro			
Topic	Required/elective	Completion notes	Completion date
Acute hemorrhagic stroke	Required direct patient experience		
Acute ischemic stroke	Required direct patient experience		
Status epilepticus/ Seizures	Required direct patient experience		
Increased ICP management	Required direct / non-direct patient experience		
Migraine/HA	Required direct / non-direct patient experience		
Myasthenia gravis	Elective		
Ventriculostomy	Elective		

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OB			
Topic	Required/elective	Completion notes	Completion date
Ectopic pregnancy	Required direct / non-direct patient experience		
Preeclampsia, eclampsia	Required direct/non-direct patient experience		
Resuscitation in pregnancy	Required direct/non-direct patient experience		
Miscarriage/spont abortion	Elective		

Pain and sedation			
Topic	Required/elective	Completion notes	Completion date
Acute agitation	Required direct patient experience		
Acute pain management	Required direct patient experience		
Post-intubation sedation/analgesia	Required direct patient experience		
Procedural sedation	Required direct patient experience		
Psychosis/delirium	Required direct / non-direct patient experience		

Pulmonary			
Topic	Required/elective	Completion notes	Completion date
Asthma exacerbation	Required direct patient experience		
COPD	Required direct patient experience		
RSI	Required direct patient experience		
Mechanical vent	Required direct / non-direct patient experience		
Noninvasive airway mgmt.	Required direct / non-direct patient experience		
ARDS	Elective		
Pneumothorax	Elective		

Renal and GU			
Topic	Required/elective	Completion notes	Completion date
Acid-base disorders	Required direct patient experience		
AKI/ESRD	Required direct patient experience		
Fluids/electrolytes	Required direct patient experience		
Priapism	Required direct / non-direct patient experience		
Renal colic/ urolithiasis	Required direct / non-direct patient experience		
RRT	Required direct / non-direct patient experience		
Rhabdomyolysis	Required direct / non-direct patient experience		

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Resuscitation			
Topic	Required/elective	Completion notes	Completion date
ACLS	Required direct patient experience		
Anaphylaxis	Required direct patient experience		
HD monitoring/mgmt.	Required direct patient experience		
Routes of med administration	Required direct patient experience		
Shock states	Required direct patient experience		
PALS	Required direct / non-direct patient experience		
Mechanical devices (eg, ECMO, ECLS, VADs)	Elective		
Surgical airways	Elective		

Special populations			
Topic	Required/elective	Completion notes	Completion date
Age specific dosing considerations	Required direct / non-direct patient experience		
Angioedema	Required direct / non-direct patient experience		
Ped/neonatal febrile seizures	Required direct / non-direct patient experience		
Common infections in children (eg, croup, meningitis, otitis media/externa, pertussis, RSV, sepsis)	Elective		

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Toxicity			
Topic	Required/elective	Completion notes	Completion date
APAP tox	Required direct patient experience		
Approach to toxic patient	Required direct patient experience		
GI decontam/elim	Required direct patient experience		
Opioids	Required direct patient experience		
Salicylates	Required direct patient experience		
Withdrawal	Required direct patient experience		
Antidepressant / antipsychotics	Required direct / non-direct patient experience		
BB and CCB OD	Required direct / non-direct patient experience		
Occupational exposures	Required direct / non-direct patient experience		
Sedatives	Required direct / non-direct patient experience		
Antiepileptics	Elective		
Anti-HTNs	Elective		
Caustic ingestions	Elective		
Cyanide	Elective		
Digitalis	Elective		
Heavy metals	Elective		
Iron	Elective		
NMS	Elective		
Poisonous plants	Elective		
Toxic alcohols	Elective		

Trauma			
Topic	Required/elective	Completion notes	Completion date
ABx ppx	Required direct patient experience		
Coagulopathy of trauma	Required direct / non-direct patient experience		
Open fractures	Required direct / non-direct patient experience		
SCI	Required direct / non-direct patient experience		
TBI	Required direct / non-direct patient experience		
Traumatic resuscitation	Required direct / non-direct patient experience		
MTP	Elective		
Thoracostomy/ thoracotomy	Elective		

Service Requirements

- Residents are required to provide staffing support, within the department, as part of their program and stipend. Residents shall be required to provide staffing for the Department of Pharmacy Services, in the amount of ~(32 hours) per month. Staffing requirements serve to benefit the facility and residency experience. Residents may use Paid Time Off consistent with Intermountain Department of Pharmacy Services policy and procedure. Training for staffing shall begin in July of the residency year and time requirements may exceed 32 hours per month until training is completed.
- In addition to the staffing requirement of Intermountain's Pharmacy Residency program, the resident may staff Intermountain recognized holidays. Residents will be required to staff at least

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one (1) major holiday per residency year (major holidays include New Year's Day, , Memorial Day, Independence Day, Pioneer Day, Labor Day, Thanksgiving, Christmas Eve, Christmas Day, New Year's Eve).

Minimum Requirements for Successful Completion

The requirements and progress will be reviewed with the resident at each quarterly evaluation. Failure to meet the minimum requirements by the end of the residency year will result in the resident not receiving a certificate of achievement and will not complete the PGY2 Emergency Medicine residency program.

Minimum requirements include:

1. **Orientation:** Complete hospital and department orientation. Including completing CPA for the following vancomycin, insulin, culture callback, and anticoagulation
2. **Rotations:** Complete a set of rotational experiences designed to enable the resident to meet the residency program goals and objectives and meet the resident's career goals and interests. Objective must have a minimum of 80% achieved.
 - 20% of required goals and objectives marked achieved during the first quarter.
 - 40% of required goals and objectives marked achieved during the second quarter.
 - 60% of required goals and objectives marked achieved during the third quarter.
 - 80% or greater of required goals and objectives marked achieved during fourth quarter.The experiences are established between the resident and the Program Director. The Program Director must approve the rotational experiences for the resident.
3. **Research Project:** The completion of a residency project is required. A presentation of this project is required at MSC.
4. **Teaching:** Residents are expected to serve as mentors and role models to students and other residents. The resident will also be required to give an ACPE accredited CE in the fall, spring residency non-ACPE accredited CE presentation, MSC for Pharmacy Residents, Fellows, and Preceptors.
5. **Residents' Conference:** Attendance at the Intermountain Health Residents' Conference is required, as determined by the Program Director.
6. **Medical Residents' Conference:** Attendance at select University of Utah Emergency Medical Residents' Weekly Conference is required, as determined by the RPD.
7. **Service Commitment:** The resident is required to staff within the department ~two weekends/month (32 hours/month).
8. **ALS/PALS/NRP:** ALS and PALS certification is required. For those not already certified, certification must be complete by the end of August.
9. **Journal/Residency Program Notebook:** The purpose of this journal is for the resident to reflect on their experience during the residency. The journal will be reviewed with the Program Director quarterly and/or as needed.
10. **Publication:** The resident is encouraged to publish their residency project or a review article.
11. **Evaluations:** Complete a preceptor evaluation following each rotation.
12. **Recruitment:** Participate in the recruitment and selection of residents.



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Attendance at Professional Meetings

ASHP Midyear Clinical Meeting

Residents will be given educational leave to attend this meeting and all reasonable expenses for attending this meeting will be paid by the pharmacy department. The resident must leave by Saturday, prior to the meeting and return on the last day of the meeting, which Intermountain Health considers Thursday. Residents shall spend time helping the Residency Program Director interview potential candidates for the next residency year in the ASHP Personnel Placement Service, actively participate in the Residency Showcase, attend educational sessions, and potentially present at the Vizient Pharmacy Network Resident Poster Session at ASHP Midyear.

Mountain States Resident Conference

MSC is held in Salt Lake City. Residents will be required to attend the conference. Residents will present their project to other residents, preceptors, and sponsors during this meeting. Residents are expected to attend fellow Intermountain resident presentations, assigned presentations (for evaluation) and at least 80% of all presentation sessions. All reasonable expenses for attending this meeting will be paid by the home facility's pharmacy department.

One Additional Emergency Medicine/Critical Care Conference

Residents will be given educational leave to attend one Emergency Medicine or Critical Care Conference during the residency year, which may include American College of Emergency Physicians Scientific Assembly or Society of Critical Care Medicine's Annual Congress. Residents are expected to attend education sessions and platform or poster presentations by other Intermountain Health employees.



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PGY2 Infectious Diseases Residency Program Supplement

Program sites for required experiences:

- [Intermountain Medical Center](#), 5121 S. Cottonwood St., Murray, UT
- [McKay-Dee Hospital](#), 4401 Harrison Blvd, Ogden, UT
- [Primary Children's Hospital](#), 100 Mario Capecchi Dr, Salt Lake City, UT
- [Utah Valley Hospital](#), 1034 N 500 W, Provo, UT

Website: <https://intermountainhealthcare.org/for-professionals/pharmacy-residencies/pgy2-infectious-diseases>

Purpose Statement

Intermountain Health's mission is to help people live the healthiest lives possible. The purpose of Antimicrobial Stewardship and Infectious Diseases at Intermountain is to ensure safe, efficacious, and cost-effective patient care for patients at risk or being treated for infectious diseases. Within this overarching purpose, the PGY2 Infectious Diseases Pharmacy Residency Program has three main goals: to develop strong clinical infectious diseases knowledge, to hone effective verbal and written communication skills, and to advance their project management and problem-solving abilities. Overall, our goal is to create the best learning environment and accelerate the growth of the resident.

To create a strong base in infectious diseases, the resident will round with multidisciplinary Infectious Diseases Consult Services throughout the system, assist with treatment of complicated patients, delve into the literature to make evidence-based recommendations, and complete infectious diseases-related formulary reviews and quality improvement projects.

To hone informal communication skills, the resident will contribute to essential antimicrobial stewardship activities including conducting prospective audit with intervention and feedback and documenting recommendations for patients leaving the hospital on intravenous antimicrobials. To develop formal communication skills, the resident will be expected to give an ACPE-accredited presentation, present their project at a formal conference (ID specific or Mountain States), as well as provide physician education.

Lastly, to advance project management and problem-solving skills, the resident will be an active member of our system antimicrobial stewardship committee, complete a research project, and assist with technologic improvements to our electronic health record.

Program Design

Program Objectives

See objectives listed in the [ASHP PGY2 Infectious Diseases CAGOs](#).

Learning Experiences

1. All learning experience descriptions are documented and include:
 - A. a general description, including the practice area and the roles of pharmacists in the practice area;
 - B. expectations of residents;
 - C. educational goals and objectives assigned to the learning experience;

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- D. for each objective, a list of learning activities that will facilitate achievement; and
 - E. description of evaluations that must be completed by preceptors and residents.
2. Preceptors will orient residents to their learning experience using the learning experience description.
 3. During learning experiences, preceptors will use the four preceptor roles as needed based on residents' needs.
 4. At the start of each learning experience, preceptors orient the residents, provide copies of the educational goals and objectives, describe learning activities, and review evaluation strategy.

Required Rotations (10)

- Orientation/Microbiology Laboratory (4 weeks)
- Antimicrobial Stewardship/ID Consults at McKay-Dee Hospital (4 weeks)
- Antimicrobial Stewardship/ID Consults at Utah Valley Hospital (4 weeks)
- ID Telehealth (4 weeks)
- ID Consults I at Intermountain Medical Center (5-6 weeks)
- ID Consults II at Intermountain Medical Center (4 weeks)
- Advanced Antimicrobial Stewardship at Intermountain Medical Center (4 weeks)
- Pediatric Infectious Diseases located at Primary Children's Hospital (4 weeks)
- Intermountain Homecare (2-4 weeks)
- Antimicrobial Stewardship Leadership and Management (2 weeks)

Elective Rotations (3)

- Immunocompromised (4 weeks)
- Outpatient HIV Clinic (University of Utah) (4 weeks)
- Repeat a required rotation
- Other ideas for elective rotations may be proposed

Longitudinal Experiences

- Staffing 6th floor and psychiatry (UVH) - every 4th weekend
- Infectious Diseases Research Project
- Longitudinal Antimicrobial Stewardship Admin and Leadership (includes Intermountain Antimicrobial Stewardship Committee responsibilities, Medication Use Project, and other objectives)

Example Schedule

Number	Length	Title
Rotation 1	4 weeks	Orientation/Microbiology Laboratory
Rotation 2	2 weeks	Antimicrobial Stewardship Leadership and Management
Rotation 3	4 weeks	Antimicrobial Stewardship/ID Consults at Utah Valley
Rotation 4	5-6 weeks*	ID Consult I at IMC
Rotation 5	4 weeks	Pediatric Infectious Diseases
Rotation 6	4 weeks	Antimicrobial Stewardship/ID Consults at McKay-Dee
Rotation 7	2-4 weeks*	Intermountain Homecare

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Number	Length	Title
Rotation 8	4 weeks	ID Telehealth
Rotation 9	4 weeks	Advanced Antimicrobial Stewardship at IMC
Rotation 10	4 weeks	Elective
Rotation 11	4 weeks	ID Consult II at IMC
Rotation 12	4 weeks	Elective
Rotation 13	4 weeks	Elective

**length depends on previous experience*

Service Requirements

- Residents are required to provide staffing support as part of their program and stipend.
- Residents will work a weekend shift (8 hours on Saturday and 8 hours on Sunday) every 4th weekend at Utah Valley Hospital on the 6th and psychiatry floor.
- Residents will work one major holiday.
- The resident is expected to staff at least 22 weekend shifts.

Project Days for PGY2 Infectious Diseases Resident

- Residents will have one flexible project day per rotation blocks of 4 weeks or greater.
- The resident is expected to complete an 8-hour workday.
- The project day should be scheduled at the start of the rotation.
- There is no residency project month.

Topic Discussions

- The resident expected to complete required topic areas as described in the Appendix of the [Required Competency Areas, Goals, and Objectives for Postgraduate Year Two \(PGY2\) Infectious Diseases Pharmacy Residencies](#)
- Progress on completion of these topic discussions will be tracked by the PGY2 ID Pharmacy Resident and discussed during quarterly evaluations.

Minimum Requirements for Successful Completion

Requirements for successful completion and expectations of the residency program will be documented and provided to applicants invited to interview and will be reviewed upon starting the program. The requirements and progress will be reviewed with the resident at each quarterly evaluation. Failure to meet the minimum requirements by the end of the residency year will result in the resident not receiving a certificate of achievement and will not complete the PGY2 Infectious Diseases Pharmacy Residency Program. Consequences of failure to obtain appropriate licensure, BLS, PALS, or ACLS certification are addressed in General Residency Information section of this manual.

Minimum requirements include:

- Pass all collaborative practice agreement competencies.
- Attainment of “achieved” on at least 80% of all objectives within each of the listed goals with satisfactory progress (SP) on all other objectives not documented as achieved.

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Successfully completes all required rotations with preceptor engagement for at least 70% of the rotation time.

3. Complete a research project with the following deliverables:
 - A. Deliver a presentation at a conference during the residency year.
 - B. Complete and submit a project manuscript to the residency program director prior to completion of the residency. The report shall be written using a format and style consistent with publication in a professional journal, including background, methods, results, discussion and conclusions. Residents are highly encouraged to submit their project for publication.
4. Complete a drug class review or monograph.
5. Complete a treatment guideline or protocol.
6. Prepare and present a system-level continuing education presentation.
7. Complete all PharmAcademic evaluations and requirements.
8. Complete and track all ID appendix topic discussions.
9. Staff at least 22 weekend shifts.



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PGY2 Internal Medicine Residency Program Supplement

Program site for required experiences: [Intermountain Medical Center](#), 5121 S. Cottonwood St., Murray, UT

Website: <https://intermountainhealthcare.org/for-professionals/pharmacy-residencies/pgy2-internal-medicine>

Purpose Statement

The purpose of the Internal Medicine PGY2 is to develop the knowledge, attitude, and skills necessary to become a Clinical Pharmacy Specialist in Internal Medicine. The Intermountain Health PGY2 Internal Medicine Pharmacy Residency Program will build upon PharmD education and PGY1 pharmacy residency program experience to develop clinical pharmacy specialists in internal medicine.

The PGY2 Internal Medicine Residency Program at Intermountain Health follows the same standards as described in the Intermountain Health Pharmacy Residency Manual for PGY1 and PGY2 residencies. This supplement is intended to supplement and clarify information included in the manual.

The resident will be involved in all aspects of practice, including multi-disciplinary rounds, development of protocols, Quality Improvement projects, education of physicians, nurses and other pharmacists, education of PharmD students, patient education, completion of a research project, and committee involvement.

The program will be individualized based on the resident's previous experience and/or interests. The resident will be involved with structuring their experience by helping the Program Director schedule rotations, choose projects, and select electives.

Program Design

Program Objectives

PGY2 Internal Medicine Competency Areas, Goals, and Objectives:

The resident is encouraged to read detailed information about the ASHP required competency areas, goals, and objectives for PGY2 internal pharmacy residencies: [ASHP PGY2 Internal Medicine CAGOs](#).

Competency Areas: Categories of the residency graduates' capabilities

- R1: Patient Care
- R2: Advancing Practice and Improving Systems of Care
- R3: Leadership and Management
- R4: Teaching, Education, and Dissemination of Knowledge
- The resident is required to attain "achieved" on at least 80% of all objectives (including 100% of the patient care objectives in competency R1) and attain satisfactory progress on all other objectives by the end of the year.

Learning Experiences

1. All learning experience descriptions are documented in PharmAcademic and include:
 - A. A general description, including the practice area and the roles of pharmacists in the practice area;

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- B. Expectations of residents;
 - C. Educational goals and objectives assigned to the learning experience;
 - D. For each objective, a list of learning activities that will facilitate achievement; and
 - E. Description of evaluations that must be completed by preceptors and residents
2. Preceptors will orient residents to their learning experience using the learning experience description.
 3. During learning experiences, preceptors will use the four preceptor roles as needed based on residents' needs.
 4. At the start of each learning experience, preceptors orient the residents, provide copies of the educational goals and objectives, describe learning activities, and review evaluation strategy.

Program Structure for the 2025 – 2026 Residency Year

Required Rotations

- Orientation (will be 2-4 weeks in duration, depending on need and early commit status)
- Internal Medicine 1 (4-6 weeks)
- Internal Medicine 2 (4-6 weeks)
- Internal Medicine 3 (4-6 weeks)
- Internal Medicine 4 (4-6 weeks)
- Newborn ICU (4 weeks)
- Infectious Diseases (4 weeks)

Elective Rotations (4-6 weeks)

- Ambulatory Care Medicine
- Cardiology
- Emergency Medicine
- Adult Mental Health (rotation at [George E. Wahlen Department of Veterans Affairs Medical Center](#), 500 Foothill Blvd, Salt Lake City, UT)
- Intermountain Homecare
- Oncology/Infusion Services
- Shock Trauma ICU (medicine)
- Solid Organ Transplant
- Thrombosis/CPAS (Clinical Pharmacist Anticoagulation Service)
- Solid Organ Transplant
- Heart Failure and Transplant Clinic
- Other Ideas for elective rotations may be proposed

Longitudinal Experiences

- Drug Policy and Formulary Management (Medication Safety)
- Resident Research Project + Presentation at MSC
- Clinical Pharmacist Staffing (every 3rd weekend, select holidays)
- 1-hour ACPE accredited CE (Fall)
- 1 hour non ACPE accredited seminar or alternative presentation as arranged (Spring)
- Twizzlers and Nerds (2 informal case presentations required)



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- Nursing and provider in-services (as assigned)
- Layered learning opportunities
- Committee participation (will be assigned based on resident interest/experience)
- (Optional) Teaching Certificate – see System Manual

Core Curriculum

The resident may choose to attend the core curriculum conference series throughout the year provided it does not conflict with rotation responsibilities. Required core curriculum sessions will be determined by the RPD to meet the resident's professional goals, knowledge gaps, and education priorities.

Service Requirements

Residents are required to provide staffing support as part of their program and stipend. Residents work (on average) every 3rd weekend, 2 x 8 hour shifts on Saturday/Sunday covering any of the following specialty medicine units: medical telemetry, orthopedics, medical endocrine, medical oncology, neuro rehab, or neuro medicine. At least 2 training weekends will occur before starting independent staffing. Training for the staffing requirement will occur during orientation rotation.

Residents are also required to work one major holiday and one minor holiday. Major holidays include New Year's Day, Thanksgiving, Christmas Eve, and Christmas Day. Non-major holidays include Martin Luther King Jr Day, Memorial Day, Independence Day, and Labor Day.

Attendance at Professional Meetings

1. ASHP Midyear Clinical Meeting
 - Depending on the year, finances and other factors, residents will be given educational leave to attend this meeting and all reasonable expenses for attending this meeting will be paid by the pharmacy department. Residents shall spend time helping the Residency Program Director interview potential candidates for the next residency year in the ASHP Personnel Placement Service (if program chooses to participate), actively participate in the Residency Showcase, and present at Vizient Pharmacy Network Resident Poster Session, and attend educational sessions.
2. Mountain States Resident Conference
 - MSC is held in Salt Lake City, Utah. Residents will be required to attend the conference. Residents will present their project to other residents, preceptors, and sponsors during this meeting. Residents are expected to attend fellow Intermountain resident presentations, assigned presentations (for evaluation) and at least 80% of all presentation sessions.

Resident Research Project and Project Days

Project Days and Weeks

The resident will be provided with the following for protected project time:

- 3 project weeks per year, scheduled on an individual basis
- 1 floating project day per rotation, arranged between primary preceptor and resident
- The resident is expected to complete an 8-hour workday and be on site; however, the resident may discuss work from home options with the RPD.

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Spring Seminar

- The resident must present a Spring Seminar presentation on an internal medicine topic. More flexibility is allowed with topic selection.
- The expectations will be similar to those of the Fall CE, with the exception that ACPE credit is not provided.
- This ~50-minute presentation will typically be scheduled in April-May. An on-demand PharmAcademic™ evaluation will be completed by the primary preceptors and the RPD will track completion.

Minimum Requirements for Successful Completion

Minimum requirements include:

Minimum requirements have been set for completion of the Intermountain Medical Center's PGY2 Internal Medicine residency program. The requirements and progress will be reviewed with the resident at each quarterly evaluation. Failure to meet the minimum requirements by the end of the residency year will result in the resident not receiving a certificate of achievement and the resident will not complete the PGY2 residency program. Consequences of failure to obtain appropriate licensure, BLS or ACLS certification are addressed in the General Residency Information section of this manual.

1. Orientation
 - A. Obtain BLS and ALS certification.
 - B. Complete orientation and staffing training.
2. Attainment of achieved (ACHR) on 100% on all patient care related objectives and at least 80% of all other objectives within each of the goals listed in PharmAcademic™ and no objectives evaluated as needs improvement on final evaluation.
3. Pass all collaborative practice agreement competencies.
4. Completion of all required learning experiences (including all required activities and assignments).
5. Completion of all PharmAcademic™ evaluations and requirements.
6. Complete a research or quality improvement project. A project manuscript will be completed and submitted to the RPD prior to completion of the residency. The report shall be written using a format and style consistent with publication in a professional journal, including project subject, background, methods, results, discussion, and conclusions. Residents are encouraged to submit their project for publication.
7. Deliver a presentation at a residency conference during the residency year (e.g., MSC).
8. Submit an abstract for poster presentation at a professional meeting during the residency year (e.g. Vizient Pharmacy Network Resident Poster Session at ASHP Midyear).
9. Develop and present a system level ACPE, typically scheduled in the Fall.
10. Develop and present a Spring Seminar, typically scheduled in March/April of residency year
11. Precept at least 1 student or PGY1 resident on rotation.
12. Complete staffing (service requirements)
 - A. Average staffing every 3rd weekend, 2 x 8 hour shifts (total of 32 weekend staffing shifts).
 - B. Staffing one major holiday.
 - C. Staffing one minor holiday.



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PGY2 Pediatrics Residency Program Supplement

Program site for required experiences: [Primary Children's Hospital](#), 100 Mario Capecchi Dr, Salt Lake City, UT

Website: <https://intermountainhealthcare.org/for-professionals/pharmacy-residencies/pgy2-pediatric>

Purpose Statement

The PGY2 Pediatric pharmacy residency program at Primary Children's Hospital, Salt Lake campus, prepares its graduates to immediately become an integral member of the healthcare team caring for children as the medication therapy expert. After successful completion of the program, trainees will be qualified to pursue pediatric clinical pharmacist or clinical faculty position and prepare them to obtain board certification in pediatric pharmacotherapy.

Recruitment and Selection of Residents

- Process will follow those outlined in the system manual.
- The members of the PGY2 Pediatric Pharmacy RAC will review applicants to determine qualifications based on a standardized, objective scoring rubric.
- For the PGY2 Pediatric Pharmacy Program, interviews are extended to the top 4-6 candidates.
- All interviewees will be scored based on standardized, objective scoring rubric by members of RAC. Scores will be averaged, reviewed by RAC at rank meeting, and candidate will be agreed upon based on scoring tools and rank meeting discussions.

Program Design

- Primary Children's Hospital (Salt Lake campus) PGY-2 Pediatric Residency is designed following the newly harmonized ASHP accreditation standards and the Resident Learning System.

Program Objectives

Specific outcomes and goals for PGY2 Pediatric Pharmacy Residency Program have been defined by ASHP and PPA and are listed below. Each learning experience will teach and evaluate specific outcomes and goals based on its design and area of focus. See the Learning Experience Evaluation document for details. [ASHP PGY2 Pediatric CAGOs](#)

Learning Experiences

- Learning experiences will be scheduled as 10, 4-week blocks, with flexibility determined by the RPD.
- Flexibility in scheduling learning experiences is imperative to providing a customizable experience for the resident; however, there are 4 required month-long rotations as listed below. In addition to the required discreet rotation, there are required longitudinal experiences as listed below.
- This allows for half of the residency year to be spent in required learning experiences.
- Elective clinical learning experiences will be scheduled based on the resident's preference. Collaboration between Intermountain Health and the University of Utah is also established to give the resident more opportunities for customization.
- Teaching and presentations: The resident may complete the Intermountain Academic Teaching Certificate as described in the system manual if desired. The resident will complete the following teaching and precepting requirements:

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- Provide an overview lecture of pediatric pharmacotherapy to P3 students in the introductory course at the University of Utah.
- Assist in the coordination pediatric elective for University of Utah based on need from course coordinator
- Lecture requirements: 3 hours of lecture (either didactic or active learning)
 - Minimum 1 hour of ACPE accredited CE for pharmacists and pharmacy technicians.
 - Minimum 1 hour seminar presentation to Primary Children's pharmacy staff regarding a controversial topic.
 - Minimum 1 hour of lecturing to a local college of pharmacy.
- Act as the primary preceptor for a pharmacy student/resident with oversight from pharmacist preceptor. Ideally, the resident should have completed a clinical rotation in the area in which they are precepting (see required rotations).

Required Rotations

- General Pediatrics – 4 weeks
- Pediatric Intensive Care – 4 weeks
- Neonatal Intensive Care Unit – Primary Children's Hospital – 4 weeks
- Precepting – 4 weeks
- Orientation – 2 weeks for internal resident; 4 weeks for external resident

Elective Rotations

- *On-site*
 - Bone Marrow Transplant – 4 weeks
 - Cardiac Intensive Care – 4 weeks
 - Chemotherapy Service – 4 weeks
 - Child and Adolescent Psychiatry – 4 weeks
 - Emergency Medicine – 4 weeks
 - Hematology Oncology - 4 weeks
 - Infectious Diseases – 4 weeks
 - Medication Safety – 4 weeks
 - Nutrition Support – 4 weeks
 - Pediatric Antimicrobial Stewardship – 4 weeks
 - Hospital Pharmacy Practice Management – 4 weeks
 - Solid Organ Transplant – 4 weeks
- *Off-site:*
 - Poison Control and Toxicology – 4 weeks (rotation at Utah Poison Control Center)
 - HIV Clinic – 2 weeks (rotation at University of Utah)
 - Infectious Disease – Utah Valley – 4 weeks (rotation at Utah Valley Hospital)
 - Other as available per the enterprise-wide rotation list – 4 weeks
 - Burn Unit – 4 weeks (rotation at University of Utah)

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Longitudinal Experiences

- Residency Project – 12 months; 1 day per month is a dedicated project day. 4 weeks throughout the year are dedicated projects
- Staffing Service Component – 12 months; Two 12 hour shifts every third weekend
- Teaching (see Teaching and Presentations) - 12 months; Approximately 2 hours per week, in addition to the 4 weeks allotted for dedicated project time
- Consistent presence in one longitudinal, continuity-of-care ambulatory care clinic is required. Residents will be in the clinic one half day a week at the discretion of the selected clinic. Currently established options include:
 - Ambulatory Care – Solid Organ Transplant – 12 months
 - Ambulatory Care – Hematology/Oncology - 12 months
 - Ambulatory Care – Infectious Diseases Clinic – 12 months
 - Expansion of services to other clinics is welcomed and encouraged
- Pharmacy Leadership – Longitudinal (activities below to be completed based on availability) - 12 months
 - Committee involvement (to be selected by resident)
 - Policy/order set creation/update for committee
 - Technology Improvement Project
 - Medication Use Evaluation (can occur outside of committee with preceptor approval)
 - Written communication to staff e.g. Medication safety newsletter, clinical pearls, epic transition pearls, other pertinent tasks at preceptor discretion
 - Lead 1 Pharmacy Morbidity and Mortality Meeting

Example Schedule

- July-Program Orientation
 - The RPD will orient the resident to the program by reviewing its purpose, accreditation regulations and standards, learning experiences, and assessment strategies.
 - Residents will attend the Primary Children's Hospital New Employee Orientation and appropriate system residency orientation sessions
 - Hospital practice orientation will be conducted by preceptors in the central pharmacy, NICU, the Children's Medical/Surgical Units, PICU, and the Emergency Department.
 - Orientation will be modified as necessary based on the resident's previous experiences/certifications.
- August-June
 - 2-4 week clinical rotations
- Project weeks
 - 4 isolated weeks are scheduled for direct project management time
 - Typical timing includes 1 week in quarter 1, 2 weeks in quarter 2, and 1 week in quarter 3
- Longitudinal
 - Research project
 - Staffing Service Component
 - Teaching

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- Ambulatory Care Clinic
- Pharmacy Leadership
- Presentations
 - Fall CE (November) & Spring Seminar (March-June)
 - Formulary/P&T presentation based on committee needs
 - Research project platform presentation at the Pediatric Pharmacy Association Annual Meeting (typically in April/May) or an equivalent caliber meeting

Service Requirements

- Staffing description:
 - Residents are required to staff two-12 hour shifts every third weekend. Typical duties will include approximately 9 hours of clinical floor coverage with first order review, fielding questions from the healthcare team, patient/caregiver counseling managing protocols and collaborative practice agreements, and daily drug monitoring. The remainder of the day will be spent working in the central pharmacy aiding in preparation, verification and dispensing of medications for pediatric patients. Residents will also be responsible for code blue and trauma response during the day as needed.
- Holiday coverage (if required):
 - Residents are afforded 10 days of holiday leave as a benefit of their employment.
 - Residents will staff one of three major holidays defined as Thanksgiving, Christmas Eve, and Christmas Day, with the standards applied to general staff and shall receive pharmacist per diem salary for holiday shifts worked.

Minimum Requirements for Successful Completion

The requirements and progress will be reviewed with the resident at each quarterly evaluation. Goals and objectives will be assessed by the RPD for remediation planning for any items marked as satisfactory progress or needs improvement and for items that can be marked as achieved for the residency as documented in PharmAcademic™. Supporting documentation from the evaluating preceptor is required and further information may be sought from the preceptor if necessary. Failure to meet the minimum requirements by the end of the residency year will result in the resident not receiving a certificate of achievement and will not complete the PGY2 Pediatric residency program.

Minimum requirements include:

- Complete the residency research project with the following requirements:
 - Research must be presented at a conference.
 - A formal manuscript of publishable quality must be submitted to the RPD before the final day of the residency program.
- RLS objectives will be at least 80% achieved, with any remaining goal at least at the satisfactory progress level (See [Table 4. Rating Scale Definitions](#)).
 - All objectives in the patient care domain (Goal R1.1) must be at the achieved level.
 - No objectives with a final rating of Needs Improvement (NI)
 - Completion of PharmAcademic™ Evaluations

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- Complete all required patient experiences and topic discussions noted in the PGY2 Pediatric Clinical Topic List Appendix
- Completion of the required rotations as previously described.
- Teaching requirements will be met as previously described.
- The resident will staff a minimum of 30 weekend shifts
- Required Deliverables for Educational Objectives as listed in the following table:

Objective #	Objective	Deliverable
1.1.5 1.1.7	(Creating) Design and/or redesign safe and effective patient-centered therapeutic regimens and monitoring plans (care plans) for pediatric patients. (Applying) For pediatric patients, document direct patient care activities appropriately in the medical record or where appropriate.	Resident notes typically are not kept in the resident's portfolio and therefore would need to be extracted from the electronic health record. Provide de-identified notes from the current resident or residents that document direct patient care activities appropriately in the medical record (or where appropriate). The notes provided should be a representative sample of both care plans and other notes that reflect the breadth of resident documentation in the medical record Quantity of deliverable required: 3 de-identified patient notes
2.1.1	(Creating) Prepare or revise a drug class review, monograph, treatment guideline, or protocol related to care of pediatric patients including proposals for medication-safety technology improvements.	Examples of resident participation in the preparation or revision of a drug class review, monograph, treatment guideline, or protocol. Quantity of deliverable required: Evidence of one of the above
2.1.2	(Evaluating) Participate in a medication-use evaluation or quality improvement audit related to care for pediatric patients.	Examples of work completed as part of participation in a medication-use evaluation, if applicable. Quantity of deliverable required: Evidence of one MUE
2.1.4	(Analyzing) Identify opportunities for improvement of the medication-use system related to care for pediatric patients.	Examples of medication -use system improvements identified by resident, if applicable. Quantity of deliverable required: At least one documented review of system improvement. Can be technology or compliance related
2.2.6	(Creating) Effectively develop and present, orally and in writing, a final project report suitable for publication related to care for pediatric patients or for a topic for advancing the pharmacy profession or pediatric pharmacy at a local, regional, or national conference.	Examples of resident presentation of major project and examples of written summary of major project in manuscript style. Quantity of deliverable required: One residency manuscript and PPA platform presentation
3.2.1	(Applying) Contribute to pediatric pharmacy departmental management	Examples of resident contribution to pediatric pharmacy departmental management, if applicable. Quantity of deliverable required: One pharmacy M&M meeting presentations

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Objective #	Objective	Deliverable
4.1.4	(Applying) Use effective presentation and teaching skills to deliver education related to pediatric pharmacy.	Examples of presentation slides and handouts developed by the resident. It should be clear who the presenter, date, and audience is for each presentation. Quantity of deliverables required: One Powerpoint lecture to pharmacy students. One ACPE accredited presentation. Once Spring Seminar Presentation
4.1.5	(Applying) Use effective presentation and teaching skills to deliver education related to pediatric pharmacy.	Examples of resident written communication to disseminate knowledge (such as newsletters, written drug information, presentations) developed by resident. Quantity of deliverable required: One example of the above or sufficient alternative approved by RPD
4.1.6	(Applying) Appropriately assess effectiveness of education related to pediatric pharmacy.	Examples of assessment of effectiveness of resident presentation/education. Quantity of deliverable required: One set of examination questions written by resident
5.1.1	(Applying) Demonstrate understanding of the management of pediatric medical emergencies according to the organization's policies and procedures.	Examples of resident achievement of PALS certification (or equivalent) Quantity of deliverable required: One screenshot of RQI compliance as up to date



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PGY2 Psychiatric Residency Program Supplement

Program sites for required experiences:

Primary practice site: [Primary Children's Wasatch Canyons Behavioral Health Campus](#), 5770 S 1500 W, Taylorsville, UT

Additional practice sites:

- [LDS Hospital](#), 8th Ave, C St E, Salt Lake City, UT
- [McKay-Dee Hospital](#), 4401 Harrison Blvd, Ogden, UT
- [Utah Valley Hospital](#), 1034 N 500 W, Provo, UT

Website: <https://intermountainhealthcare.org/for-professionals/pharmacy-residencies/pgy2-psychiatry>

Purpose Statement

Intermountain Health's PGY2 Psychiatric Residency is designed following the ASHP accreditation standards and the Resident Matching Program

Recruitment and Selection of Residents

- Process will follow those outlined in the system manual.
- The members of the PGY2 Psychiatric Pharmacy RAC will review applicants to determine qualifications based on a standardized, objective scoring rubric.
- For the PGY2 Psychiatric Pharmacy Program, we will extend interviews to the top 6 candidates.
- All interviewees will be scored based on standardized, objective scoring rubric by members of RAC. Scores will be averaged, reviewed by RAC at rank meeting, and candidate will be agreed upon based on scoring tools and rank meeting discussions.

Program Design

Program Objectives

Program objectives follow the [ASHP PGY2 Psychiatric Pharmacy CAGOs](#).

Learning Experiences

- Learning experiences will be scheduled as four 6-week required learning experiences, one 4-week required learning experiences, and 2-4 week elective learning experiences, with flexibility determined by the RPD.
- Flexibility in scheduling learning experiences is imperative to providing a customizable experience for the resident.
- Elective clinical learning experiences will be scheduled based on the resident's preference. Collaboration between Intermountain Health, the Utah Poison Control Center, and the VA Salt Lake Health Care System is also established to give the resident more opportunities for customization.

Required Rotations

- Orientation (rotation at PCH): 4 weeks for external recruit, 2 weeks for early commitment
- Child and Adolescent - Outpatient (PCH): 6 weeks
- Child and Adolescent - Inpatient (PCH): 6 weeks

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- Adult and Adolescent - Inpatient (MKD): 6 weeks
- Adult Psychiatry and Medical Detox – Inpatient (LDS): 6 weeks
- Adult Psychiatry and Neuro Trauma – Inpatient (UVH) PGY2: 4 weeks

Required Longitudinal Experiences

- Research and Quality Improvement Project: 12 months, 25% (9 days), every Tuesday
- Staffing: 12 months, two-12 hour shifts every third weekend on the pediatric inpatient psychiatry unit (minimum of 17 weekends completed by end of residency)
 - Typical duties will include clinical coverage with order review and verification, fielding questions from the healthcare team, medication reconciliation, patient/caregiver counseling, and managing protocols and collaborative practice agreements.
 - Holiday coverage (if required):
 - Residents are afforded 10 days of holiday leave as a benefit of their employment.
 - Residents must work no more than one of the 10 holidays (including Thanksgiving, Christmas Eve or New Year's Day). The fulfillment of holiday coverage will be coordinated through the RPD.
 - Residents may participate in staffing of additional shifts for holidays consistent with the standards applied to general staff and shall receive pharmacist per diem salary for holiday shifts worked.
- Teaching: 6 months
 - The resident may complete the Intermountain Academic Teaching Certificate as described in the system manual if desired.
 - The resident will complete the following teaching requirements:
 - Lecture requirements: 2 hours of lecture (either didactic or active learning)
 - Minimum 1 hour seminar presentation to Primary Children's pharmacy staff regarding a controversial behavioral health topic or unique case presentation.
 - Minimum 1 hour of lecturing at a local college or university
- ACPE-Accredited Presentation: 6 months
 - Minimum 1 hour of ACPE accredited CE for pharmacists and pharmacy technicians
- Precepting: 4-6 weeks depending on other learner's schedule
 - Act as the primary preceptor for a pharmacy student/resident with oversight from pharmacist preceptor.
- Consistent presence in one longitudinal, continuity-of-care outpatient clinic one day per week is required. Currently established options include:
 - Pediatric Outpatient Psychiatry Longitudinal Clinic: 9 months, 75% (27 days) every Tuesday
 - Expansion of services to other clinics is welcomed and encouraged
- Pharmacy Leadership: 12 months
 - Pediatric P&T committee
 - Primary Children's Hospital Medication Safety Committee
 - System P&T committee (as needed)
 - Policy/order set/CPA creation or update
 - Medication Use Evaluation
 - Morbidity and Mortality Presentation



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Elective Rotations (2-4 weeks based on resident's needs and interest.)

- *Intermountain Health*
 - Neurology ICU (rotation at Intermountain Medical Center)
 - Pediatric Medical Psychiatry (rotation at PCH)
 - Management and Medication Safety (rotation at [Intermountain Primary Children's Hospital Larry H. and Gail Miller Family Campus](#), 2250 N Miller Campus Dr, Lehi, UT)
 - Other elective learning experiences may be developed based on resident interest and preceptor availability.
- *Off-site*
 - Substance Abuse Residential Rehabilitation Treatment (rotation at [George E. Wahlen Department of Veterans Affairs Medical Center](#), 500 Foothill Blvd, Salt Lake City, UT)
 - Primary Care Addiction Medicine (rotation at [George E. Wahlen Department of Veterans Affairs Medical Center](#), 500 Foothill Blvd, Salt Lake City, UT)
 - Poison Control (rotation at [Utah Poison Control Center](#), 30 S. 2000 E #4540, Salt Lake City, UT)

Schedule

- July-Program Orientation
 - The RPD will orient the resident to the program by reviewing its purpose, accreditation regulations and standards, learning experiences, and assessment strategies.
 - Residents will attend the Intermountain's New Employee Orientation.
 - Orientation will be conducted by the RPD, pharmacists in central pharmacy, behavioral health pharmacists and pharmacy leadership.
- August-July
 - 2, 4, or 6-week clinical learning experiences
- Project weeks
 - 4 isolated weeks are scheduled for direct project management time
 - Typical timing includes 1 week in quarter 1, 2 weeks in quarter 2, and 1 week in quarter 3
- Longitudinal Day:
 - One 8-hour day per week is scheduled for longitudinal, continuity-of-care outpatient clinic and other longitudinal requirements
- Longitudinal
 - Research and Quality Improvement Project
 - Staffing
 - Teaching
 - Precepting
 - Pharmacy Leadership
 - Longitudinal Clinic
- Presentations
 - Fall CE (November) & Spring Seminar (March-April)
 - Timing may be changed based on needs of the healthcare system and resident
 - Formulary/P&T presentation based on committee needs
 - Didactic Lecture (minimum of 1-hour) to a local college or university

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- Research poster presentation at the College of Psychiatric and Neurological Pharmacists Annual Meeting (typically in April) or an equivalent caliber meeting.

Minimum Requirements for Successful Completion

The requirements and progress will be reviewed with the resident at each quarterly evaluation. Goals and objectives will be assessed by the RPD for remediation planning for any items marked as satisfactory progress or needs improvement and for items that can be marked as achieved for the residency as documented in PharmAcademic™. Supporting documentation from the evaluating preceptor is required and further information may be sought from the preceptor if necessary. Failure to meet the minimum requirements by the end of the residency year will result in the resident not receiving a certificate of achievement and will not complete the PGY2 Pediatric residency program.

Minimum requirements include:

- Objectives will be at least 80% achieved, with any remaining goal at least at the satisfactory progress level.
 - All objectives in the patient care domain (Goal R1.1) must be at the achieved level.
- Completion of the required learning experiences as previously described.
- Completes all items in the PGY2 Psychiatry Appendix Tracking Tool
- Complete the residency research project with the following requirements:
 - Research must be presented at a residency conference.
 - A formal manuscript of publishable quality must be submitted to the RPD before the final day of the residency program.
- Teaching and precepting requirements will be met as previously described.
 - Lecture requirements: 4 hours of lecture (either didactic or active learning)
 - Minimum 1 hour of ACPE accredited CE for pharmacists and pharmacy technicians
 - Minimum 1 hour seminar presentation to Primary Children's pharmacy staff regarding a controversial behavioral health topic or unique case presentation.
 - Minimum 1 hour of lecturing at a local college or university
 - Act as the primary preceptor for a pharmacy student/resident with oversight from pharmacist preceptor.
- Staff a minimum of 17 weekend staffing shifts
- Complete required deliverables related to educational objectives

Objective #	Objective	Deliverable
1.1.5	(Creating) Design or redesign, safe and effective patient-centered therapeutic regimens and monitoring plans (care plans) for patients with psychiatric and neurologic disorders.	Provide 3 de-identified notes that document direct patient care activities appropriately in the medical record (or where appropriate).
1.1.7	(Applying) For patients with psychiatric and neurologic disorders, document direct patient care activities appropriately in the medical record or where appropriate.	The notes provided should be a representative sample of both care plans and other notes that reflect the breadth of resident documentation in the medical record.

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Objective #	Objective	Deliverable
2.1.1	(Creating) Prepare or revise a drug class review, monograph, treatment guideline, or protocol related to care of patients with psychiatric and neurologic disorders, including proposals for medication-safety technology improvements.	Provide 1 of the following: • Drug class review/revision • Monograph • Treatment guideline • Protocol
2.1.2	(Evaluating) Participate in a medication-use evaluation related to care of patients with psychiatric and neurologic disorders.	Provide completed medication-use evaluation
2.1.4	(Analyzing) Identify opportunities for improvement of the medication-use system related to care for patients with psychiatric and neurologic disorders.	1 example of medication -use system improvements identified by resident
2.2.6	(Creating) Effectively develop and present, orally and in writing, a project report suitable for publication related to care of patients with psychiatric and neurologic disorders or for a topic for advancing the pharmacy profession or psychiatric pharmacy at a local, regional, or national conference.	Provide the following: • Poster for research project/quality improvement presented at AAPP Annual Meeting • Research project/quality improvement project manuscript suitable for publication
4.1.2	(Applying) Use effective presentation and teaching skills to deliver education related to care of patients with psychiatric and neurologic disorders.	Provide the following: • Completed ACPE accredited CE PowerPoint • Completed didactic lecture PowerPoint • Completed Spring Seminar PowerPoint • One completed M&M presentations • Other example of presentation slides and handouts developed by the resident, as applicable.
4.1.3	(Applying) Use effective written communication to disseminate knowledge related to care of patients with psychiatric and neurologic disorders.	Provide the following: • Drug Information responses, as applicable
4.1.4	(Applying) Appropriately assess effectiveness of education related to care of patients with psychiatric and neurologic disorders.	Provide the following: • Feedback from ACPE presentations • Post test questions from ACPE presentation • Test and quiz questions developed for didactic lecture



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PGY2 Solid Organ Transplant Residency Program Supplement

Program sites for required experiences:

- [Intermountain Medical Center](#), 5121 S. Cottonwood St., Murray, UT
- [LDS Hospital](#), 8th Ave, C St E, Salt Lake City, UT
- [Primary Children's Hospital](#), 100 Mario Capecchi Dr, Salt Lake City, UT
- [University of Utah](#), 50 Medical Dr N, Salt Lake City, UT

Website: <https://intermountainhealthcare.org/for-professionals/pharmacy-residencies/pgy2-solid-organ-transplant>

Purpose Statement

The objective of the PGY2 Solid Organ Transplant residency program is to develop a high-level, Solid Organ Transplant pharmacy specialist who is qualified to practice in all major organ transplant groups. The residency facilitates clinical and professional growth, emphasizes evidence-based medicine, and provides the ability to critically assess and manage complex transplant patients. Residents will be fully integrated within the interdisciplinary solid organ transplant team through a variety of rotations and will have numerous opportunities to develop teaching, precepting, and presentation styles as well as engage in research and committees. The solid organ transplant specialty residency program will provide residents with opportunities to conceptualize, integrate and transform accumulated experiences and knowledge into skill, competence, and confidence in providing patient care to this specialty patient population.

Recruitment and Selection of Residents

Described in the main [Recruitment and Selection of Residents](#) section of the Intermountain Health Pharmacy Residency Manual unless otherwise noted

- During Phase I the top 5 candidates will be offered an interview. If one or more declines to interview the next candidate in the ranking list will be offered an interview
- During Phase II the top candidates will be offered an interview. If one or more declines to interview the next candidate in the ranking will be offered an interview

Program Design

Program Objectives

Specific outcomes and goals for the PGY2 Solid Organ Transplant pharmacy residency have been defined by ASHP in collaboration with the American College of Clinical Pharmacy and the American Society of Transplantation (AST) Transplant Pharmacy Community of Practice and can be viewed at: [ASHP PGY2 Solid Organ Transplant CAGOs](#).

- R1: Patient Care
- R2: Advancing Practice and Improving Care
- R3: Leadership and Management
- R4: Teaching, Education, and Dissemination of Knowledge

The program tracks graduates from the residency program, including initial employment and if possible, further education, changes in employment, board certification, etc

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Learning Experiences

- All learning experience descriptions are documented in PharmAcademic™ and include:
 - A general description, including a site description and the role of the pharmacist
 - Expectations of residents including resident progression
 - Educational goals and objectives assigned to the learning experience
 - For each objective, a list of learning activities that will facilitate achievement
 - Description of preceptor/resident evaluations
- Preceptors will orient residents to their learning experience using the learning experience description
- During learning experiences, preceptors will use the four preceptor roles (instructing, modeling, coaching, and facilitating) as needed based on residents' needs
- At the start of each learning experience, preceptors orient the residents, provide copies of the educational goals and objectives, describe learning activities, and review evaluation strategy
- The PGY2 Solid Organ Transplant Pharmacy Resident is not required to attend Core Curriculum.

Required Rotations

- Two-three weeks of orientation (duration based on resident's previous experience).
- Two-four learning experiences will be scheduled as 3-5 week blocks depending on learner's schedule and preceptor availability.
- Required
 - ACPE Accredited CE
 - Advanced Heart Failure and Transplant
 - Advanced Heart Failure and Transplant Outpatient Clinic
 - Infectious Diseases
 - Inpatient Kidney Transplant
 - Inpatient Liver Transplant
 - Lung Transplant (rotation at University of Utah)
 - Outpatient Kidney Transplant Clinic
 - Outpatient Liver Transplant Clinic
 - Precepting (will be added as a secondary experience when precepting on rotation)
 - Shock Trauma ICU – Medicine
 - Staffing

Elective Rotations

- Advanced Inpatient Abdominal Transplant
- Advanced Kidney Transplant
- Bone Marrow Transplant (rotation at LDS Hospital)
- Hepatology
- Pediatric Abdominal Transplant (rotation at PCH)
- Pediatric Heart Transplant (rotation at PCH)
- Other elective learning experiences may be developed based on resident interest and preceptor availability

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Topic Discussions

- The resident is expected to complete all required topic discussions.
- Progress on completion of these topic discussions will be tracked by the PGY2 Solid Organ Transplant Resident and discussed during quarterly evaluations.

Transplant Topic Discussions	
Core (To be completed within the first 2 months)	Date Completed
Transplant History/Transplant Immunology	
Organ Procurement / Preservation Process & Donor Management	
Induction Therapy	
Maintenance Immunosuppression 1 (CNI/mTOR/Steroid)	
Maintenance Immunosuppression 2 (MMF/AZA/Belatacept)	
Acute Cellular Rejection (ACR)	
Antibody Mediated Rejection (AMR)	
Cell free-DNA (AlloSure, AlloMap)/Molecular Microscope	
Cytomegalovirus (CMV)	
Sepsis (Surgical ICU – Medicine)	

Renal Transplant			
INPATIENT	Date Completed	OUTPATIENT	Date Completed
Post-Surgical Complications - Ureteral Obstruction / Leak / Hydronephrosis		Pregnancy in Solid Organ Transplant	
Systemic Lupus Erythematosus (SLE)		HIV in Solid Organ Transplant	
Dialysis - Peritoneal / CRRT / Hemodialysis		Hyperparathyroidism	
Focal Segmental Glomerulosclerosis (FSGS) / IgA Nephropathy / Glomerular Nephritis (GN)		Hypertension	
TMA - Hemolytic Uremic Syndrome & Thrombocytopenic purpura (HUS/TTP) (CNI/rapa-related versus other etiologies)		Polycystic Kidney and Liver Disease	
Pancreas Transplant / SPK		Urinary Tract Infection/Pyelonephritis	
		New Onset Diabetes after Transplant (NODAT)	

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Transplant Topic Discussions			
Liver Transplant			
INPATIENT	Date Completed	OUTPATIENT	Date Completed
Combined Liver/Kidney Transplant		Vaccines (Pre/Post/Asplenia)	
Decompensated Cirrhosis - Portal Hypertension/Ascites/Varices/; Hepatic encephalopathy		Primary Sclerosing Cholangitis (PSC)/Primary Biliary Cirrhosis (PBC)	
Post-Surgical Complications - HAT, bile leak, stenosis/stricture		Autoimmune Hepatitis	
Spontaneous Bacterial Peritonitis (SBP)		Hepatitis B / Hepatitis D	
Hepatitis C		Nonalcoholic Steatohepatitis (NASH)	
EtOH/French Criteria		Drug Induced Liver Injury (DILI)	
Budd-Chiari/Anticoagulation in Liver Disease		Hepatopulmonary Syndrome	
Hepatorenal Syndrome		HCC/Milan Criteria/USCF Criteria	
		Post-Transplant Lymphoproliferative Disorder (PTLD) & EBV	
Heart Transplant/LVAD			Date Completed
Cardiogenic Shock/Hemodynamics			
Heart Failure			
ECMO			
Central Line Infections			
Mechanical Support/Anticoagulation			
Cardiac Allograft Vasculopathy (CAV)			
Transplant Topic Discussions			
Lung Transplant			Date Completed
Chronic Lung Allograft Dysfunction (CLAD) - Bronchiolitis Obliterans Syndrome (BOS) & Restrictive Allograft Syndrome (RAS)			
Bronchiolitis Obliterans Organizing Pneumonia (BOOP)			
Pulmonary Hypertension			
Interpreting PFT's / Spirometry			
Cystic Fibrosis			
Pulmonary Sarcoidosis			



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Infectious Disease	Date Completed
Aspergillosis/Candida	
Cryptococcus/Histoplasmosis	
Endemic Fungal Infections	
Pneumocystis Jirovecii Pneumonia (PCP)	
Cryptosporidium	
Polyoma Virus/Parvovirus B19/Adeno	
HSV/VZV	
Tuberculosis (TB)	
Mycobacteria/Nocardia/Parasites	

Transplant Topic Discussions	
Pediatric Transplant	Date Completed
Age-Appropriate Pediatric Communication/Teaching	
Pediatric PK/PD	
Hypoplastic Left Heart Syndrome (HLHS)	
Renal dysplasia/obstructive uropathies/reflux nephropathy	
Biliary Atresia/Kasai	
Managing Transitions of Care / Motivational Interviewing	

Miscellaneous Topic Discussions	
Elective Rotations/Miscellaneous	Date Completed
Posterior Reversible Encephalopathy Syndrome (PRES)	
Intestinal Transplant and N/V/D	
Transplant Regulations: UNOS, CMS, Risk Evaluation, and Mitigation Strategies (Preceptor lead)	
Desensitization/ABO Incompatible Transplant	
HCV NAT+ to HCV NAT- Solid Organ Transplant	
<i>*Topics may always be added/deleted during rotation at the preceptor's discretion, RPD reserves the right to adjust topic discussions as needed</i>	

Service Requirements

Staffing: 12 months

- The resident is expected to staff as part of the abdominal transplant team clinical weekend coverage rotation
- Staffing begins the first week of August and continues through the middle of June
- The resident will staff every 3rd weekend
- A total of 16 weekends
- Average of 24 hours per month
- One major holiday (Thanksgiving, Christmas Eve, Christmas Day, New Years)



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Exception to Moonlighting Policy

- The PGY2 Solid Organ Transplant Program follows a moonlighting policy that is different than the Intermountain Health System residency policy
- The PGY2 Solid Organ Transplant Program does not allow moonlighting.

Resident Research Project and Project Days

Resident Research Project: 12 months

The resident will be responsible for conducting a longitudinal research project during the residency year with the following requirements:

- Complete CITI training.
- Complete project design and obtain IRB approval.
- Complete data collection and analysis.
- Prepare a manuscript ready for publication (submission is at the resident's discretion and not required for residency completion).
- Present poster at Vizient Pharmacy Network Resident Poster Session at ASHP Midyear, or similar conference.
- Present Results at MSC.
- Submit and present research (if selected) at the ATC.

Research Project Timeline

The PGY2 resident will follow PGY2 Solid Organ Transplant Residency specific research deadlines, not the deadlines outlined in the PGY1 System Residency Manual.

Activity	Due Date
Project Pitch/Research Question	7/11/25
CITI Training	7/18/25
Concept Sheet	7/18/25
Transplant Research Scientific and Operational Review (SRB)	7/23/25
IRB Submission	8/8/25
Manuscript: Background Rough Draft (5-10 references)	8/15/25
Manuscript: Background Final Draft (10-15 references)	8/29/25
ASHP Abstract Rough Draft	9/5/25
Manuscript: Methods Rough Draft	9/19/25
Manuscript: Methods Final Draft	10/10/25
Submit Final Abstract to Vizient Pharmacy Network Resident Poster Session at ASHP Midyear	10/17/25
Complete Draft Vizient Pharmacy Network Resident Poster	10/24/25
Finalize Vizient Pharmacy Network Resident Poster	11/7/25
Present Poster at Vizient Pharmacy Network Resident Poster Session	12/6/25 – 12/10/25
ATC Abstract Submission	TBD by ATC (Dec 2025)
Manuscript: Results/Discussion Rough Draft	2/13/26
Manuscript: Results/Discussion Final Draft	2/27/26
MSC Abstract Due	TBD by MSC (Mar 2026)

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Activity	Due Date
MSC Slides Due	TBD by MSC (Apr 2026)
MSC Presentation	TBD by MSC (May 2026)
Manuscript: Complete Document Rough Draft (>15 references)	5/2/25
Manuscript: Final Report/Submission	6/12/26
ATC Presentation (If accepted)	6/20/26-6/24/26

Protocol Review: 12 months

- Create a new protocol or revise an existing protocol

Protocol Review Timeline

Activity	Due Date
Protocol Selection	8/22/25
First Draft	11/21/25
Second Draft	2/20/26
Final Draft	5/1/26
Present to Transplant leadership	5/2026
Protocol Implementation	6/2026

Project Days for PGY2 Solid Organ Transplant Resident

- 4 isolated weeks are scheduled for direct project time
- Typical timing includes 1 week in quarter one, 2 weeks in quarter two, and 1 week in quarter three
- The resident is expected to complete an 8-hour workday and be on site; however, the resident may discuss work from home options with the RPD
- There is no residency project month.

Teaching and Presentations

- One ACPE accredited CE (1 hour): 6 months
- Two 45 minutes non-ACPE accredited seminar to the Transplant Department: 3-5 weeks
- Optional Intermountain Academic Teaching Certificate: 12 months

Minimum Requirements for Successful Completion

Requirements for successful completion and expectations of the residency program will be documented and provided to applicants invited to interview and will be reviewed upon starting the program. The requirements and progress will be reviewed with the resident at each quarterly evaluation. Failure to meet the minimum requirements by the end of the residency year will result in the resident not receiving a certificate of achievement and will not complete the PGY2 Solid Organ Transplant residency program. Consequences of failure to obtain appropriate licensure, BLS, PALS, or ALS certification are addressed in *General Residency Information* section of this manual.

Minimum requirements include:

- Obtain/maintain ALS and PALS



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- Attain “achieved” on at least 80% of all objectives (including 100% of the objectives in competency areas surrounding patient care) and attain satisfactory progress on all other objectives by the end of the year
- Successfully complete all required rotations as previously described
- Complete CITI Training
- Complete a research project with the following deliverables:
 - Deliver a poster presentation at a residency conference during the residency year.
 - Deliver a presentation at a residency conference during the residency year.
 - Submit research to the American Transplant Conference.
 - Complete and submit a project manuscript to the RPD before completing the residency. Residents are highly encouraged but not required to submit their project for publication.
- Prepare and present two presentations for transplant department
- Prepare and present a system-level continuing ACPE education presentation
 - Must upload 4 deidentified EHR notes
 - 1 Transplant Pharmacy Pre-Transplant Evaluation note
 - 1 Transplant Pharmacy Progress note
 - 1 Transplant Pharmacy Medication Education note
 - 1 of the following 3: insulin consult note, warfarin consult note, vancomycin consult note
- Create/Review and update one protocol
- Complete all PharmAcademic™ evaluations and requirements
- Complete and track all SOT topic discussions
- Completed all required staffing weekends (minimum 16 weeks)



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PGY2 Thrombosis and Hemostasis Management Residency Program Supplement

Program sites for required experiences:

- [Intermountain Medical Center](#), 5121 S. Cottonwood St., Murray, UT

Program sites for elective learning experiences:

- [Primary Children's Hospital](#), 100 Mario Capecchi Dr, Salt Lake City, UT

Website: <https://intermountainhealthcare.org/for-professionals/pharmacy-residencies/pgy2-thrombosis-hemostasis>

Purpose Statement

The objective of the Thrombosis and Hemostasis Management (THM) Residency Program is to develop a pharmacy specialist who is qualified to manage the nuances of thrombosis and hemostasis in critical care, acute care, and ambulatory care settings. Additionally, the resident will be prepared to lead anticoagulation efforts from a system perspective. The Anticoagulation Forum (AC Forum) and other organizations are stressing the importance of antithrombotic stewardship in healthcare. Residents with THM residency training will be expertly positioned to work within these stewardship teams and create these teams where they do not exist. Residents will be integrated within interdisciplinary teams during their rotations and will build relationships with system leaders to help drive anticoagulation management throughout the organization.

Pharmacists in this program demonstrate professional maturity by independently following a personal philosophy of practice, monitoring their own performance, exhibiting commitment to the profession, and exercising leadership to improve safety of the medication-use system. The Program Director, Program Site Coordinator, and the preceptors will assist the residents in selecting rotations to meet each resident's professional goals, the ASHP Pharmacy Residency Standards, and the ASHP residency learning goals. ASHP supports Thrombosis and Hemostasis Management PGY2 Residencies as a specialized residency following successful completion of a PGY1 residency.

Program Design

The PGY2 Thrombosis and Hemostasis Management residency program provides rotation opportunities in block and longitudinal formats in a variety of clinical settings. The program is conducted at Intermountain Medical Center with an elective rotation (Pediatric Anticoagulation Management) at Primary Children's Hospital, Salt Lake campus. The resident will spend eight weeks with our Thrombosis Service which covers both the inpatient and outpatient settings in addition to various other acute care and ambulatory rotations. The program will be individualized based on the resident's previous experience and/or interests. The resident will be involved with structuring their experience by helping the Program Director schedule rotations, choose projects, and select electives. The program is in pre-candidate status with ASHP.

Program Objectives

Refer to the items listed in [ASHP PGY2 Thrombosis and Hemostasis CAGOs](#) from American Society of Health-System Pharmacists for details. No additional or elective competency areas, goals, or objectives are included in the program.

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Learning Experiences

The first 3-5 weeks (3 weeks for internal resident; 5 weeks for external resident) of the residency year consist of orientation activities. This includes pharmacy system-wide orientation and training for the service component (staffing). Following orientation, block learning experiences will begin. Elective rotations will be scheduled based on the residents' preference. Flexibility in scheduling learning experiences is imperative to providing a customizable experience for the resident.

Required Rotations

(Learning experiences will be scheduled as 4 or 5-week block rotations depending on learner's schedule and preceptor availability unless otherwise specified)

- Orientation (will be 3-5 weeks in duration, depending on need)
- Anticoagulation Management Service + Specialty Lab
- Thrombosis Service I
- Thrombosis Service II
- Neurosciences Critical Care Unit
- Cardiac Intensive Care Unit
- Thoracic Intensive Care Unit
- Advanced Heart Failure
- Emergency Department
- Practice Management (block rotation + 12-15 hours divided throughout the year)

Elective Rotations

(Learning experiences will be 4-week block rotations unless otherwise specified)

- Pediatric Anticoagulation Management (Primary Children's Hospital – Salt Lake campus)
- Medication Safety (remote/virtual rotation)
- Drug Information (remote option available)
- Antithrombosis Informatics
- Shock Trauma ICU – Medicine Service
- Shock Trauma ICU – Trauma Service

Other elective learning experiences may be developed based on resident interest and preceptor availability.

Longitudinal Experiences

(Longitudinal experiences are required unless otherwise noted)

- Hemostasis and Antithrombotic P&T Subcommittee
- Staffing (8 hours every 3rd Saturday, five weeks of on-call, plus 7 additional weekend shifts)
- Resident Research Project
- ACPE Continuing Education Presentation (1-2 hours per week for 12 weeks)
- Interdisciplinary Continuing Education Presentation (1-2 hours per week for 12 weeks)
- Informal case presentation ("Twizzlers & Nerds")
- Teaching Certificate (optional)



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- Rapid Response/Code Blue as per rotation requirements

Core Curriculum

The resident may choose to attend the core curriculum conference series throughout the year provided it does not conflict with rotation responsibilities. Required core curriculum sessions will be determined by the RPD to meet the resident's professional goals, knowledge gaps, and educational priorities.

Example Schedule

Number	Length	Title
Rotation 1	5 weeks*	Orientation
Rotation 2	5 weeks	Anticoagulation Management Service (AMS) + Specialty Lab
Rotation 3	4 weeks	Thrombosis Service I
Project 1	1 week	Project Week 1
Rotation 4	4 weeks	Cardiac Intensive Care Unit
Rotation 5	4 weeks	Neurosciences Critical Care Unit
Project 2	1 weeks	Project Week 2
Rotation 6	4 weeks	Advanced Heart Failure
Rotation 7	4 weeks	Emergency Department
Rotation 8	4 weeks	Practice Management
Rotation 9	4 weeks	Thoracic Intensive Care Unit
Rotation 10	4 weeks	Thrombosis Service II
Rotation 11	4 weeks	Elective 1 (Pediatric Anticoagulation Management)
Rotation 12	4 weeks	Elective 2 (Shock Trauma ICU - Trauma Service)

*3-5 weeks depending on need

Service Requirements

Residents are required to provide staffing support as part of their program and stipend. Residents work 8 hours every third Saturday providing coverage for the Virtual Anticoagulation Specialty Care (VASC) and Transition of Care (TOC) services. Residents also remotely cover on-call responsibilities for system anticoagulation for 1-week increments every 8 to 10 weeks (5 total on-call weeks). Required on-call weeks include 1 minor holiday week and 1 major holiday week (see Intermountain's observed holidays). On-call coverage is outside of anticoagulation clinic hours, and a designated back-up pharmacist or advanced practice provider is available if assistance is needed. The resident will also staff 7 additional weekend shifts spread out over the year to help with our DOAC management service. The primary preceptor for the staffing learning experience and the RPD regularly check in on residents during their on-call weeks to monitor resident wellness.

Schedule changes will be coordinated through the service line preceptors and must align with duty hours policies.

Residency Saturday staffing pay is covered by the resident salary stipend. When staffing assigned on-call weeks, the resident is eligible for on-call lump sum resident payment.



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Project Days

The resident will have 2 project weeks scheduled for them during their 52-week program. The resident is expected to complete an 8-hour workday and be on site; however, the resident may discuss work from home options with the RPD. The resident will also have project time built into their practice management rotation.

Core Areas or Types of Patient Care Experiences

The list of topics below represents core therapeutic areas, disease states, and thrombosis and hemostasis management topics that graduates of PGY2 THM programs are expected to have adequate knowledge of to provide patient care and comprehensive pharmacotherapy management. PGY2 THM programs must provide sufficient experiences for residents to meet this requirement.

Residents are required to have direct patient care experience for topics listed **“Required Direct Patient Experience”**. Topics listed as **“Required Direct or Non-direct Patient Experience”** and **“Elective Direct or Non-direct Patient Experience”** may be covered by direct patient experience, case-based application, didactic instruction, topic discussion, simulation, or other alternative approach. Elective topics may be included if applicable to the patient population.

Residents will track progress on the topic areas throughout the residency year.

Thrombosis and Hemostasis Management Clinical Content Area Tracker (THM Appendix Tracker)

Ambulatory Anticoagulation Management			
Topic	Required / Elective	Completion Notes	Completion Date
AC Management during TOC	RDPE		
Afib, Uncomplicated	RDPE		
Afib, Complicated	RDPE		
Bleeding, OAC-related	RDPE		
Heart Valves	RDPE		
Periprocedural AC Management	RDPE		
VTE	RDPE		
Arterial TE	RD/NDPE		
Afib, Special Populations	RD/NDPE		
Calciphylaxis	RD/NDPE		
IVC Filters	RD/NDPE		
Thrombophilias, inherited/acquired	RD/NDPE		
LAA Occlusion Devices	RD/NDPE		
PAD	RD/NDPE		
VTE, Special Populations	RD/NDPE		
Warfarin Self-Testing	RD/NDPE		
LVADs	Elective		



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Emergent/Acute Care Thrombosis and Hemostasis Management			
Topic	Required / Elective	Completion Notes	Completion Date
ACS	RDPE		
ACLS	RDPE		
AC Manage during TOC	RDPE		
Arterial TE	RDPE		
Afib, Acute (new onset)	RDPE		
Major Bleeding	RDPE		
Periprocedural AC Management	RDPE		
Valve Dysfunction	RDPE		
VTE, Acute Uncomplicated	RDPE		
VTE, Complicated	RDPE		
VTE Prophylaxis	RDPE		
Stroke	RDPE		
Acquired bleeding/clotting disorders	RD/NDPE		
Acute hypercoagulable states	RD/NDPE		
Antithrombotic reversal w/ specific and non-specific approaches	RD/NDPE		
Anticoagulation Overdose	RD/NDPE		
Antiplatelet for CABG	RD/NDPE		
Heparin resistance	RD/NDPE		
IVC Filters	RD/NDPE		
LV Thrombus	RD/NDPE		
MCS	RD/NDPE		
Minor Bleeding	RD/NDPE		
PCI	RD/NDPE		
Traumatic Bleeding	RD/NDPE		
VTE, Special Populations	RD/NDPE		
Blood Factor Management	RD/NDPE		
RRT	RD/NDPE		
Inherited bleeding disorders	RD/NDPE		
ECMO	RD/NDPE		
Heart Transplant	Elective		
National Comprehensive Stroke Center requirements	Elective		

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Clinical Laboratory Science			
Topic	Required / Elective	Completion Notes	Completion Date
Assessment of parenteral AC therapy	RDPE		
Assessment of oral AC therapy	RDPE		
Assessment of Coagulopathy or Thrombophilia	RD/NDPE		
Key Laboratory Process Considerations	RD/NDPE		
Interpretation of Laboratory results	RD/NDPE		
Combining probability scores or other diagnostic procedures with laboratory testing	RD/NDPE		
Assessment of other blood related dyscrasia's	Elective		
Additional laboratory related processes	Elective		
Viscoelasticity testing	Elective		

AC = Anticoagulation; **ACLS** = Advanced Cardiac Life Support; **ACS** = Acute Coronary Syndrome; **Afib** = Atrial Fibrillation; **CABG** = Coronary Artery Bypass Grafting; **ECMO** = Extracorporeal Membrane Oxygenation; **IVC** = Inferior Vena Cava; **LAA** = Left Atrial Appendage; **LV** = Left Ventricle; **LVAD** = Left Ventricular Assist Device; **MCS** = Mechanical Circulatory Support; **OAC** = Oral Anticoagulation; **PAD** = Peripheral Artery Disease; **PCI** = Percutaneous Coronary Intervention; **RDPE** = Required direct patient experience; **RD/NDPE** = Required direct / non-direct patient experience; **RRT** = Renal Replacement Therapy; **TE** = Thromboembolism; **TOC** = Transition of Care; **VTE** = Venous Thromboembolism

Minimum Requirements for Successful Completion

Minimum requirements have been set for completion of the Intermountain Medical Center PGY2 Thrombosis and Hemostasis Management residency program. The requirements and progress will be reviewed with the resident at each quarterly evaluation. Failure to meet the requirements by the end of the residency year will result in the resident not receiving a certificate of achievement and will not complete the PGY2 residency program.

Minimum requirements include:

- Attain “achieved” on at least 80% of all objectives (including 100% of the objectives in competency areas surrounding patient care) with “satisfactory progress” on all other objectives.
- Obtain and maintain BLS and ACLS certification
- Complete Thrombosis and Hemostasis Management Clinical Content Area Tracker (THM Appendix Tracker).
- Completion of all required learning experiences.
- Complete all PharmAcademic™ evaluations and requirements.
- Complete a research/quality improvement project and submit a written manuscript to the RPD before completing the residency.
 - Manuscript is written using a format and style consistent with publication in a professional journal; residents are encouraged to submit their project for publication.
- Deliver a presentation at a residency conference (or other professional conference) during the residency year (e.g., MSC).
- Submit an abstract for poster presentation at a professional meeting during the residency year (e.g., ASHP Midyear Clinical Meeting).
- Complete staffing (service) requirements
 - 22 weekend staffing shifts (at least 150 hours)
 - 5 on-call weeks with one over a major holiday and one over a minor holiday



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- Prepare and deliver at least 1 ACPE-accredited continuing pharmacy education presentation and 1 professional development presentation