Common Residency Program Manual

University of Utah Health
Department of Pharmacy Services

Salt Lake City, Utah

2022-2023

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Recruitment and Selection of Residents

1. The Department shall participate in the Resident Matching Program of the American Society of Health-System Pharmacists **(ASHP**).

2. The Department shall participate in the Residency Program Showcase at the ASHP Midyear Clinical Meeting and may also conduct introductory interviews in the Personnel Placement Service (PPS).

3. At the ASHP Midyear Clinical Meeting, the Residency Program Director **(RPD)** or designee, current residents, and preceptors attending virtually or in person shall participate in the recruitment of candidates for the residency program, and address questions raised by candidates considering application to the program.

5. Those candidates who wish to be considered for an interview shall submit an application, current curriculum vitae, college transcripts, and three letters of recommendation on standardized recommendation forms in PhORCAS by December 27th or date determined by the RPD which will be posted in PhORCAS. Candidates may be asked to participate in an introductory phone or video interview including current University of Utah Health interns.

6. A standardized rubric will be used to assess required components (e.g., letter of intent, 3 letters of recommendation, curriculum vitae, and transcript) of each application. The average scores will be evaluated and the top scoring candidates reviewed in person by the recruitment team to ensure consistency in scoring and address any questions of suitability for the program. Communication and interpersonal skills are evaluated by current residents and preceptors in interactions before and during the resident selection process and are considered as part of the selection evaluation process. These can include, but are not limited to, interactions leading up to and during the Midyear meeting and social media. Top candidates are selected for interview based on rubric and screening interview scores..

7. In January, after evaluation of the information submitted by residency candidates, a sufficient number of candidates shall be invited for an interview.

8. The single-day interview shall include meeting with preceptors from each core practice area as well as the current program resident(s). Standardized behavior-based or value-based questions will be used to interview all candidates. Candidates are interviewed by organizational leaders, RPD, preceptors and residents.

9. After the interview process is completed, the interview groups shall meet to discuss and evaluate each candidate. Each group shall submit a single ordinal rank list of all candidates to the RPD.

10. The RPD shall use the rank lists from each interview group and initial ranking to determine a final resident ordinal ranking using a numeric average of scores.

11. The Chief Pharmacy Officer shall review and approve the resident candidate ranking for all residency programs prior to submission.

12. The RPD shall submit the approved rank list to ASHP Resident Matching Program.

13. If the program does not match all positions, the RPD and designated interviewers will use the resources of the National Matching Service to identify candidates and interview them. The interview team will then rank candidates, and develop an ordinal ranking list. This list will be reviewed by the Chief Pharmacy Officer prior to submission by the RPD to Phase II of the National Matching Service Resident Matching Program. If unfilled positions still exist after Phase II is complete, the program will again use the resources of the National Matching Service to identify candidates and interview them. The interview team will then rank candidates and offer position(s) to the top candidate(s) verbally.

14. Once residents are selected through the match, they will receive an offer letter citing the requirements of the program, salary and start date. Residents must pass a drug test and background check, and each must sign and return the offer letter. Prior to starting the residency, the resident must provide proof they are legally able to work in the state of Utah, a full or temporary Utah license, and for PGY2 residents, proof of graduation from PGY1 residency.

15. University of Utah Health PGY1 residents will receive guidance regarding the early commit process during residency orientation. Residents are **not guaranteed** an early commitment to a PGY2 program. Residents must make satisfactory progress in the PGY1 program and express interest to the PGY2 RPD by November 10 in order to be considered. The resident must then submit a letter of intent and CV to the PGY2 RPD to be considered. Each PGY2 program will use a standardized approach to assessing applications and interviewing each candidate for early commitment. Residents who are not candidates for early commit are encouraged to apply through the National Matching Service.

Diversity, Equity & Inclusion Statement

The University of Utah Health Department of Pharmacy Services is committed to creating an inclusive learning and working environment and values diversity in all forms. We value the ongoing development of inclusive environments for students, residents, preceptors, and staff to strengthen our organization. We recognize the importance of respecting individual expressions and fostering safe spaces to promote growth in diversity, inclusion, and equity. We believe a diverse pharmacy community will enhance our professional and personal interactions in providing high quality care to all patients.

General Information

1. The RPD shall serve as program advisor for each of the residents and will guide the resident in meeting the requirements for successful completion of the residency. Each program may also designate a coordinator to serve as a secondary advisor.

2. The resident shall meet with the RPD at the beginning of the program to evaluate their skills and knowledge and to develop an individualized plan based on the resident's previous preparation and professional practice goals.

    a. The evaluation and planning process shall be documented in the PharmAcademic Resident Development Plan using the Resident Self-Evaluation and Planning Form.

    b. The resident and RPD will develop a customized residency program plan for each resident to accomplish the specific program goals taking into account the resident's goals, interests, strengths, weaknesses, and opportunities available within University of Utah Health.

    c. The Resident Self-Evaluation and Planning Form will be used to develop each resident's schedule of rotations.

    d. Once residency rotations have been assigned, the resident may request a change in assigned rotations. Requests will be accommodated whenever possible and appropriate for their training plan.

3. A copy of the Residency Manual shall be provided electronically to each resident outlining the requirements of the residency program.

    a. Individual programs may also provide each resident with a program-specific appendix to supplement the common manual with information pertinent to that program.
    b. Residents shall make themselves knowledgeable of all program requirements.
    c. Residents shall make themselves aware of important dates and deadlines set forth and identified in the program manual and appendices.

4. Orientation to University of Utah Health and to the Department of Pharmacy Services will take place during the first weeks of the program; however, orientation and skills development will continue on an as-needed basis.

5. Residents are classified as regular, full-time, exempt employees of University of Utah Health (UUH) and are eligible for benefits as such. (See Appendix A for the Resident Job Description.)

6. Vacation Leave – PTO-Scheduled

    b. Residents accrue 18 days paid time off **(PTO)** to cover vacation and sick leave during the residency year. To ensure the quality of the residency rotations, vacation leave is limited to 10 days over the course of the year and 2 days per 4 week rotation experience. Additional PTO days must be approved by the RPD, but cannot exceed the total accrued PTO days for the year as a University employee. PTO remaining at the end of the residency will be cashed out or will be maintained if the resident accepts a position with UUH. PTO includes leave time granted for interviewing for positions and educational meetings that are **not** sponsored by the

program. Vacation requests must be submitted to the RPD. (Huntsman and University Hospital requests must be in Staff Ready.) The resident will first discuss the request with the affected rotation's preceptor to ensure that rotation objectives can be met, and the resident will obtain the preceptor's consent. Vacation days should be limited to a maximum of two days per rotation. If more time off is required, the RPD must be informed to ensure rotation objectives can be met. The rotation may need to be extended if rotation objectives cannot be met.

7. Holidays and Holiday Leave

a. Residents accrue up to 11 paid holidays as full-time exempt employees during the year in addition to PTO. Residents may count a worked holiday as part of service commitment if they have worked their regular commitment during the remaining weekdays and used the holiday from their holiday bank - making the worked holiday truly an extra shift. If the resident has worked less than a 40-hour commitment between the 8 hours of holiday pay (16 hours during the week of Thanksgiving), staffing, and regular rotation attendance, the resident must discuss PTO options with their RPD.

b. Benefit-eligible UUH employees may "bank" time worked on a company-paid holiday for use at a later time. However, the shift work on that holiday cannot count as a required shift or be paid as exempt clinical shifts (ECS – added compensation) if the holiday is banked. The banked holiday must be used by April 1st if earned in the first 6 months of residency, or by July 1st thereafter.

c. Residents are required to be available to staff Thanksgiving, Christmas, OR New Year's holidays as a 2-day major holiday coverage commitment. For example, the resident will work Thanksgiving and the day after, or Christmas Eve and Christmas Day, or New Year's Eve and Day. Residents are also required to work two minor holidays including Martin Luther King, Jr. Day, Presidents' Day, Memorial Day, 4th of July, Pioneer Day, Juneteenth, or Labor Day. Specific assignments shall be made in conjunction with the pharmacist scheduling manager. (Requirements vary by program for holidays.) Of note, Christmas Eve and New Year's Eve are not University Holidays and cannot count toward required staffing shifts. The resident will not attend rotation that day & will instead staff the area as part of their regular residency hours.

d. Residents shall discuss holiday service requirements with the affected rotation's preceptor as early as possible.

e. Residents may participate in staffing of shifts for other holidays consistent with the standards applied to regular staff.

8. Sick Leave – PTO-Unscheduled

a. Residents are afforded sick leave as a part of the PTO accruals.

b. When the resident is unable to work as a result of illness, either on their rotation assignment or staffing assignment, the resident shall notify their rotation preceptor or scheduling manager for staffing shifts, rotation days or project days. Residents are asked to contact the correct person between 6 am and 10 pm as soon as they know they are unable to come in. The resident shall subsequently and additionally notify the RPD of their absence from rotation, project days, or staffing shifts, and submit the sick day request as PTO-unscheduled (PTO-U) in the appropriate format (e.g., payroll exception form which may need to be revised/resubmitted if previously turned in).

c. The RPD will assess progress in the program when a resident reaches 5 days of PTO-U during the program year to determine if the resident is on track for graduation. The RPD will meet with the resident to discuss absences and review a plan for successful completion of residency.

9. Fitness for Duty

a. Residents will be sent home if an RPD, area manager or preceptor determines the resident is unfit for duty. Examples include excessive fatigue, chemical impairment, illness, emotional distress, or other issues affecting performance.

b. Residents will be referred to organizational resources as appropriate such as Employee Assistance Program, Resiliency Center, Employee Health, or Office of Equal Opportunity.

c. Residents will take PTO-U for the hours missed.

10. Excessive Absence During the Program

a. A preceptor or RPD may determine that absences from the rotation or the program are excessive when there is the potential for a resident to not complete program expectations or requirements. Excessive absence may be due to illness or other factors. When situations such as these occur, the resident must work closely with the preceptor and RPD to make arrangements to meet the requirements.

b. Despite all arrangements, a situation may arise where the resident has not completed rotation and program requirements. This determination shall be made by the RPD in consultation with rotation preceptors. An alternate written plan will be developed to enable the resident to successfully complete the program requirements if possible. Consultation with Human Resources may be necessary to determine if a medical leave of absence is needed. The residency year may be extended for no more than 3 months to allow completion of program requirements.

c. If the resident fails to complete the plan, disciplinary action will be considered. Residents unable to complete program requirements according to the written plan

and appropriate extended timeframe will not graduate from the program. Once the annual salary has been paid out at the amount offered in the offer letter, the time spent in completing requirements will then be unpaid.

d. Graduation from a PGY1 program is required prior to being eligible for PGY2 status. If a resident is in a 2-year program or has early committed to a PGY2 program at UUH, they must complete all requirements of the PGY1 program first.

11. Disciplinary Action and Dismissal

a. Disciplinary actions or dismissal from the program are actions that are considered when residents do not meet department, program or rotation expectations. Residents are informed of program requirements, expectations, and deadlines. Rotation expectations are communicated by the preceptor at the beginning of and throughout each rotation. The requirements of each rotation are documented in learning experience description.

b. When problems related to performance, professionalism, behavior or knowledge arise, the preceptors will counsel the resident on how to correct the problem. If the issues are not resolved, the ongoing concern will be clearly documented in PharmAcademic and elevated to the RPD with an in-person meeting that includes the resident. The Program Director may consult with the Residency Advisory Committee **(RAC)** regarding appropriate action.

c. The RPD will discuss the issues with the resident and preceptors as appropriate. The RPD, preceptor(s), and resident will work together to create a clear corrective action plan in writing. The RPD, relevant preceptors and resident will meet regularly to assess progress on the written plan and provide feedback to the resident on their progress. Failure to make adequate progress will be documented on the plan, and adjustments to the plan made in writing.

d. When disciplinary action is indicated, the RPD (or rotation preceptor in conjunction with the RPD) will take the appropriate action based on the situation and circumstances (See also University Policy 5-111: Corrective Action and Termination Policy for Staff Employees).

e. When dismissal from the program may be indicated, the RPD will make recommendations to RAC. RAC will make the final decision concerning dismissal from the program.

f. Dismissal from the program may occur with consultation with Human Resources during the resident's first 6 months of employment (probationary term). Problems discovered in the 4th or 5th month of the residency may result in a 3-month extension of the probationary term and will be negotiated with Human Resources by the RPD and the location manager. After this time, the resident will go through progressive discipline and be terminated from employment.

12. Pharmacist Licensure in Utah

a. All residents are required to be eligible to work in the United States prior to their first day of residency.

b. Residents must have either a full or temporary Utah license **2 weeks prior** to the first day of residency.

c. Residents must be fully licensed in the state of Utah to practice as a pharmacist by **90 days from the first day of residency**. If a resident fails to obtain full pharmacist licensure in the state of Utah by 90 days, they will be released from the program. The Residency Advisory Committee will review the circumstances of each case of non-licensure and may approve an extension for circumstances outside of the resident's control.

13. Residency Program Certificate

a. 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 residency for the appropriate program. The language on the certificate will match ASHP's requirements for certification of graduation including the official name of the residency program (e.g., "Postgraduate Year One in Pharmacy" or "Postgraduate Year Two in Critical Care Pharmacy.")

b. Residents that fail to complete program requirements and comply with all conditions of the residency program shall not be awarded a certificate of completion.

c. Certificates will only be awarded to residents who have completed the following:

i. Completed 85% or more of objectives as achieved for residency (**ACHR**) and all other goals and objectives marked as "satisfactory progress" or "achieved" in PharmAcademic.
   a. All PGY1 and direct patient care PGY2 residents are expected to achieve all clinical goals for residency prior to graduation (e.g., R1.1 objectives).
ii. Completed all required activities, projects, and presentations for residency.
iii. Attended all meetings as required by the program.
iv. Turned in a formal written manuscript of their year-long project to the RPD and project mentor(s) who deem the document acceptable for submission to a journal.
v. Turned in a completed, hyperlinked electronic e-portfolio of all their written projects, presentations, rotation overviews, and readings as appropriate.
vi. Completed other program-specific requirements as outlined in the final graduation checklist.
vii. Signed the program's residency completion checklist.

Residency Advisory Committee: 2022-2023

Brandon Tritle, PharmD, BCID	Clinical Pharmacist, Infectious Disease PGY2 Director, Infectious Disease
Dave Young, PharmD	Professor, Clinical PGY2 Director, Internal Medicine
Erin Fox, PharmD, BCPS, FASHP	Senior Pharmacy Director PGY2 Director, Medication Use Safety & Policy
Karen Gunning, PharmD, BCACP, BCPS	Professor, Clinical PGY2 Director, Ambulatory Care
Dallas Moore, PharmD, MS	Director, Pharmacy Automation and Informatics PGY2 Director, Pharmacy Informatics
Shantel Mullin, PharmD, BCPS	Director, Quality, Safety and Training PGY1 Pharmacy Residency Director
Kathryn Disney, PharmD, BCCCP	Clinical Pharmacist, Critical Care PGY2 Director, Critical Care
Stephanie Sanders, PharmD, BCOP	Clinical Pharmacist, Oncology & Critical Care PGY2 Director, Oncology
Cole Sloan, PharmD, BCPS	Clinical Pharmacist, Emergency Medicine PGY2 Director, Emergency Medicine
Lonnie Smith, PharmD	Manager, Solid Organ Transplant PGY2 Director, Solid Organ Transplantation
Teshia Sorensen, PharmD, BCPS, BCCP	Clinical Pharmacist, Cardiology Services PGY2 Director, Cardiology
Kavish Choudhary, PharmD, FASHP	Chief Pharmacy Officer, Pharmacy Services
Ashley Bowden, PharmD, MS	Pharmacy Manager, Inpatient Operations PGY1/PGY2 Director, HSPAL
Sonya Ruelle, RPh, MBA	Clinical Pharmacy Manager - Liaison
Nancy Nickman, PhD	Pharmacotherapy Faculty (Ex Officio)

Residency Program Coordinators

Ashley Crosby, PharmD, BCPS (PGY1 Pharmacy)
John Dechand, PharmD, BCCP (Cardiology)
Sara DeHoll, PharmD, BCOP (Oncology)
Kristine Gray, PharmD, BCPS (Internal Medicine)
Nick Cox, PharmD, BCACP (PGY1 Pharmacy)

Kelley Julian, PharmD, BCOP (Oncology Interim)
Erin Lingenfelter, PharmD (Emergency Medicine)
Nicholas Link, PharmD (Informatics)
Ashley Ryther, PharmD, BCPS (HSPAL)
Jennifer Wiederrich, PharmD, BCPS (Internal Medicine)
Brianne Wolfe, PharmD, BCCCP (Critical Care)

Service Commitment

1. Residents are required to provide staffing support, within the department, as part of their program. The service commitment is **four full shifts** (no less than 32 hours) per month for most programs. Training for staffing shall begin in July of the residency year and time requirements may exceed 32 hours per month in staffing roles until training is completed. Up to 4 training/shadow shifts can count toward the total of 48 required shifts, though additional training shifts may be required to ensure competency before independently staffing the assigned location.

2. Scheduling of service commitment will be made based on input from each resident. Residents may work 4, 8, 12 or 16 hour shifts as assigned on the area staffing schedule or they may pick up open shifts once the schedule is published. For example, shifts may be completed on weekday evenings or weekends . The resident may only leave a rotation site early for a required or other extra shift if the rotation preceptor approves this prior to the resident signing up for the shift. Residents must complete all shifts as part of a team rotation schedule for the full residency year). PGY2 programs specify requirements in each program appendix.

3. **Duty Hours:** Work Hours are defined as all clinical and academic activities related to the residency program. These can include, but are not limited to, patient care, administrative duties, and scheduled academic activities such as conferences and lectures. Work hours **do** include internal moonlighting shifts worked. Work hours do not include time spent away from the work site (i.e. at home) for reading and preparation or time traveling to conferences. (Moonlighting outside of the organization is **not allowed**.)

   Work hours must be limited to 80 hours per week averaged over a 4-week period inclusive of all in-house activities and all extra staffing shifts (i.e. moonlighting shifts). Extra paid staffing shifts may be available for residents to select, but these are in addition to their required staffing shifts. These extra shifts must not interfere with the ability of the resident to achieve the educational goals and objectives of the residency program. Residents must be given one day in seven free from all work-related responsibilities averaged over a 4-week period. One day is defined a 24-hour period free from all clinical, educational, and administrative activities.

   Adequate time for rest and personal activities will be provided. This should consist of at least 10 hours between all daily duty periods averaged over 1 week. Residents must have 8 hours between scheduled duty periods. Residents attest to their duty hours by completing the monthly attestation form in PharmAcademic. All residents and staff will verify their work and rotation hours by signing off on the payroll software as required for all staff.

   ASHP's duty hour policy will be followed: https://www.ashp.org/-/media/assets/professional-development/residencies/docs/duty-hour-requirements.pdf.

   Covering extra staffing shifts (i.e. moonlighting) are paid at the PRN pharmacist rate and must be documented by residents as exempt clinical shifts (ECS shifts) on their exception

forms. They must clock in and out in Kronos for all regular and ECS staffing shifts so the shifts can be tracked along with all other residency hours. A designated RPD or manager will assess compliance with the duty hours and the following staffing rules for required shifts and moonlighting shifts (i.e. ECS).

a. No “double-doubles” (i.e. 16 hour shifts 2 days in a row including rotation hours)
b. Not more than 8 total shifts in a Saturday through Friday work week (including rotation days & required shifts)
c. No more than 12 consecutive days in a row (e.g., day 13 should be off)
d. No more than 80 hours per work week

4. Opportunities for service are chosen for the resident by the program director and may include on-call, staffing shifts on weekends, or swing shifts as appropriate for the resident and training program needs. Resident service commitment shifts will be assigned with as much advanced notice to the resident as possible. For pre-assigned shifts, residents must inform rotation preceptors of required shifts by the first day of rotation. Rotation preceptors must allow residents to leave rotation with sufficient time to get to their staffing shift on time. If the resident **elects** to sign up for a swing shift on a weekday, he or she must obtain approval to leave their rotation site early to work the shift. The rotation site takes precedence over signing up for the required shift. If the preceptor states they would prefer the resident NOT cover swings during that rotation, the resident should select weekend shifts to avoid leaving the rotation early that month. This may be particularly relevant on certain clinical rotations.

5. Residents are expected to read and prepare for rotations and work on their projects on evenings and weekends as part of their learning process. Time spent in the hospital on off-hours working on projects or catching up on rotation requirements may not be used for compensation time or for required shifts. Time “on the clock” is subject to duty-hour limits.

6. Resident wellness and resilience are considered in assigning service commitments. Program leadership will assess residents for burnout risk and promote a culture of wellness including education on burnout risk and mitigation strategies.

7. See the Rotation section for rules for when residents may be pulled from rotation to staff shifts in emergent situations on page 16. Staffing during regular rotation hours on weekdays does not count toward required shifts or additional compensation shifts.__

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 actively participate in rotation activities, including: team meetings, rounds, and other interdisciplinary conferences that occur on the services of their rotations. The rotation preceptor shall be responsible to identify these opportunities and to commit the resident to effectively participate.

3. The resident shall identify therapeutic issues and problems and shall develop and present therapeutic recommendations. They will also present in-services to the medical, nursing, and pharmacy staff addressing those issues as needed.

    a. The resident is encouraged to seek opportunities to educate other ancillary health care practitioners such as physician's assistants, nurse practitioners, and physical therapists, etc., on subjects relating to pharmacology, therapeutics and medication use.

4. The resident shall provide instruction for Doctor of Pharmacy students or other residents on clinical or administrative clerkships, under the supervision and guidance of their rotation preceptor.

5. Non-University of Utah Health Rotations (N-UUH):

    a. Residents shall be allowed to obtain practice experience in N-UUH rotations as pre-approved by the RPD and Chief Pharmacy Officer.
    b. Residents shall not be permitted more than four weeks in an N-UUH site rotation during the residency training program.
    c. PGY1 residents are encouraged to take UUH rotations whenever possible to fulfill their learning objectives as N-UUH rotations do not count toward CMS site reimbursement.

6. The residency programs at University of Utah Health take a holistic approach to post-graduate training. The expectation is that an interdisciplinary team philosophy will be used, and the team member with the greatest experience will provide leadership and mentorship to other team members.

7. The resident may be required to staff their current or past rotation area alone during regular rotation hours following orientation to the service in certain situations. These situations may include preceptor illness or when preparation of the schedule has exhausted all other options for finding competent coverage. In extreme emergencies, residents may be pulled from their rotation site to cover other staffing locations due to acute illness or natural disaster and when all other options have been exhausted to cover these open shifts with other regular staff. Both the RPD and resident will be contacted to

discuss the staffing situation prior to the shift being assigned. This is a program and rotation expectation and will NOT count toward additional service commitment hours as it occurs during the regular rotation work week and is not considered extra hours of work. See Appendix F.

Project

1. The resident shall complete a residency project with the guidance and supervision of appropriate preceptors.

2. The resident is responsible for working with a primary project advisor. . If more than one preceptor or provider is involved with the project, one pharmacist preceptor will be designated as the resident's primary project preceptor for purposes of evaluations and clarity of project expectations.

3. The project advisor(s) shall be responsible to:

    a. Provide guidance to the resident in designing, performing, and documenting the outcomes of the project.

    b. Oversee the development of the project proposal.

    c. Meet with the resident at least bi-monthly to discuss the progress and deliverables on the project.

    d. Support the resident during presentation of the proposal to the RAC.

    e. Provide technical expertise and advice to the resident.

    f. Provide editorial assistance in developing the platform presentation for Mountain States Residents Conference and the final project manuscript.

    g. Review the final report and notify the RPD when the project is complete by signing off on the project completion checklist and sending this to the resident/RPD.

4. The project must be approved by the Residency Advisory Committee. The format for the proposal to RAC will follow the current requirements for submission to IRB.

5. The resident shall meet the following project timelines:

    a. July — Identification of project idea & advisor(s)

    b. August — Development of project proposal

    c. August-September — Present project to the appropriate Research Subcommittee of the Residency Advisory Committee

d.	September-October	Final proposal submitted to RPD, Research Subcommittee Chair, and Institutional Review Board if required.
b.	October-November	Submit abstract to Vizient-UHC for poster presentation in December (required for Teaching Certificate, may be optional for other residents depending on program)
c.	February	Mountain States Conference (or appropriate conference as approved by RAC) abstract approved by project advisor(s) and RPD and submitted to Conference before the deadline
g.	April	Draft of project Mountain States Conference slides and handout to project preceptor(s) and RPD
h.	April	Practice presentations for Mountain States Conference and submit slides to the Conference by the deadline
i.	May	Present project at Mountain States Conference
j.	June	Due date (approximate) for submission of case studies and posters for next ASHP Midyear Clinical Meeting (Optional, but highly recommended)
k.	June	Final Summary Report (manuscript format) of project to RPD and project advisor(s) for approval. For projects with significant effects on exceptional patient experience, quality or financial impact, the resident must send approved project summary to the chair of RAC and the Chief Pharmacy Officer for review.

6. If funding is needed to complete a project, the need will be assessed by department leadership on an as-needed basis.

7. A final written report of the residency project shall be submitted to the RPD as a requirement for successful completion of the residency. The report shall be written using format and style consistent with publication in a professional journal, including project subject, background, methods, results, and conclusions. Residents will be ready to submit their project manuscript for publication in a professional journal. (Some programs may require the manuscript be submitted to a journal before the residency certificate is bestowed.)

Required Format for RAC Proposal:

Protocol Summary

Version: [version date]

[Study Title]

Principal Investigator
[Principal Investigator Name]
[PI Address]
[PI Phone Number]
[PI E-mail Address]

Please list all co-investigators with their contact information
Co-Investigator(s)
[Co-Investigator Name]
[Co-Investigator Address]
[Co-Investigator Phone Number]
[Co-Investigator E-mail Address(es)]

Faculty Sponsor (if applicable)
[Faculty Sponsor Name]
[Faculty Sponsor Address]
[Faculty Sponsor Phone Number]
[Faculty Sponsor E-mail Address]

DIRECTIONS:

- *Replace bracketed items on the title page, such as "[Study Title]" with the requested information. Please replace "[version date]" with a date.*
- *Delete all directions written in italics, such as this section.*
- *Read guidelines for each section, complete as applicable for your project and then delete the template guidelines.*

Your summary should be able to answer the following three questions regarding scholarly merit of the proposed activity:

1. *Will the research design yield valid results?*
2. *Does the research utilize acceptable practice for the discipline?*
3. *Does/Do the investigator(s) possess adequate qualifications to conduct the research?*

BACKGROUND AND INTRODUCTION: Identify the research area being studied and provide a review of the literature that provides the basis for understanding the objectives of the study. This review should be written such that scientists and clinicians outside the investigator's area of expertise can understand the issues involved. Any information about previous research related to this study involving animals and/or humans should be summarized. Include studies on pregnant animals if the research is conducted on pregnant women, fetuses, or neonates.

OBJECTIVES: The objectives should be stated in such a way that the reader can determine the appropriateness of the study design below. If appropriate, state the specific hypotheses being tested and/or study aims.

RESEARCH QUESTION: State the question you hope to answer with your project.

PARTICIPANT SELECTION CRITERIA: Participant-entry criteria should be as detailed as necessary to define the patient population under study and, for clinical studies, to reduce confounding treatments or diseases. Precise criteria for age, gender, or any other factors (e.g., in a clinical study: diagnoses, extremes in signs or symptoms, etc.) should be included. Specific exclusion criteria should be listed which could interfere with the study or which place participants at risk during the study.

DESIGN: A simple statement of the design methodology proposed to test your hypothesis(es) should be included. Randomization and control methods should be stated for experimental and quasi-experimental studies. Of primary importance is clearly showing how the trial design will collect the study data and lead to the analysis and interpretation proposed. Any interim analysis or criteria for stopping a clinical trial should be stated as appropriate. For studies not proposing experimental design include detail about the scientific methods to be employed. Quality improvement projects should clearly state this intent in this section.

STUDY PROCEDURES: This section of the protocol should state both the chronological flow of the study and the procedures/activities that the participants must undergo. The investigational activities, treatments, or procedures must be clearly detailed as to how and when they will be performed. For clinical studies, a distinction should be made between the procedures for treatment evaluation versus procedures for safety evaluation. Treatment endpoints must be defined as well as interim procedures for dealing with adverse events. Schematic diagrams may be helpful for understanding the flow of a study.

> **Standard of Care vs. Research-Related Procedures:** Please separate and explain what proposed procedures for this study are considered standard of care and which ones are strictly research-related. *Delete this sub-section if it does not apply to your project.*
>
> **Data Safety and Monitoring:** All moderate risk studies require a data safety and monitoring plan, committee, or board. The information provided to the IRB should describe the process and mechanisms in place for assuring the safety of research participants and the oversight of data integrity. *You may describe the plan in this sub-section or attach a separate document outlining the DSMB/DSMC to the documents and attachments page of the application under Protocol Summary. Please refer to the IRB website for more information regarding data safety and monitoring requirements under Guidelines. Delete this sub-section if it does not apply to your project.*

STATISTICAL METHODS, DATA ANALYSIS AND INTERPRETATION: The anticipated methods to be used for analysis and interpretation of the data should be stated. Naturally, these methods must compliment the design of the trial and the nature of the data which are being collected. The factors in the trial that determine the proposed sample size (e.g. power) should be stated.

ADMINISTRATIVE RESPONSIBILITIES:

> **Study Resources:** Specify the resources available to conduct the research including qualified personnel, equipment, space, and what facilities will be involved. Include an explanation of the methods for maintaining confidentiality of the study data. *All investigators must provide this information.*
>
> **Recruitment:** Describe methods of participant recruitment which will be used to recruit participants such as newspaper/internet advertisements or flyers. *Please note that the University of Utah IRB does not allow cold-calling as a method of recruitment. All recruitment materials must be attached to the documents and attachments page in the application. If chart review will be involved as a method of recruitment, you must complete a request for waiver of authorization and consent in the application. Delete this sub-section if it does not apply to your project.*
>
> **Control of Investigational Devices/Drugs:** If this project involves an investigational drug or device please provide a plan as to how you will control, store, and dispense investigational drugs/devices to ensure they are only used by the qualified investigator(s) for this study and the participants enrolled in this research project. *Delete this sub-section if it does not apply to your project.*

Communication Plans for Multi-Center Studies (i.e. multiple sites around the nation): If you are the lead investigator for this study, or the University of Utah is the lead site for this study, please describe the management and communication among sites of information obtained in this research that may be relevant to the protection of research participants, such as:

- Unanticipated problems involving risks to participants or others
- Interim results
- Protocol modifications

Please attach an IRB approval or signed letter of support from each participating site to the documents and attachments page of the application under Other Documents. Delete this sub-section if it does not apply to your project. (Multisite studies led by a resident require approval from the Chief Pharmacy Officer.)

Participating Sites outside the University of Utah (i.e. multiple sites around the city or state): This section should discuss which other institutions are participating in the study for which you, as the PI, are responsible. Please describe the procedures, provisions and resources in place at the participating institutions to protect the safety of participants, and how unanticipated problems will be communicated to the PI and the University of Utah IRB. If the participating site is not adequately equipped to handle safety concerns, please explain the procedures and plan in place for the PI to respond to any such occurrences. *Please attach an IRB approval or signed letter of support from each participating site to the documents and attachments page of the application under Other Documents. Delete this sub-section if it does not apply to your project.*

PROPOSED TIMELINE FOR PROJECT: (specific to RAC proposal)

ROLE OF RESIDENT IN COMPLETING THE PROJECT: (specific to RAC proposal)

JOURNAL PRE-SELECTED FOR SUBMISSION: (specific to RAC proposal)

REFERENCES: Citations from the literature should be included in the Background/Introduction section above and the references listed here.

APPENDICES: Data collection forms and survey tools must be included as appendices.

Presentations

1. The resident shall participate in departmental staff development programs as directed by the RPD.

2. Residents shall prepare and deliver a minimum of four presentations under the direction of the RPD and designees. The two presentations required of all residents include an ACPE accredited continuing education (C.E.) presentation and a platform presentation of the resident's project. The four required presentations for PGY1 Pharmacy residents are listed below. See each PGY2 program appendix for program-specific presentation requirements.

    A. A formal, academic seminar to the Department of Pharmacy Services staff.

    B. An American Council of Pharmaceutical Education (ACPE)-approved, presentation developed and presented for area pharmacists, pharmacy students, and technicians on a topic that is of current interest to pharmacy practitioners. The continuing education presentation is subject to the guidelines provided by ACPE and USHP, and must include an evaluation of available literature.

    C. The residency project presentation given at the Mountain States Residency Conference (or other approved conference) with practice sessions presented to the staff preceding the Conference.

    D. Facilitation of 4 recitation sections or OSCEs at the University of Utah College of Pharmacy

3. The following are the goals for each of the four PGY1 presentations:

    A. Formal, academic seminar to the pharmacy staff. (The RPD for each program will provide additional goals and requirements for each presentation replacing the seminar requirement such as pro/con debates.)

        Goal 1 – Demonstrate the ability to verbally present a practice controversy to peers in 30 to **35 minutes**. The primary focus of clinical residents will be to identify the clinical dilemma/controversy and related literature, orient the audience to where these data fit in clinical practice, present data from the literature to answer the clinical question, and then clearly provide guidance to audience members on what to do clinically if faced with this clinical controversy. A Seminar Content Advisor, chosen by the resident and confirmed by the RPD, will serve as the content expert and mentor the resident through this process. (Residents in PGY2 programs may choose to present controversial administrative or technological controversies as approved by their RPD.)

        Goal 2 – Demonstrate the ability to appropriately select and evaluate literature. The chosen literature should support or refute the **controversial** issue chosen. A written evaluation of at least 3 articles using the Seminar Pre-Work handout below will be due to the Content Advisor and RPD **by the last Monday in September**.)

Goal 3 – Prepare and use appropriate visual aids (e.g., PowerPoint) for a small- to medium-sized conference room or virtual platform. All audio/visual content must meet approval of the Presentation Advisor and either the Presentation Coordinator or RPD prior to presenting the seminar. Residents who are not ready to give a clear and accurate presentation to staff on time will have their presentation rescheduled.

Goal 4 – Demonstrate the ability to appropriately answer questions posed by peers.

Goal 5 – Provide clear recommendations to the audience members regarding what they should do if confronted with this clinical scenario in the future. If clear recommendations are not given, the resident will be required to re-evaluate the data and present the seminar a second time in order to complete this residency requirement.

Goal 6 – Demonstrate the ability to present clinically relevant data in a clear, concise manner and demonstrate a high level of professionalism. Lack of clarity in the presentation may result in the resident needing to re-present to a small group of Residency Advisory Committee members.

Goal 7 – Use feedback from the presentation to improve the ACPE presentation.

B. ACPE-approved presentation for pharmacists, pharmacy students, and **technicians.**

Goal 1 – Learn the preparation and procedures required for presenting an ACPE-approved presentation. For example, the presentation must be a full **50 minutes** of contact time, followed by 5-10 minutes for questions.

Goal 2 – Prepare a PowerPoint presentation for a large auditorium or virtual platform with appropriate handouts.

Goal 3 – Demonstrate the ability to review a disease state, established or innovative therapeutic plan, new pharmacologic agent/guideline, or other pharmacy-practice/precepting issue.

Goal 4 – Select and evaluate appropriate **primary and tertiary** literature to support conclusions relevant to the pharmacy practitioner (i.e., pharmacist and technician).

Goal 5 – Provide clear conclusions and information related to the “role of the pharmacist and technician.”

Goal 6 – Improve speaking skills and presentation style as compared with the first seminar presentation to pharmacy staff.

C. Formal platform presentation at the Mountain States Residency Conference

Goal 1 – Clearly and confidently present original research.

Goal 2 – Follow the guidelines established for a formal invited speaking engagement. In this case, follow the guidelines mandated by the Mountain States Conference coordinators.

Goal 3 – Use PowerPoint effectively to make slides using tables, graphs, or imported graphics (referenced).

Goal 4 – Use this presentation as a medium to organize data to be included in the final manuscript, which will be written and submitted for publication in a national peer-reviewed journal and to the RPD.

D. Recitation facilitation or lecture for students at the University of Utah College of Pharmacy (with the approval of the RPD and Longitudinal Presentations and Teaching PGY1 preceptor as appropriate). PGY1 residents are responsible for completing 4 recitations during the academic year.

Recitation Goal 1 – Residents will review foundational knowledge of the professionalism, therapeutic, and basic science topics for the day's recitation cases ahead of class.

Recitation Goal 2 – Use facilitation skills and active learning techniques to encourage full participation by every member of the student group.

Recitation Goal 3 – Residents will elicit accurate responses to cases from students without giving away the best responses to the students.

Recitation Goal 4 – Residents will provide evaluations of each student's ability to respond to cases following each recitation section, and provide appropriate feedback to students and the Course Coordinator.

Recitation Goal 5 – PGY1 residents will participate in a minimum of 4 recitations or OSCEs per year in either the spring or the fall with guidance from the recitation section coordinator. Other program residents will participate in recitations as directed by their RPD.

***

For PGY2s presenting a lecture instead of facilitating a recitation, the following are the presentation goals:

Lecture Goal 1 – Provide an appropriate overview of material that is new to a group of pharmacy students.

Lecture Goal 2 – Research the lecture topic in order to become a content expert.

Lecture Goal 3 – Select current primary and tertiary literature to reference for the class.

Lecture Goal 4 – Prepare a handout and other visual aids that are appropriate for pharmacy students.

Lecture Goal 5 – Use active learning techniques to engage students at a higher level in the classroom.

Lecture Goal 6 - Work with the course coordinator/primary instructor to schedule the class and verify that the lecture content is adequate.

Lecture Goal 7 – Write clear and appropriate test questions for the class material presented. (Questions should be submitted with the lecture material for review by the course coordinator and Teaching Certificate Coach as appropriate prior to the presentation of the lecture material in class.)

4. Deadlines:

Seminar: A **seminar** topic and Content Advisor must be selected by August 30th. Objectives, pre-work, and rough draft of slides for the seminar are due **the last Monday in September** to the RPD, Presentations Coordinator, and the Content Advisor. Feedback will be returned to the resident within 5 business days. A final handout and completed draft of slides will be due **7 days prior to the first seminar in the series** to the RPD and Content Advisor.

ACPE-Approved Presentation: A topic and Content Advisor must be selected for the **CE presentation** by the end of July (fall series) or November (spring series). Objectives and other paperwork required for accreditation of the ACPE presentation are due a full **75 days** prior to the first day of the presentation series to the USHP CE Administrator and to the resident's chosen CE Content Advisor. Deadlines for contracts, objectives, biographical sketches, slides and handouts are set by the USHP Resident CE Committee and deadlines MUST be met by residents. Presentation mentors must be given sufficient time to review and provide feedback on presentation materials prior to the due dates. Failure to meet deadlines may mean losing CE accreditation for the presentation. Note that residents may not make changes to slides after they are submitted to USHP, therefore residents must ensure the slides are edited, reviewed and approved before submission to USHP.
Recitations/Lectures: The recitation/lecture dates and due dates for materials and test questions will be negotiated with the Course Coordinator. When the lecture topics are selected, the resident must immediately notify the RPD and Presentation Coordinator, and meet all deadlines set forth by the Course Coordinator.

Project Platform Presentation: Mountain States practice sessions will be held starting 3-4 weeks prior to the meeting in order to meet slide submission deadlines. Each resident will practice presenting at least twice to Research Committee members and project advisors.

5. At the end of each presentation, the resident will identify to the audience who his/her advisor is and thank him/her for his/her effort. CE mentors must sign the conflict of interest statement for USHP in addition to the resident completing their contract.

6. Audience members will complete a standard evaluation for the continuing education presentation and seminar. Failure to achieve satisfactory evaluations, meet the ACPE requirements, or meet deadlines will result in the seminar or continuing education presentation being revised and repeated by the resident. The resident will not receive a certificate of residency completion until all presentation requirements are met.

7. Shortly after the seminar (within 1 week following presentation), the resident and either the RPD or the Content Advisor should meet and discuss how the resident performed, what the resident thought went well and did not go well, how the resident thinks he/she can improve for next time, and any comments on the evaluations that need further discussion.

8. The residents shall attend all seminar and CE sessions, practice sessions, and project presentations as assigned by program and approved by the rotation preceptor. In the event of conflicts with rotation requirements, the resident shall resolve the conflict with the preceptor of the rotation and the RPD. PGY1 residents shall attend a minimum of 3 of their resident colleagues' seminars and 3 CE presentations.

9. Presentation handouts, slides, evaluations, and test questions (if appropriate) shall be included in the Resident's electronic portfolio for all four required presentations.

10. Use of any copyrighted material must be approved. Work with your preceptor(s) to ensure that appropriate steps are being followed.
    - Screenshots of Epic
        - **Any screenshots of Epic used for public-facing communication outside of our institution MUST be approved by Epic.**
            - This includes any presentation outside of our institution.
        - Epic reviews any screenshots submitted for approval to ensure that it complies with the Office of the National Coordinator Communication Rule, follows fair use of copyrighted work, and does not share any proprietary information.
            - Refer to Communications About Epic Software Under the ONC Communications Rule for more information

    To submit a request to use screenshots of Epic for any public-facing communication, review the Guidelines for Public-Facing Communication which can be found on the Epic UserWeb or in the Resident Orientation Folder in the S Drive (S Drive >> hscgroups >> Rx Residents >> Rx Residents >> 2022-23 Residents >> Orientation Documents

SEMINAR EVALUATION FORM

DATE: _____
EVALUATOR: _____
PRESENTER: _____
TITLE: _____

This is a learning experience for both you and the resident. Please provide constructive feedback. "Great Job!" is not constructive feedback.

Evaluation codes: **S = Satisfactory** **NI = Needs Improvement**
Please provide constructive feedback to resident, especially if "NI" is checked

I. PRESENTATION STYLE
The style was conducive to my learning.

Objective	S	NI	Comments
Voice Projection			
Pace			
Lack of Distracting Mannerisms			
Professional Dress			
Eye Contact			

Additional Comments:

II. VISUAL AIDS
The material and techniques used enhanced my comprehension and interest.

Objective	S	NI	Comments
Use of equipment and lighting			
Reasonable amount of slides utilized for the allotted time			
The slides/ handouts enhanced the topic (*e.g.*, through the use of diagrams, figures, tables)			
The number of words per slide allowed easy comprehension for the audience			

Additional Comments:

III. PREPARATION
The presenter was prepared regarding the clinical implications of the topic presented.

Objective	S	NI	Comments
Did you feel the presenter achieved an expert level of knowledge such that information presented was valid?			

Additional Comments:

IV. EFFECTIVENESS OF PRESENTATION

The resident was able to identify the clinical dilemma, orient the audience to where these data fit in clinical practice, present data from the literature to answer the clinical question, and then clearly provide guidance to audience members on what to do clinically if faced with this dilemma.

Objective	S	NI	Comments
Was the clinical dilemma presented clearly at the beginning of the seminar?			
Were the objectives clear, relevant and reflect the content presented?			
Were the objectives effectively addressed by the end of the seminar?			
Was the resident able to appropriately orient the audience as to where this clinical controversy fits in contemporary clinical practice?			
Did the resident effectively use published literature to support/refute what is currently done in contemporary clinical practice?			
Was the resident able to focus the presentation into clear, concise "take-home" points that were easily understood by the audience?			
Were the conclusions reached by the resident credible based on the published data provided?			
Were clear recommendations made regarding what the audience member should do if confronted with this clinical scenario in the future?			**(If these were not given, a recommendation to suggest redoing the seminar is strongly recommended)**
Did the resident enhance your understanding of this clinical dilemma?			

Additional Comments:

V. OVERALL IMPRESSION OF PRESENTER

It is encouraged that ALL attendees provide comments to these questions so that the residents may improve.

Objective	Please provide constructive comments to each question?
How effective was the resident at presenting a seminar that was clear, concise, well-structured, and well-supported by literature?	
What steps do you suggest this presenter take to improve their ability to give an effective seminar?	

Additional Comments: ___ Pass ___Recommend rework and second presentation

Seminar Pre-Work: Complete this form for each study used to prepare your seminar – submit to Seminar Advisor
Questionnaire for Evaluating Primary Literature compiled by Linda S. Tyler, PharmD
Article: _____

Introduction	yes/ no/ partial	Comments
Is the reason for conducting the study discussed?		
Are the study objectives clearly defined?		
Is the null hypothesis clear?		
Methodology	**yes/ no/ partial**	**How might this influence the results or affect the validity of the study?**
Have adequate measures been taken to prevent selection bias?		
• Is the study population adequately defined?		
• How were subjects selected? What are the inclusion criteria? Are the selection procedures clearly defined?		
Case-control: How were cases selected? How were controls selected? Are the controls comparable to the cases? Was bias introduced in the selection process?		
Follow-up/cross-sectional: How was the study population selected? Was bias introduced in the selection process?		
Experimental: Were subjects randomly selected? Did all qualified subjects have an equal chance of being admitted to the study? Are the treatment groups comparable?		
• Are pertinent patient specific data provided? (ie healthy subjects vs patients, sex, age, concurrent disease states, concurrent therapy, race, weight or other pertinent information)		
Have adequate measures been taken to prevent classification bias?		
• Does the study use specific definitions for the study parameters?		
• How were patients classified for entrance into the study? Do they have the disease of interest? (case-control, experimental)		
• Is the severity of disease described?		
• How were the risk factors classified?		
• How were the outcomes classified?		
Have adequate measures been taken to prevent confounding bias?		
• Have measures been taken to prevent competing interventions that may influence the results?		
Are exclusion criteria clearly defined?		
Have adequate measures been taken to prevent information bias?		
• Are data sources used appropriate and likely to have the appropriate information? What is the quality of the data?		
• Have the issues related to recall bias been adequately addressed?		
Have adequate measures been taken to prevent measurement bias?		
• What measures were used to evaluate the outcomes of the study? Are they adequately described?		
• Were the measures used appropriate?		

• Were objective measures used?		
• Are the measures reproducible?		
Were subjects observed for a sufficient length of time?		
Have adequate measures been taken to prevent observer bias?		
• Are the observers specified?		
• Have measures been taken to prevent inter-observer variation?		
Experimental studies:		
• Were subjects randomized? Are randomization procedures appropriate and clearly defined? [Allocation bias]		
• Are the interventions well described?		
• Is the study blinded? Are blinding procedures appropriate?		
• Were specific data on drug regimens given including dose, dosage form, duration of administration, time of dose in relationship to meals?		
• Were all study drugs given in appropriate doses and regimens?		
• Are both groups comparable, and treated in the same manner, except for the intervention?		
• Were the measures adequate to insure or evaluate compliance?		
• Were there any competing therapies that would have influenced the results		
If the study is a crossover trial, was the washout period adequate between interventions?		
Statistical Analyses		
• Have the authors described the statistical analyses to be used in the study?		
• Are the statistical tests appropriate for the type of data (nominal, ordinal, continuous)?		
• Is the sample size determination information included?		
• Have appropriate significance levels been established?		
• Is the power of the study described?		
Based on the methodology, is the study likely to have external validity?		
• Is the study sample representative of the general population?		
• Were the interventions practical? (experimental)		
Results	yes/ no/ partial	Comments
Patients studied		
• Is the number of patients specified?		
• Can all patients be accounted for?		
• Is the number of dropouts given? Are the reasons for dropping out described? (experimental, follow-up)		
• Were sufficient numbers of patients studied?		
• Were patient demographics presented?		

• Do the groups look similar based on demographics?		
Data presentation		
• Are data presented for all measurements specified in the methodology?		
• Are data presented objectively?		
Statistical Analyses		
• Are appropriate descriptive statistics presented? [ie measure of central tendency (median, mean, mode), spread of the data (range), variation in the data (SD)]		
• Are p values and confidence intervals specified? •		
• Are the inferential statistical tests applied appropriately?		
• Are statistical analyses meaningful?		
Discussion/ Conclusions	yes/ no/ partial	Comments
Are the author's conclusions appropriate based on the data presented?		
Are the results statistically significant?		
Are the results clinically significant?		
Does the author discuss objectively the limitations to the study?		
Are the conclusions consistent with the purpose of the study?		
Can the conclusions be extrapolated to the population in general?		
Overall		
Do the title and abstract appropriately reflect the content of the study?		
Does the author cite mostly primary literature? Is the article referenced appropriately?		
Who sponsored the study?		
What is the reputation of the journal? Is it peer reviewed?		
Are there editorials available that discuss the article? (companion editorials or editorials that come out later)		

Summary: Overall assess the study's strengths and weaknesses

Does the study have internal validity?

Does the study have external validity? Is it relevant to your problem/situation/practice

PRESENTATION EVALUATION FORM FOR THE SPRING CE SERIES:

SAMPLE: Speaker Evaluation

USHP Resident CE Series

Resident Name Here

"CE TITLE GOES HERE"

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1. Did the presenter meet the stated educational objectives? (Place Pharmacist Objectives 1st, then Tech Objectives 2nd, clearly delineating which is which.)

a. Objective #1 written out here. Yes No
b. Objective #2 written out here. Yes No
c. Objective #3 written out here. Yes No
d. Objective #4 written out here. Yes No
e. Objective #5 written out here. Yes No

Please rate the following, 1 = very dissatisfied, 5 = very satisfied

2. How satisfied are you with this presentation? 1 2 3 4 5

3. Was the content of this presentation relevant to your area of practice? Yes No

4. How does this topic pertain to your educational goals? _____
_____

5. The speaker was:
   a. Interesting 1 2 3 4 5
   b. Practical 1 2 3 4 5
   c. Answered questions appropriately 1 2 3 4 5
   d. Showed mastery of the subject 1 2 3 4 5

6. Please rate the quality of the learning materials. 1 2 3 4 5
7. Please rate the effectiveness of the learning activity. 1 2 3 4 5
8. The presentation was free from bias, promotion, or advertisement? Yes No
   If no, please explain:

9. What other topics would you like to see presented in the future? _____

10. Please use the space below to provide any constructive comments about the presenter or the topic presented and if you had any unanswered questions.

Mountain States Conference
Platform Presentation Evaluation Form

Presenter's Name: _____ Abstract #: _____

Presenter's Institution: _____

Evaluator: ☐ Resident ☐ Fellow ☐ Preceptor ☐ RPD ☐ Other: _____

Presentation Feedback	**1=Needs Improvement 5=Excellent**	**Comments**
Presenter demonstrated strong presentation skills: pace and volume were appropriate. Good eye contact. Free of distracting mannerisms.	1 2 3 4 5	
Slides were clear and readable and augmented the presentation well.	1 2 3 4 5	
The presentation was organized and flowed well.	1 2 3 4 5	
Project was clearly described: sufficient background to understand the project; methods clearly described; results presented for each objective; conclusions are clear.	1 2 3 4 5	
Presenter handled questions well.	1 2 3 4 5	
Handout is well organized and contains useful information.	1 2 3 4 5	

Presentation strengths:

One key way to improve presentation:

Project / Research Feedback	**1=Needs Improvement 5=Excellent**	**Comments**
Reasons for selecting project clear; objectives clearly stated.	1 2 3 4 5	
Methods appropriate to answer research question; statistics appropriate for the study design.	1 2 3 4 5	
Results relevant to pharmacy practice.	1 2 3 4 5	
Conclusions match the results presented.	1 2 3 4 5	
Resident's interest and participation in project evident.	1 2 3 4 5	

Please provide additional comments that will help the presenter with future research.

Resident Participation in Conferences and Committees

1. Residents shall meet on a weekly basis for a 1 to 2 hour directed discussion session. Attendance at teaching certificate and leadership conferences is **mandatory** for PGY1 Residents. PGY1 residents must negotiate absences with the program director before the conference begins. All other residents are encouraged to attend to learn and to mentor the PGY1 residents as often as they are able.

2. A schedule of discussion topics shall be developed and a discussion leader shall be assigned. Possible conference topics include teaching and training, leadership, journal club, clinical topics, and time and project management, etc.

3. Residents shall be responsible to participate in or lead discussion and to be prepared by reading background materials and by supplementing with additional readings.

4. PGY1 residents on rotations located on campus are required to attend weekly Resident Conference on Wednesdays at 1550 to 1730. unless dealing with urgent direct patient care issues. If PGY1 residents are unable to attend Conference, they must notify the RPD in advance of conference starting. Residents must notify all preceptors that they are required to attend weekly resident conference prior to starting each rotation.

5. The resident shall attend all departmental staff meetings related to their area of practice. Pharmacy Staff meetings are held on the fourth Wednesday of the month at 1400. unless otherwise directed.

6. Residents are encouraged to participate in department and hospital-based committees and task forces (e.g., Policy task forces, RAC subcommittees, etc.) Residents wishing to attend a P&T meeting will work with the director of Drug Information Services to develop an item to present for P&T.

7. Residents are encouraged to participate on state and national committees and task forces (i.e., ASHP, APhA, Vizient, or USHP). Residents must inform their preceptor of any meeting scheduled during rotation prior to the rotation starting to ensure they can attend.

8. Residents are encouraged to attend RAC meetings as they are able. Meetings are the third Thursday of each month at 1500-1600. Residents will be excused for any discussions involving specific resident performance updates.

Conference Attendance

Residents should follow the Department Travel Policy on Pulse which includes submitting a travel request form and obtaining signatures prior to any arrangements. Flights must be booked by the organization or they will not be reimbursed. Travel is not guaranteed and is available based on the availability of budgeted travel funds from the organization.

ASHP Midyear Clinical Meeting – attendance will depend on the availability of travel funds
Residents will be given leave to attend the meeting virtually to assist with recruiting (PTO not required). Residents shall spend time helping recruit potential candidates for the next residency class, and attend residency showcase. The residents will also attend CE presentations and will give summaries in writing or orally during Grand Rounds.

Mountain States Residents Conference – required for all residents
The Mountain States Conference for Pharmacy Residents, Fellows and Preceptors will be held each May. Utah residents will present their project to other residents and preceptors during this meeting. Residents are expected to attend assigned presentations, and as many other resident presentations as possible as one of the host organizations.

Other Conferences
PGY2 residents **may** have department funding for one additional specialty conference per year. Other conferences may be attended at the resident's own expense and using accrued vacation time (PTO-S), provided the time away from rotation does not prevent the resident from meeting the required rotation objectives. If the resident has a presentation or poster prepared with a pharmacist preceptor at University of Utah Health, they should complete two steps. First, verify with the RPD and the preceptor of the rotation affected by the conference that the absence is acceptable. Once permission is granted by the preceptor and RPD, complete the Travel Request Form available on the online Pharmacy Help Book and submit the request to their department manager and director for signed approval. Educational leave and/or partial reimbursement for travel and registration may be available from the Pharmacy Department depending on available budget resources.

Professional conduct is expected from all attendees while representing the University of Utah at any conference. Unprofessional conduct during meetings may result in disciplinary action.

Residency Program Portfolio

1. The resident shall maintain a Residency Portfolio electronically which shall be a complete record of the resident's program activities. Residents are to maintain the e-portfolio throughout the year. The e-portfolio shall be submitted to the RPD at the conclusion of the residency training program and shall be a requirement for successful completion of the program.

2. The residency program portfolio shall include the following items:

   a. Completed Resident Self-Evaluation and Planning Form

   b. Residency profile and each customized development plan update

   c. Documentation of activities, projects, presentations, and edited document drafts.

   d. Evaluations that are **NOT** posted on PharmAcademic (e.g. preceptor, learning experience, self-assessments, presentation evaluations, etc.)

   e. A record of all in-services, presentations, and seminars given
      1. Handouts developed
      2. A list of attendees/participants (as available)
      3. Evaluations
      4. Slides

   f. Residency Project
      1. RAC and IRB proposals
      2. Grant/funding proposal
      3. Final manuscript
      5. PHI should **NOT** be posted in the e-portfolio

   g. A list of all seminars/meetings attended
      1. Staff meetings
      2. Committee meetings (including professional associations)
      3. Educational presentations (i.e., grand rounds)
      3. Departmental staff development/pharmacy grand rounds
      4. State/local continuing education
      5. Regional/national meetings
      7. Residency program retreat

   h. A current curriculum vitae

   i. Staffing/PTO/ECS log

   2. An electronic file will be kept for each resident and will contain planning forms, presentations, and projects.

Resident Wellness Program

Residents are highly encouraged to participate in the University of Utah Health Pharmacy Residency Wellness Program. The goal of the Wellness Program is to provide residents with opportunities to connect with other residents, learn about burnout and resiliency, and identify resources for available to residents like the Resiliency Center, Employee Assistance Program, mental health hotlines, etc. The program is led by a designated department wellness champion and a liaison from the Resiliency Center. Activities will be planned 5 times per year starting in Orientation. Sessions will include a fun activity and a wellbeing debrief with the Resiliency Center liaison. Sessions will be scheduled as far as possible in advance so preceptors can plan for residents to attend. Preceptors should allow residents to leave rotation with enough time to travel to events. If a situation arises where the preceptor would like the resident to miss the pre-scheduled wellness event, they must contact the RPD to discuss the reason for asking the resident to miss the event and to remain on rotation.

Resident Advocate Program

The goal of the University of Utah (UUH) Resident Advocate Program is to enhance the resident experience during their training both personally and professionally. The advocate will serve a resource to the resident beyond their RPD, coordinator and primary preceptors and act as an advocate on behalf the resident.

Participation in the UUH Resident Advocate Program is required of all PGY1 pharmacy residents (PGY1 and HSPAL) and recommended for all PGY2 subspecialty residents.

Advocates will be solicited by survey of the UUH pharmacy department each spring. A mentor can only work with one resident per residency year. Pairing will be determined by resident mentor rank list and RPD/coordinator discretion.

Advocate Eligibility:

1. Current licensure as a pharmacist within the University of Utah Health
2. At least two years of pharmacy practice experience at the University of Utah Health
3. Completed a PGY1 pharmacy residency (or have 5 years of experience)
4. Will not serve as a primary preceptor to the mentee through the first 6 months of the residency year
5. Did not serve as a resident advocate in the year prior
6. Agree to the responsibilities outlined below

Advocate Responsibilities:

1. Be available for a mentor/preceptor meet and greet during resident orientation (date to be determined)
2. Check in with the resident mentee at baseline (within 2 weeks of mentor match) then every 6-8 weeks and as needed to discuss current issues and track overall progress
3. Support the resident mentee throughout the year and respond to meeting requests from the resident mentee within one week
4. Attend quarterly customized training plan (CTP) meetings with the resident & RPD

5. Act as the resident mentee's advocate if the resident is being provided a resident memo of success or discussed at executive residency advisory committee meetings
6. Act as a mentor/advocate at the request of the resident mentee (i.e. attend learning experience evaluations, professional presentations, etc.)
7. Requirements for reporting harassment: Private vs. confidential
8. Optional Training: Peer support with Resiliency Center (peer mentor for the residents)

Resident Mentee Responsibilities:

1. Submit ranking of mentor/advocates to coordinator by August 1st
2. Coordinate meetings with mentor by their preferred method of contact
3. Be flexible with meeting times and locations
4. Be open about professional and personal goals

Evaluation Guidelines

1. All evaluations shall be timely and documented on appropriate forms in PharmAcademic.

2. If for any reason any additional evaluation is not documented in PharmAcademic, copies of the completed evaluations shall be forwarded to the RPD and uploaded to the resident's PharmAcademic supplemental documents (e.g. student evaluations of the resident.)

3. Evaluation of Resident:

   The performance of the resident shall be based upon the use of predetermined goals and objectives derived from the ASHP Residency Program Design and Conduct: Goals and Objectives.

   a. Rotation: The resident shall be responsible to attend periodic meetings 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. At a minimum, an oral mid-rotation evaluation, a final written self-evaluation (using the same evaluation form as the preceptor), and final written evaluation by the preceptors will be performed.

   If the rotation is team-taught, the preceptors will communicate with each other about the resident's progress, specific recommendations for improvement, and upcoming assignments and special requirements.

   Within seven days after the completion of each rotation, and **preferably on the last day of the rotation,** the preceptor will evaluate the overall performance of the resident using the Summative Evaluation form in PharmAcademic. The evaluation will be reviewed with and signed by the resident, and forwarded to the RPD for co-signature in PharmAcademic.

c. Quarterly: Quarterly evaluation sessions with the RPD shall be scheduled to assess progress toward meeting global goals and program requirements. The resident shall schedule the sessions to be held in approximately July (baseline), October, January, April and June. This information is documented as part of the Customized Development Plan (CDP).

d. Failure to demonstrate adequate performance or to meet program deadlines may result in formal disciplinary action including possible dismissal from the residency program.

e. The Achieved Definition for Residents: The RPD may allow some goals and objectives to be marked as achieved only after completion of specific activities. For example, a resident is unlikely to achieve goals related to writing prior to successfully completing a RAC proposal or Drug Information rotation. The resident appropriately and consistently demonstrates during all learning opportunities, rotations, and throughout the year the following in knowledge, skills and attitudes (as appropriate for each goal evaluated):

Achieved Definition:

1. Competently and safely care for patients at a level acceptable for all pharmacists in the University system.
2. Present patients in a logical and succinct order and understand the priorities of pharmaceutical needs.
3. Serves as a valuable resource for the healthcare team.
4. Gives timely responses that are clear and appropriate for audience understanding.
5. Demonstrates an advanced level of problem solving skills.
6. Demonstrating knowledge, and proper use, of all available resources.
7. Able to autonomously identify and prioritize current tasks as well as upcoming deadlines.
8. Appropriately balance time between work tasks, personal life, projects, and learning opportunities in order to complete all requirements, while continuing to increase knowledge and skills.
9. Through actions demonstrates reliability, responsibility, and trustworthiness on a level that would be desirable for employment.
10. Helps to create an amiable, productive work environment.

4. Evaluation of Preceptor and Learning Experience

Within seven days after the completion of each rotation, and **preferably by the last day of the rotation,** the resident shall complete the Preceptor and Learning Experience Evaluation. This evaluation shall be discussed with the preceptor and submitted to the RPD through PharmAcademic.

5. Evaluation of Program

Residents may bring program issues to the attention of the RPD, the Chief Pharmacy Officer, or to RAC at any time during the year.

Residency Program Retreat:

a. The resident class (including PGY1 and PGY2 residents) shall be responsible to schedule two residency program retreats that shall be held in December and June. The residents and a non-leadership facilitator or external consultant will attend the meeting.

b. Residents shall develop an agenda for the retreat in cooperation with either the CPO or Chair of RAC. Residents may invite other staff or preceptors as appropriate for receiving feedback.

c. The purpose of the retreat shall be to address the strengths and weaknesses of the programs.

d. The facilitator shall produce a summary of the proceedings of the retreat that shall include recommendations for change that are identified by the program participants. This will be submitted to RAC for review.

6. The residency program considers a resident's evaluations as privileged information within the program to ensure focused development and feedback for each resident. Use of evaluations as a recruiting tool for future employers or residency/fellowship programs is discouraged. The RPD and preceptors will NOT release copies of a resident’s evaluations to anyone NOT serving as a preceptor for the Program.

Appendix A

Job Description

HOSPITALS AND CLINICS HUMAN RESOURCES
515 E 100 S, 7th Floor Salt Lake City, UT 84102
PH 801.581.6500 | FX 801.585.5144

Pharmacy Resident (7578)

Position Summary

This position functions as a clinical pharmacist as part of a 1-2 year structured training program to further develop the resident's skills and knowledge. The program requirements will be unique and are set by the residency program director. As part of this training program, the resident will complete a major project. Residents are supervised by program preceptors for each of their assigned training rotations. Applications are accepted until January 1st each year. University Hospitals & Clinics participates in the ASHP Resident Matching Program for the selection of residents into the program. Applications may be accepted in late March for any positions not filled during the matching process.

Corporate Overview

The University of Utah is a Level 1 Trauma Center and is nationally ranked and recognized for our academic research, quality standards and overall patient experience. Our five hospitals and eleven clinics provide excellence in our comprehensive services, medical advancement, and overall patient outcomes.

Essential Functions

- Performs all the essential functions of a Clinical Pharmacist.
- Meets all the program requirements of a resident as outlined in the program requirements.
- Conducts a major project.

Knowledge / Skills / Abilities

- Ability to perform the essential functions of the job as outlined above.
- Knowledge and skills necessary to provide care appropriate to the age of the patients served on his or her assigned unit.

- Knowledge of the principles of life span growth and development and the ability to assess data regarding the patient's status and provide care as described in the department's policies and procedures manual.

Qualifications

Required

- One of the Following:
  - Current Pharmacist license in the State of Utah.
  - Current Temporary Pharmacist License issued through the State of Utah.
- Graduate of an ACPE-accredited college of pharmacy in the United States.
- Must obtain Pharmacist License in the State of Utah within 90 days of start in the pharmacy resident program.
- Current licensure to dispense controlled substances in the State of Utah or work under the supervision of a pharmacist with a controlled substance license and license to practice as a pharmacist in the State of Utah.

Working Conditions

Employee must be able to meet the following requirements with or without an accommodation.

- This position involves light work that may exert up to 20 pounds and may consistently require light work involving lifting, carrying, pushing, pulling or otherwise moving objects. This position involves standing for extended periods of time and is not exposed to adverse environmental conditions.

Disclaimer

This job description has been designed to indicate the general nature and level of work performed by employees within this classification. It is not designed to contain or be interpreted as a comprehensive inventory of all duties, responsibilities and qualifications required of employees assigned to the job.

The above job description reflects the general physical and mental demands and environmental conditions required to perform the essential functions for this position. Nothing in this job description restricts management's right to assign or reassign duties to this job at any time. The University of Utah Health complies with the Americans with Disabilities Act, as amended and Sections 503 & 504 of the Rehabilitation Act, and extends reasonable accommodations to qualified applicants or employees with disabilities. A qualified applicant must be able to perform the essential functions of the job, with or without a reasonable accommodation.

Appendix B

PGY1 Required Competency Areas, Goals, and Objectives

See the following section on the ASHP website for a variety of information related to the PGY1 Competency Areas

PGY2 Outcomes, Educational Goals and Objectives

See the following section on the ASHP website for a variety of information related to the PGY2 Competency Areas

https://www.ashp.org/Professional-Development/Residency-Information/Residency-Program-Resources

Appendix C

PharmAcademic Instructions:
Log in to PharmAcademic at https://www.pharmacademic.com/Login.aspx
and follow the Help and Support link

Appendix D

Service Commitment Record Example

Date	Shift	Shift Equiv	Type (Required, ECS, PTO S, PTO US)	Status (Completed, Scheduled, Predicted)	Shift Note
16-Jul	AIM4	1	Required	Completed	
17-Jul	AIM4	1	Required	Completed	
25-Jul	CVMU1	1	Required	Completed	
30-Jul	AIM2	1	Required	Completed	
31-Jul	AIM2	1	Required	Completed	
8-Aug		1	PTO-U		Sick Day
13-Aug	CVMU1	1	Required	Scheduled	
14-Aug	CVMU1	1	Required	Scheduled	
15-Aug	CS1-1400	1	ECS		
21-Aug	AIM4	1	Required	Predicted	
6-Sep	CS2	1	Required	Predicted	
10-Sep	CVMU1	1	Required	Predicted	
11-Sep	CVMU1	1	Required	Predicted	
24-Sep	AIM2	1	Required		
1-Oct	CVMU1	1	Required	Predicted	
2-Oct	CVMU1	1	Required	Predicted	
12-Oct		1	PTO-S		vacation
22-Oct	AIM	1	Required	Predicted	
22-Oct	CS2	1	Required	Predicted	
23-Oct	AIM	1	Required	Predicted	
12-Nov	AIM	1	Required	Predicted	
12-Nov	CS2	1	Required	Predicted	

Summary				
Month	Required Shifts	ECS Shift Equiv.	PTO-S Shift Equiv	PTO-US Shift Equiv
July-20	5	0	0	0
August-20	3	1	0	1
September-20	4	0	0	0
October-20	5	0	1	0
November-20	2	0	0	0
December-20	0	0	0	0
January-21	0	0	0	0
February-21	0	0	0	0
March-21	0	0	0	0
April-21	0	0	0	0
May-21	0	0	0	0
June-21	0	0	0	0
July-21	0	0	0	0
Total	**19**	**1**	**1**	**1**

Appendix E

Past Resident Graduates and Project Titles

University of Utah Health Residency Programs: Past Resident Projects 1992-2022

Last Name	First Name	School	Year	Resident Project
Abbinanti	Alan	U of Utah	2021-22 (B)	Providers Perceived Value of Clinical Pharmacist and Technician Services within Primary Care Clinics
Brinkman	Luke	U of MN	2021-22 (Onc)	Responses to CAR-T Cell Therapy Based on Tumor Biology for Diffuse Large B-Cell Lymphoma
Campbell	Maren	U of MN	2021-22 (A)	Impact of Protocol Implementation on the Appropriate Use of Vancomycin in Patients with Febrile Neutropenia
Chavez	Guadalupe	U of IA	2021-22 (B)	Impact of clinical pharmacists in patients with HbA1c >10% in primary care clinics
Christensen	Sean	U of Utah	2021-22 (MUSP)	Comparison of Electronic Medical Record, Policy, and Infusion Pump Library for Continuous Infusions and Developing an Ongoing Maintenance Program at an Academic Medical Center
Dwyer	Katie	U of KS	2021-22 (EM)	Direct Oral Anticoagulant versus Warfarin to Prevent Recurrent Thrombosis in Patients with Singe- or Dual-Positive Antiphospholipid Syndrome
Fitton	Kathryn (Katie)	U of GA	2021-22 (Cards)	Comparison of DOAC loading strategies after parenteral anticoagulation for acute thromboembolism
Fonteno	Megan	Auburn U	2021-22 (Onc)	Impact of Pharmacist-Led Medication Interaction Reviews for Oncology Patients on Clinical Trials
Gallagher	Chanah	U of KY	2021-22 (IM)	Impact of Implementing an IV to PO Antibiotic Treatment Protocol for Orthopedic Infections on Prescribing Habits and Health Utilization Outcomes
Heinen	Krystal	U of MN	2021-22 (SoTx)	Outcomes of Very Small Pediatric Donor Kidneys Utilizing Belatacept-Based Immunosuppression in Adult Recipients
Hunsaker	Aaron	UMKC	2021-22 (CC)	Assessment of two different Nimodipine doses after subarachnoid hemorrhage
Hunter	Melanie	U of Utah	2021-22 (B)	Clinical Outcomes of Patients Following Pharmacist Education on Immunotherapy and Immune-Related Adverse Events
Jackson	Ashley	U of Utah	2021-22 (A)	Evaluating the Appropriateness and Safety of IV Iron Administration at the University of Utah Hospital
Lee	Julia	UCSF	2021-22 (Onc)	Assessment of midostaurin with idarubicin and cytarabine induction for acute myeloid leukemia
Relias	Samantha	U of WI	2021-22 (HSPAL1)	Development of a REMS Compliance Evaluation Process and an Interdisciplinary REMS Compliance Review Committee at an Academic Medical Center
Manning	Kyle	Auburn U	2021-22 (ID)	Outcomes associated with the creation of an inpatient pharmacy-led outpatient parenteral antimicrobial therapy (OPAT) service to facilitate transitions of care
Miller	Sabrina	U of MI	2021-22 (Am Care)	Justifying a part-time ambulatory pharmacist position through chronic care management billing and improvement in diabetes quality measures.
Nazminia	Kara	U of WY	2021-22 (IM)	Ceftriaxone versus ampicillin/sulbactam for treatment of community-acquired complicated parapneumonic effusion
Ortbals	Chloe	U of KS	2021-22 (HSPAL1)	Evaluation of Medication Overrides from Automated Dispensing Cabinets Associated with a Standardized Criteria at an Academic Medical Center
Palandri-Rodriguez	Diana	U of NE	2021-22 (Am Care)	Increasing patient access to primary care services via pharmacist co-visit model

Ren	Dylan	U of WY	2021-22 (IT)	Implementation of a pharmacy-specific, transplant documentation tool
Swomley	Aaron	U of Cincinnati	2021-22 (A)	Letermovir Prophylaxis in Hematopoietic Stem Cell Transplant: Evaluation of Clinically Relevant Risk Factors
Vadipour	Omeid	U of Utah	2021-22 (A)	Adjusting the subcutaneous insulin protocol for patients with diabetic ketoacidosis to reduce rates of hypoglycemia
Whetman	Presley	U of Utah	2021-22 (A)	Advanced Chemotherapy Preparation
Jensen	Victoria	Butler	2021-22 (Onc)	Safety of intravenous pentamidine for Pneumocystis jiroveci pneumonia prophylaxis in patients with malignancy
Wilke	Carlie	U of WI	2021-22 (U of WI)	Implementation of Radio Frequency Identification (RFID) Technology to Optimize Medication Inventory Management in the Intraoperative Setting
Chen	Suzie	St. Louis CoP	20-21 (IT)	Data at your fingertips: Improving pharmacist clinical decision support through push notifications
Christensen	Sean	U of Utah	20-21 (A)	Evaluating Inpatient Safety of Vancomycin Therapy at an Academic Medical Center
Clark	Jessica	U of KY	20-21 (Cards)	Evaluation of safety and efficacy of fixed dose versus weight-based intravenous digoxin loading based on ideal body weight
Finnerty	Thomas (Kyle)	Findlay	20-21 (HSPAL-2)	Implementation of a Centralized Product Validation Queue
Fitton	Kathryn (Katie)	U of GA	20-21 (A)	Review of antifungal prophylaxis during the preoperative phase of liver transplant
Gallagher	Chanah	U of KY	20-21 (A)	Impact of Outpatient IV to PO De-escalation vs Continued Vancomycin Therapy on Safety and Effectiveness Outcomes for Patients with Orthopedic-Related Infections
Halloran	Stephani	VCU	20-21 (Int Med)	Duration of antibiotics for treatment of Empyema
Hou	Helen	UCSF	20-21 (EM)	Pre-Post Assessment of Best Practice Alert Intervention for Ondansetron in the Emergency Department to Minimize Adverse Effects in High Risk Patients
Jahng	Calvin	U of Utah	20-21 (B)	Pharmacist Supported Pre-Exposure HIV Prophylaxis in Primary Care
Jones	Shannon	UMKC	20-21 (Int Med)	Development of a pharmacist consult protocol for patients receiving medications via feeding tube during hospital admission
Konietzko	Michael	U of WI	20-21 (HSPAL-2)	Implementation and Optimization of a Drug-Diversion and Prevention Program
Lee	Julia	UCSF	20-21 (A)	Continued Utilization of Self-Reported Work Sampling Method for Evaluating Inpatient and Ambulatory Oncology/Hematology Clinical Pharmacist Activities
Lindley	Bryn	U of Utah	20-21 (Int Med)	The use of continuous infusion vancomycin compared to intermittent dosed vancomycin in the treatment of acute pulmonary exacerbations in patients with cystic fibrosis
Miller	Sabrina	U of MI	20-21 (B)	Adherence barriers experienced by refugees at the Redwood Pharmacy
Mills	Mikayla	U of Utah	20-21 (Am Care)	Baseline characteristics of transgender adults seeking care for gender-affirming hormone treatment in a family medicine clinic
Nazminia	Kara	U of WY	20-21 (A)	Evaluation of a standardized AUC-based initial vancomycin dosing protocol on an internal medicine service
Palandri	Diana	U of NE	20-21 (B)	Impact of clinical pharmacist management of type 2 diabetes mellitus using personal continuous glucose monitoring in the ambulatory care setting
Radford	Colton	ID State	20-21 (Crit Care)	Evaluation of the efficacy and safety of the acute massive pulmonary embolism (PE) protocol
Rustem	Danielle (Dani)	Ferris State U	20-21 (Onc)	Agnostic Tumor Treatment with CDK 4/6 Inhibitors
Schneider	Sabrina	Concordia	20-21 (Onc)	Assessing Quality and Value of Live vs Recorded Chemotherapy Education in an Ambulatory Cancer Care Setting
Tagare	Rosemarie (Dawn)	U of IL Chicago	20-21 (ID)	Seroconversion of people living with HIV with recombinant, adjuvanted hepatitis B vaccination
Wasef	Bestis	U of WA	20-21 (Onc)	Agnostic approaches to tumor treatment

Westfield	Jaelyn	U of IA	20-21 (Onc)	Evaluation of infections among adults with CLL and AML receiving venetoclax
Wilke	Carlie	U of WI	20-21 (HSPAL-1)	Is there a remote chance? Central pharmacy workload and staffing model evaluation to increase pharmacist capacity
Zukauckas	Kelsea	U of WY	20-21 (SOTx)	AMR Treatment Outcomes in Kidney Transplant Patients at an Academic Medical Center
			20-21	
			20-21	
Chan	Alissa	UCSD	19-20 (SoTx)	Effects of dose reduction of azathioprine in lung transplant patients
Cisowska	Tamara	UCSF	19-20 (IM)	Comparative efficacy and safety of oral metolazone versus intravenous chlorothiazide for acute decompensated heart failure sequential nephron blockade
Clark	Lillian	U of KY	19-20 (HSPA-2)	Improving Inpatient Pharmacy Services to the Emergency Department in a Growing Academic Health System
Finnerty	T. Kyle	Findlay	19-20 (HSPA-1)	Improved workflow efficiency of intrathecal pain pump compounding using volumetric mid-preparation review
Froerer	Camryn	U of Utah	19-20 (HSPA-2)	Development and implementation of a patient acuity scoring system in kidney transplant patients
Gabriel	Christian	U of Co	19-20 (IM)	Survey of CFF-accredited care centers regarding antibiotic utilization for treatment of *Mycobacterium abscessus* infection
Jensen	Brita	Midwestern	19-20 (CC)	The impact of sleep aids on the nurse perceived quality of sleep in the cardiovascular ICU
Klink	Graham	U of KY	19-20 (Onc)	Appropriate laboratory monitoring for denosumab in solid tumor patients
Konietzko	Michael	U of WI	19-20 (HSPA-1)	The Price is Right! Outpatient therapeutic interchange optimization and impact
Kramer	Elizabeth	OH Northern	19-20 (Onc)	A weight-based, dose-response assessment of tyrosine kinase inhibitor therapy for patients with chronic myeloid leukemia
Kuznicki	Joanne	U of WI	19-20 (IM)	Time to therapeutic range of activated partial thromboplastin time compared to antifactor-Xa for unfractionated heparin infusion monitoring in end-stage renal disease patients
Lindley	Bryn	U of Utah	19-20 (A)	Implementing changes to a subcutaneous insulin diabetic ketoacidosis protocol to improve hypoglycemia rates at an academic medical center
Mcclure	Lauren	UT Austin	19-20 (Em Med)	Education and assessment of understanding of appropriate dosing of ketamine for sedation by emergency medical service providers in the field
Mcdonald	Joshua	U of IA	19-20 (B)	Identifying factors that predict the occurrence of adverse drug reactions leading to the discontinuation of vancomycin in outpatient parenteral antimicrobial therapy
Mills	Mikayla	U of Utah	19-20 (B)	Evaluation of patient satisfaction with pharmacist performance in delivering comprehensive medication management (CMM) within select University of Utah community clinics
Moore	Shelby	U Cincinnati	19-20 (Onc)	Dosing Strategy During Rechallenge with Nivolumab After Immune-Related Adverse Events in Patients with Solid Tumors: An Observational Cohort Study
O'Brien	Shea	Drake	19-20 (IT)	A dynamic clinical checklist to standardize pharmacist intervention documentation and clinical review
Oliver	Meredith	U of MS	19-20 (ID)	Validation of the Drug Resistance in Pneumonia (DRIP) clinical prediction score at the University of Utah Health
Schneider	Sabrina	Concordia	19-20 (A)	Evaluation of Pre-Transplant Serologies and Vaccination Rates in Kidney Transplant Candidates
Tham	Kenneth	UCSF	19-20 (Onc)	Evaluation of Infections in Patients Receiving Ibrutinib
Tuttle	Shannon	U of Utah	19-20 (B)	A Value Assessment of Pharmacy Primary Care Clinical Technician Services

Wasef	Bestis	U of WA	19-20 (A)	Implementing standard operating procedures for compounding hazardous and specialty drug
Windscheffel	Joe	U of KS	19-20 (Am Care)	Pharmacist Driven Annual Wellness Visits for Medicinally Complex Patients
Zukauckas	Kelsea	U of WY	19-20 (A)	Do These Labs Really Matter?: Searching for the Benefit of Laboratory Monitoring in Outpatient Parenteral Antimicrobial Therapy (OPAT)
Baxa	Jared	U of WI	18-19 (A)	Association of the use of acetaminophen with opioid use and clinical outcomes in postoperative critically ill patients
Clark	Lillian	U of KY	18-20 (HSPA-1)	Evaluation and optimization of the central pharmacy triage role in a large academic health system: Assessing the cause of phone calls and medication messages
Clark	Rebecca	Lipscomb	18-19 (Onc)	Resident Project Title: Impact of Glucose-Lowering Agents on TKI Response in CML
Clark	Breanna	U of KS	18-19 (SoTxp)	Impact of everolimus on secondary non-melanoma skin cancer prevention in sold orgain transplant recipients
Collins	Lynsi	UNC	18-19 (Int Med)	Survey of CFF-accredited care centers regarding treatment of fat soluble vitamin levels assessment and management
Crockett	Keaton	U of U	18-19 (AmCare)	Stimulant Stewardship: Analysis of Pharmacist Engagement in the Care of Adult Patients Prescribed Stimulants for ADHD at a Family Medicine Clinic
DeLor	Jeremy	Wayne State	18-19 (B)	The impact of a pharmacist-centered transitions-of-care workflow on patient readmission rates in a large academic medical center
Dunn	Louis	Creighton	18-19(Informatics)	Clinical Decision Support Implementation: QTc Prolongation Risk Scoring and Stratification System
Freeman	Rachael	UIC	18-19 (DI)	Developing an impact severity rating scale to characterize drug shortages
Froerer	Camryn	U of U	18-20 (HSPA-1)	Trial of new discharge workflow on time to discharge in a rehabilitation hospital
Jankowski	Mika	U of AZ	18-19 (Onc)	Retrospective review of original versus modified R-CODOX-M/IVAC regimens in patients with non-Hodgkins' Lymphomas
Joshi	Rutvik	OSU	18-19 (A)	Insulin Safety Through FMEA and Application of National Best Practices
Kramer	Elizabeth	ONU	18-19 (A)	Evaluation of methotrexate clearance with an enteral urine alkalinization protocol in a large academic medical center
Kuznicki	Joanne	U of WI	18-19 (A)	Impact on pneumococcal vaccination rates in immunocompromised patients with the presence of a pharmacist in a specialty clinic
Lux	Alexandrea	OSU	18-19 (HSPA-2)	Assessment of the prior-authorization staffing model for outpatient infusion at a large academic health center
Martin	Rebecca	SUNY	18-19 (Onc)	Post-progression treatment with targeted therapy of patients with NSCLC
Miller	Rebecca	Purdue	18-19 (Int Med)	Survey of CFF-accredited care centers regarding the use of colistimethate sodium and polymyxin B
Morlan	Natalie	U of U	18-19 (B)	Identification of Patients for Comprehensive Medication Management by Pharmacists in Community Are Clinics through Assessment of 30-day Readmission Risk at Transitions of Care
O'Brien	Shea	Drake	18-19 (HSPA-2)	Implementation and optimization of a new medication inventory management system
Oliver	Meredith	U of MIS	18-19 (A)	Safety of daily vs every 48-hour dosing of daptomycin in patients with renal insufficiency
Sherwood	Sabrina	Idaho S	18-19 (Int Med)	A comparison of anti-pseudomonalantibioticserum concentrations collected by peripherally inserted cnetral catheters and peripheral veins in adults with cystic fibrosis
Tritle	Brandon	U of WY	18-19 (ID)	Liposomal amphotericin B associated nephrotoxicity in obese and non-obese patients
Turcotte	Kelsey	Union U	18-19 (Onc)	Evaluating change in antifungal prophylaxis strategies from fluconazole to posaconazole for AML patients undergoing induction chemotherapy

Windscheffel	Joe	U of KA	18-19 (B)	Assessing revenue capture and provider satisfaction utilizing pharmacists to complete comprehensive medication reveiws as part of transitional care management within community clinics
Athern	Kathleen	U of CO	17-18 (Int Med)	Impact of Pregnancy on Antibiotic Clearance in Cystic Fibrosis Patients
Barnicoat	Marie	U of FL	17-18 (Informatics)	Development and Validation of a Computer Based Nomogram for Methotrexate Monitoring and Leucovorin Dose Adjustment
Boyd	Alexander	Oregon State	17-18 (B)	Implementation of enhanced pharmacy services (Comprehensive Medication Management) to improve prescribing rates of osteoporosis medications in women who had a fracture
Clark	Breanna	U of Kansas	17-18 (A)	How much do our transplant patients really understand about their medications?
Crockett	Keaton	UofU	17-18 (B)	Pharmacist intervention to address antimicrobial stewardship in the primary care setting
Fisher	Jonathan	MUSC	17-18 (A)	The Pre and Post-assessment of the Impact of a Vancomycin Dosing Guideline for IV Drug Users
Freeman	Rachael	U of Illinois	17-18 (B)	Impact of a Community Pharmacy Medication Synchronization Program on Adherence in an Academic Medical Center Patient Population
Gaskill	Eric	MUSC	17-18 (A)	PJP prophylaxis BPA improvement
Gibson	Amanda	Jefferson CoP	17-18 (ID)	Weight and BMI Changes in HIV-Infected Virologically Suppressed Adults after Switching to an Elvitegravir- or Dolutegravir-Containing Regimen
Griswold	Cassia	U of AZ	17-18 (Onc)	Risk factors for VTE during chemotherapy in patients with bladder and testicular cancer
Hayes	Lisa	U of TN	17-18 (Crit Care)	Update of emergency department CA-MRSA antibiogram with review of antibiotic prescribing practices
Jones	Emma	U of NE	17-18 (Onc)	Analysis of various dosing strategies of capecitabine monotherapy for HER2-negative metastatic breast cancer
Ku	Jennifer	UNC	17-18 (A)	Implementation of a Neurocritical Care Unit Pain Management Guidance Document and its Impact on Nurse Satisfaction in Managing Pain in Neurocritical Care Patients
Kurtti	Amanda	U of MN	17-18 (Onc)	Levofloxacin prophylaxis in obese versus non-obese patients
Larson	Todd	MUSC	17-18 (SoTx	Effectiveness of a renal sparing mTOR inhibitor based protocol in liver transplant recipients at a large academic medical center
Lux	Alexandria	U of Ohio	17-18 (Admin-1)	Impact of a standardized method of processing prior authorizations at outpatient infusion clinics
O'Brien	M. Shea	Drake	17-18 (Admin-1)	Implementation of a new medication inventory management system and the effects on central pharmacy quality, performance and operations efficiency
Pigott	Heidi	Duquesne U	17-18 (Am Care)	Pharmacist intervention in patients with treatment resistant hypertension at an urban family medicine clinic
Ratte	Morgan	U of RI	17-18 (Int Med)	Treatment of Venous Thromboembolism in Cystic Fibrosis Patients
Sandahl	Tyler	U of IA	17-18 (Onc)	Examination of the Effect of Rituximab and Acetazolamide on Creatinine Elevation and Methotrexate Clearance in Patients Receiving High Dose Methotrexate
Sherwood	Sabrina	Idaho State	17-18 (A)	Development of an immunosuppression weaning protocol for kidney transplant recipients with allograft
Steffens	Laura	UofU	17-18 (Crit Care)	Amiodarone Dosing in Obese Post-Cardiac Surgery Patients
Trovato	Anthony	UofU	17-18 (Drug Info)	Preventing Transition Sticker Shock
Wiederrich	Jennifer	UMKC	17-18 (Int Med)	Evaluation of Nephrotoxicity in Cystic Fibrosis Patients treated with systemic Colistin for acute pulmonary exacerbation
Allen	Scott	U of U	16-17 (Crit Care)	Evaluation of High-dose Ascorbic Acid in Thermal Injury
Bertolaccini	Corinne	Northeastern	16-17 (Crit Care)	Evaluation of anti-Xa levels in surgery patients receiving fixed dose heparin

Biksacky	Meryl	U of U	16-17 (B)	Implementation and evaluation of a clinical decision support tool to minimize drug-drug interactions among older patient populations in emergency department and ambulatory care settings.
Bliven	Katie	MUSC	16-17 (Onc)	Utilization of granulocyte colony stimulating factors in metastatic solid tumors
Bowden	Ashley	Ohio State	16-17 (Admin-2)	Assessing the Impact of a Central Refill Center Using a Culture of Safety Survey
Buss	Brian	U of Wisconsin	16-17 (Infec Dis)	Impact of a Molecular Based Rapid Diagnostic for Bloodstream Infections with Antimicrobial Stewardship Notification at a National Cancer Institute
Carey	Jessica	U of U	16-17 (A)	Antineoplastic Policy Compliance among Clinical Pharmacists at an Academic Medical Center
Carroll	Emma	U of Illinois	16-17 (Onc)	Evaluation of Molecular Biomarkers and Response to Therapy in Prostate Cancer
Copeland	Vanessa	Ohio State	16-17 (Onc)	Outcomes evaluation for adult Ewing's, osteosarcoma, and rhabdomyosarcoma patients treated with off-label COG protocols
Cotiguala	Laura	Creighton	16-17 (SOTx)	Evaluation of immediate versus delayed valganciclovir initiation for the prevention of cytomegalovirus in abdominal transplant recipients
Cox	Nicholas	U of U	16-17 (Am Care)	Retrospective analysis of pharmacist engagement with patients with non-cancer pain on chronic opioid therapy at a family medicine clinic
Dwenger	Andrew	U of U	16-17 (Drug Info)	There was a policy for that? Implementing policies, guidelines, and formulary guidance into the electronic health record
Ferreira	Kristine	Albany COP	16-17 (Int Med)	Evaluation of Vancomycin Dosing and Nephrotoxicity in Intravenous Drug Users Admitted to the Internal Medicine Service
Huynh	Hoa	U of U	16-17 (Int Med)	Optimizing Pharmacokinetics and Pharmacodynamics of Intravenous Amikacin in Cystic Fibrosis Patients: Assessment of Clinical Outcomes and Nephrotoxicity
Jones	Emma	U of Nebraska	16-17 (B)	Implementation of inpatient chemotherapy education at an academic cancer center
Kappenman	Ashley	U of Iowa	16-17 (Admin-2)	Designing and Implementing Centralized Mail Order Pharmacy Services: Phase 2
Namanny	Halee	U of U	16-17 (Onc)	Emergent inpatient anticancer therapy administration in patients with metastatic solid tumors
Palasik	Brittany	U of Maryland	16-17 (Int Med)	Evaluation of Single High-dose Oral Vitamin D3 Therapy versus Standard Care in Adult Cystic Fibrosis Patients
Pan	Irene	U of U	16-17 (A)	Incidence of Thrombosis Post-Kidney Transplant and the Use of Venous Thromboembolism Prophylaxis
Pigott	Heidi	Duquesne	16-17 (B)	Implementation and evaluation in opioid risk reduction strategies in a suburban family medicine clinic
Ratte'	Morgan	U of Rhode Island	16-17 (A)	Review of methylprednisolone use for diffuse alveolar hemorrhage (DAH) in hematopoietic stem cell transplant (HSCT) recipients and the subsequent implementation of an evidence-based guideline
Steffens	Laura	U of U	16-17 (A)	Minimizing the Delay in Time to Antibiotics in Patients Presenting to the Emergency Department with Urosepsis
Trovato	Anthony	U of U	16-17 (A)	Implementation of a medication reconciliation improvement bundle for acute care inpatients
Black	William	U of KY	15-16 (Admin-2)	Standardizing the Medication Reconciliation Process: Phase II
Bliven	Katherine	MUSC	15-16	Evaluating a change in surgical prophylaxis in kidney transplant recipients
Bowden	Ashley	Ohio State	15-16 (Admin-1)	AHRQ Community Pharmacy Survey on Patient Safety Culture: The results are in, what to implement now?
Carroll	Emma	U of IL	15-16	Effect of a Structured Pharmacist Education and Documentation Process on HCAHPS Pain Management Scores
Clough	Alyson	Purdue	15-16 (Onc)	Characteristics of Long-Term Responders and Survivors of Metastatic Colorectal Cancer

Coleman	Abby	Creighton	15-16 (CC)	Reducing pulmonary vasodilator dependence using oral sildenafil after coronary artery bypass grafting or valve procedure
Cox	Nicholas	U of U	15-16	Descriptive Analysis of Thrombophilia Testing in Hospitalized and Emergency Department Patients
Ferreira	Kristine	Albany	15-16	Improving pneumococcal vaccination rates of diabetic patients with use of a pharmacist workflow within a family medicine residency clinic
Garcia	Breanne	U of U	15-16 (Comm)	Implementation of a pharmacy workflow process intended to improve Prevnar 13 immunization rates in patients 65 years and older
Geurts	Kelsee	Roseman	15-16 (Comm)	Evaluation of the use of statin therapy for primary prevention in type 2 diabetes patients between the ages of 40-75 years old: a retrospective, observational study
Harrington	Erik	U of U	15-16 (Onc)	Correlation of Genomic Aberrations and Response to First line VEGFR-TKI in Metastatic Renal Cell Carcinoma
Hedges	Ashley	UNC	15-16 (CC)	Retrospective Analysis of Levetiracetam Dosing in Neurosurgical Patients for Seizure Prophylaxis
Holesh	Lauren	UNC	15-16 (Admin-2)	Health-System and Patient Care Benefits of a Centralized Prior Authorization Service: Phase II
Hummert	Shelly	UofAZ	15-16 (Onc)	Evaluation of safety and effectiveness of rivaroxaban compared to enoxaparin for treatment of venous thromboembolism in patients with malignancy
Huynh	Hoa	U of U	15-16	Survey of audiology testing in cystic fibrosis patients who receive aminoglycosides for the treatment of acute pulmonary exacerbations
Kappenman	Ashley	U of IA	15-16 (Admin-1)	Designing and Implementing Centralized Mail Order Pharmacy Services
Kelley	Dawnyle	U of SC	15-16 (IT)	Pharmacist Evaluation of Fall-Risk via Use of a Medication Based Fall-Risk Assessment
Prelewicz	Stacy	Wilkes	15-16 (Onc)	FOLFOX relative dose intensity and correlation with survival outcomes in metastatic colorectal cancer
Pugazhenthi	Vidya	U of CO	15-16 (IM)	Survey of antibiotic utilization for treatment of Stenotrophomonas maltophilia infection in cystic fibrosis patients
Smith	Tonya	MUSC	15-16 (IM)	Pharmacokinetics of Intermittent Vancomycin in Adult Cystic Fibrosis Patients
Traylor	Katie	UNC	15-16 (am care)	Aspirin Prescribing Practices for Primary Stroke Prevention in Elderly Women Following Monthly Population-Based Clinical Pharmacist Evaluation
Witt	Benjamin	Findlay	15-16 (DI)	Development of a Method to Measure Adherence to Medication Management Policies
Yeager	Sarah	Temple	15-16 (SOTx)	Evaluation of the use of mTOR inhibitors in pancreas transplant recipients
Arterbury (Beatty)	Allison	Arizona	14-15	Evaluating Warfarin versus Aspirin for Post-operative VTE Prophylaxis in Patients with TKA and THA
Au	Trang	Creighton	14-15 (onc)	Evaluation of Safety and Effectiveness of Vascular Endothelial Growth Factor-Tyrosine Kinase Inhibitors with Concomitant Proton Pump Inhibitors or Statins in Advanced Renal Cell Carcinoma
Babin	Jennifer	Alabama	14-15 (IM)	Implementation of an Inpatient Computer-Based Inhaler Education Program
Bailey	Hanna	Florida	14-15 (onc)	Evaluation of neutropenic fever admissions in patients with solid tumors
Black	William	Kentucky	14-15 (admin-1)	Standardizing the Medication Reconciliation Process
Caffiero	Nicole	Wilkes U	14-15 (Comm)	Interruptions and Distractions Before and After the Implementation of a Central Call Center on Pharmacists and Technicians in a Community Pharmacy Setting
Coleman	Abby	Creighton	14-15	Left Ventricular Assist Devices as Independent Risk Factors for GI Bleeding in Cardiovascular Surgery Patients
Diamantopoulos	Anastasia	TX Tech	14-15 (CC)	Evaluation of the Efficacy and Safety of a Dexmedetomidine Protocol in Traumatic Brain Injury Patients

Fung	Brian	Florida	14-15 (IT)	Implementation of Antimicrobial Renal Dosing Decision Support in EPIC Using SmartText
Hansen	Alisyn	Nebraska	14-15 (Am Care)	Implementation of Hypertension Shared Medical Appointments in An Academic Family Practice Clinic
Holesh	Lauren	UNC	14-15 (admin-1)	Health-System and Patient Care Benefits of a Centralized Prior Authorization Service
Hong	Lisa	Colorado	14-15 (IM)	Pharmacokinetics of continuous infusion beta-lactams and tobramycin in the treatment of acute pulmonary exacerbations in adult cystic fibrosis patients
Hoyt (Luzi)	Jessica	Wisconsin	14-15	Analysis of Adherence to Asymptomatic Bacteriuria Treatment Guidelines for an Emergency Department at an Academic Medical Center
Kosloske	Ashley	Minnesota	14-15	Assessment of Empiric Antibiotic Prescribing Practices in the Emergency Department for Patients Admitted with a Diagnosis of Acute Pyelonephritis
Louie	Jessica	Southern Cal	14-15 (CC)	A comparison of dexmedetomidine-propofol sedation to propofol sedation in mechanically ventilated patients
Marini	Erica	Northeastern	14-15 (admin-2)	Impact of Central Call Center on Distribution of Work Activities in Outpatient Pharmacies
McPherson	Jordan	WVU	14-15 (onc)	Predictors of Systemic Chemotherapy Utilization Within the Last 30 Days of Life
Palmer	Kelsey	Montana	14-15 (Comm)	Using failure mode and effects analysis (FMEA) methods to identify barriers contributing to low human papillomavirus (HPV) vaccination rates in a University of Utah community-based clinic
Schoen	John	Colorado	14-15 (DI)	Developing a Guideline for Weight-Based Dosing of Medications in Obese Adults
Sirandas	Bhanupriya	UI Chicago	14-15 (SOTx)	Evaluation of Induction Therapy in Renal Transplant Recipients
Smith	Tonya	MUSC	14-15	Survey of Antibiotic Utilization for Treatment of *Burkholderia cepacia complex* Infection in Cystic Fibrosis Patients
Tanner	Natalee	Arizona	14-15 (onc)	Utilization of Antineoplastic Chemotherapy Near the End-of-Life
VanWagoner	Eve	Utah	14-15 (Comm)	Patient Safety Culture within the University of Utah Health Care Community Pharmacies
Burger	Jordan	Drake	13-14 (admin-2)	Strategizing Dispensing of Medications Prescribed in Specialty Clinics
Diamantopoulos	Anastasia	Texas Tech	13-14	Risk of Venous Thromboembolism in Patients Receiving BID versus TID Prophylactic Heparin Dosing Based on a 90 kg Weight Cut-off
Ford	Ian	UoPacific	13-14 (IT)	The Effect of an Improved, Guideline-Based Clinical Decision Support Tool on Ambulatory Clinic Vaccination Rates
Fritz	Kelly	Ohio Northern	13-14 (onc)	Evaluation of Complications of Chemotherapy in HIV-positive Patients on HAART Therapy Compared to HIV-negative Matched Controls
Garza	Carissa	Incarnate Word	13-14 (SoTX)	Use and Outcomes of Rabbit Antithymocyte Globulin for Induction Therapy in Cardiac Transplantation: A Single Center Experience
Hansen	Alisyn	Nebraska	13-14	Evaluation of Aspirin Prescribing Practices in Elderly Women at the University of Utah Sugar House Health Center
Holcomb	Kelly	Auburn	13-14 (IM)	Survey of Antibiotic Utilization for Treatment of *Mycobacterium abscessus* Infection in Cystic Fibrosis Patients
Jacquez	Machaela	Utah	13-14 (Comm)	The Identification of Medication Related Problems from a Medication Review Provided by clinical Pharmacist in a Community Setting
Johnston	Kiersten	Utah	13-14 (DI)	Did we do What we Said we Would do? Developing a Process to Follow-up on P&T Decisions
Liu	Cindy	Maryland	13-14 (Comm)	Socio-economic and Clinical Characteristics of Patients Hospitalized with Prescription Opioid-Related Overdose
Louie	Jessica	Southern Cal	13-14	Safety of Continuous Infusion Beta-lactam Antibiotics in Adult Cystic Fibrosis Patients During an Acute Pulmonary Exacerbation
Marini	Erica	Northeastern	13-14 (admin-1)	Optimization of Care Transition practices Performed by Pharmacy Services Across a University Health System

Maxa	Kim	Drake	13-14 (onc)	Voriconazole Safety in Obese and Non-Obese Patients
McTish	Ryan	Georgia	13-14 (CC)	Experience with Colistin in the Management of an Extensive Drug Resistant Acinetobacter Outbreak in an ICU
Miles	A. Meredith	Georgia	13-14 (Comm)	The Gap in Transitions of Care in Heart Failure Patients: When, Why and Who do Drug-related Problems Affect?
Paul	Shilpa	Illinois-Chicago	13-14 (onc)	Utilization of Antineoplastic Chemotherapy Near the End-of-Life
Ratermann	Kelley	Kentucky	13-14	Effect of Pharmacy-Initiated Chronic Pain Management Admission Notes on HCAHPS Scores
Schoen	John	Colorado	13-14	Descriptive Case-series of the Use of Kcentra™ for the Reversal of Warfarin-associated Major Bleeding
Thompson	Johanna	Washington	13-14 (Am Care)	A Clinical pharmacist's Assessment of Bisphosphonate Use for Osteoporosis and Appropriateness of Long Term Therapy
Wilds	Brandon	LECOM	13-14 (onc)	Clinical Outcomes and Risk Factors for Treatment Failure and Recurrence of *Clostridium difficile* Infections in Hematopoietic Stem Cell Transplant Patients
Wolfe	Brianne	Montana	13-14 (CC)	'Development and Implementation of a Protocol for the Treatment of Acute Massive Pulmonary Embolism
Bhakta	Zubin	TX Tech	12-13 (Int Med)	A Survey of the Pharmacist's Role at U.S. Cystic Fibrosis Foundation - Accredited Centers
Bowles	Harmony	New Mexico	12-13 (onc)	Incidence of febrile neutropenia in patients with HER2 positive breast cancer receiving docetaxel, carboplatin, and trastuzumab (TCH) for adjuvant treatment
Burger	Jordan	Drake	12-13 (admin-1)	Verification of benefits for clinic and infusion medication administration
Buu	Jenni	Idaho State U	12-13 (comm)	Improving evidence-based guideline implementation – Identifying barriers and developing a process to improve adult influenza vaccination rates and clinical guideline implementation in a community clinic setting
Ford	Ian	UoPacific	12-13	Effect of Implementation of a Barcode Medication Administration System In the Incidence of Medication Administration Errors
Fritz	Kelly	Ohio Northern	12-13	Analysis of Community-Oriented Resistance Patterns in Urinary Tract Infections for an Emergency Department at an Academic Medical Center
Gillespie	Matthew	Michigan	12-13 (TX)	Cytomegalovirus prophylaxis with valganciclovir in kidney transplant recipients: A single-center experience
Hays	Emily	Nebraska	12-13 (Am Care)	Pharmacist intervention to decrease risk of hypoglycemia in older patients with diabetes mellitus
Holsopple	Megan	Creighton	12-13 (DI)	How SMART can we be? – Maximizing the use of smart pump infusion data to improve guardrail programming
Johnston	Kiersten	Utah	12-13	One-Stop Shopping: Integrating Medication Use Information into the Online Formulary at the University of Utah Hospitals and Clinics
McTish	Ryan	Georgia	12-13	Observational Study of a High Dose Heparin Protocol with Bolus in Comparison to a Bolus-free Low Dose Heparin Protocol in Brain Injured Patients with Concomitant Thrombosis
Mishra	Adya	Utah	12-13	Evaluation of acute coronary syndrome/myocardial infarction (ACS/MI) heparin drip protocols in obese patients at the University of Utah Hospital
Nguyen	Truong	UMKC	12-13 (IT)	Implementing Clinical Decision Support - Medication Dosing in Renal Impairment
Ogborn	Diane	Utah	12-13 (comm)	Tdap Vaccination Rates in Pregnant Women through Electronic Medical Record Process Changes
Parikh	Kinjal	UNC	12-13 (onc)	Outcomes of Metastatic Renal Cell Carcinoma Patients with Favorable Clinical and Histologic Features Treated with High-Dose Interleukin-2 Therapy
Pecoraro	Joshua	Wyoming	12-13 (onc)	Effect of thrombocytosis on venous thromboembolism risk in pancreatic cancer patients receiving chemotherapy
Rim	Matthew	Western U	12-13 (admin-2)	Developing a Pharmacy Benefit Management Program (Part II)

Sledge	Tyler	TX Tech	12-13 (CC)	Measuring the clinical impact of surgical intensive care pharmacists using documentation in the electronic medical record
Bailey	Erin	West Virginia	11-12 (onc)	Opportunity to Optimize Oral Chemotherapy Outcomes: The Pharmacist's Role
Bhakta	Zubin	TX Tech	11-12	Evaluation of Prasugrel vs. High-Dose Clopidogrel in Acute Coronary Syndrome Patients
Burgeson	Mick	Colorado	11-12 (IT)	Developing a Web-Based Collaborative Information Sharing Environment
Cline	Kyle	UMKC	11-12	Comparison of the Treatment and Prophylaxis of Patients with Heparin-Induced Thrombocytopenia Prior to and Following Hospital Guideline Implementation
Ghaffarian	Sanaz	UCSF	11-12 (DI)	Reformulating the Formulary at the University of Utah Hospitals and Clinics
Hiller	Sara	UMKC	11-12 (onc)	Evaluation of Iron Deficiency Anemia and Treatment in Cancer Patients
Parikh	Kinjal	UNC	11-12	Use of Simvastatin in Transplant Patients and the Incidence of Side Effects, and Evaluation of Efficacy
Rim	Matthew	Western U	11-12 (admin)	Developing a Pharmacy Benefit Management Program
Robinson	McKay	Wyoming	11-12 (comm)	Bridging the Gap Between FDA Safety Warnings and Patients: Are Pharmacists the Appropriate Messengers?
Sledge	Tyler	TX Tech	11-12	Evaluation of a New Hyperglycemia Protocol Across Multiple Intensive Care Units
Soni	Nimisha	Wayne State	11-12 (TX)	Analysis of Risk Factors for the Development of Chronic Kidney Disease After Orthotopic Liver Transplant
Sorensen	Teshia	Wyoming	11-12	Development of Albumin Use Guidelines
Streeter	Jessica	New Mexico	11-12 (onc)	Hematologic Effects of Sulfamethoxazole/Trimethoprim and Dapsone for Pneumocystis jiroveci Pneumonia Prophylaxis in Patients with Glioblastoma Multiforme Receiving Concomitant Temozolomide and Radiation
White	Jacob	Utah	11-12 (CC)	Evaluation of Administration Rate of 23.4% Sodium Chloride on Duration of Intracranial Pressure Control
Bailey	Erin	West Virginia	10-11	Clinical outcomes of MRSA bacteremia treated with vancomycin: Assessing the utility of vancomycin trough serum concentrations and AUC24/MIC
Carlson	Adrian	South Carolina	10-11 (TX)	Analysis of Rabbit Antithymocyte Globulin Induction Therapy in Elderly Kidney Transplant Patients
Filtz	Michael	Maryland	10-11 (onc)	Feasibility, Justification and Clinical Development of a Hospice Care Program
Gebarski	Matt	U Michigan	10-11 (IT)	A Comparison of Medication Order Error Rates in a Neonatal Intensive Care Unit Before and After Computerized Prescriber Order Entry Implementation
Ghaffarian	Sanaz	UCSF	10-11	Antiplatelet Therapy Versus Anticoagulation in Patients with Cervical Artery Dissection
Giouroukakis	Mary	New York	10-11 (DI)	Descriptive Case-Series of the Treatment and Prophylaxis of Patients with HIT at University of Utah Hospital
Hatch	Heather	Utah	10-11	Evaluation of Adherence to Thienopyridines After Discharge from University of Utah Hospital Cardiovascular Medicine Unit
Katzourakis	Michael	Utah	10-11 (admin)	Impact of CPOE decision support on IV to PO medication interchange initiative: Assessing quality and cost
Hiller	Sara	UMKC	10-11	Evaluation of Peri-procedural Anticoagulation in Patients Undergoing Atrial Fibrillation Ablation
Prazak	Ann Marie	Houston	10-11 (CC)	Evaluation of the Efficacy and Safety of a Dexmedetomidine Protocol
Stenehjem	David	Minnesota	10-11 (onc)	Factors affecting clinical response to tyrosine kinase inhibitors in chronic myeloid leukemia
Votroubek	Nathan	U Iowa	10-11	What are the Underlying Causes of Resistance to Erythropoiesis Stimulating Agents?

Williams	Kali	Wisconsin	10-11 (onc)	Clinical outcomes of rasburicase administration in tumor lysis syndrome: A retrospective cohort study
Alwan	Michael	Butler	09-10 (admin)	Evaluation of workflow before and after implementation of computerized provider order entry (post-implementation)
Filtz	Michael	Maryland	09-10	Evaluation of 14.6% NaCl for the Treatment of Increased Intracranial Pressure in Traumatic Brain Injury
Mahmoudjafari	Zahra	Missouri	09-10 (onc)	Correlating electrolyte abnormalities with hematopoietic recovery following myelosuppressive chemotherapy
MacDonald	Elyse	Creighton	09-10 (DI)	Drug Shortages Impact on Patient Safety
Miars	Laura	Butler	09-10 (onc)	Comparative toxicities of 2 high-dose IL-2 treatment doses at Huntsman Cancer Hospital
Milne	Nikki	Utah	09-10	Evaluation of the Appropriateness of Bisphosphonate Therapy Using the FRAX Calculator
Prazak	Ann Marie	Houston	09-10	Evaluation of the cardiothoracic surgery heparin protocol at the University of Utah Hospital
Simons	Heidi	Montana	09-10 (CC)	Evaluation of Cardiac Arrest Documentation in an Academic Teaching Hospital with Pilot Implementation of Electronic Cardiac Arrest Documentation
Stenehjem	David	Minnesota	09-10	Effects of P-glycoprotein Modulators on Acute Epileptic Events
Wagstaff	Dustin	USN	09-10 (CC)	Surgical ICU Nurse-Owned Wake-up, Extubate and Discharge: (SNOWED) Trial
Williams	Kali	Wisconsin	09-10	A Retrospective Dose-finding Study of Hydroxyurea for Leukocytoreduction in Myelogenous Leukemia
Alwan	Michael	Butler	08-09 (admin)	Evaluation of workflow before and after implementation of computerized provider order entry (pre-implementation)
Burt	Lauren	U Florida	08-09 (onc)	Vitamin Deficiencies in Anemic Cancer Patients
Dryer	Megan	Utah	08-09	Medication Use Evaluation of Intravenous Acyclovir for Suspected Viral Encephalitis
Kenyon	Nicole	Midwestern IL	08-09 (TX)	Evaluation of a transplant specialty pharmacy service line on renal allograft function and survival
Mason	Russell	UC San Diego	08-09	Visual Compatibility of Intravenous 3% Hypertonic Saline
Myers	Kathryn	U Conn	08-09 (CC)	Hospital-wide Evaluation of Off-Label Use of Recombinant Activated Factor VII
Ngo	Nolan	U of Iowa	08-09 (onc)	Efficacy Assessment of Current Antiemetic Regimens for Chemotherapy-Induced Nausea and Vomiting at the Huntsman Cancer Institute
Simons	Heidi	Montana	08-09	Implementation of an Enoxaparin Dosing Protocol for Venous Thromboembolism Prophylaxis in Obese Surgical Intensive Care Unit Patients
Walker	Amanda	Kansas	08-09	Evaluation of Combined Warfarin and Antiplatelet Use at the University of Utah Thrombosis Center and Community Clinics
Walraven	Carla	New Mexico	08-09	Evaluation of the diagnostic and therapeutic management of CA-MRSA SSTIs in the emergency department
Winslow	Roger	USN (NV)	08-09 (admin)	Breakeven Analysis of a Proposed Pharmacy Discharge Prescription Medication Reconciliation Program
Lin	Hsin	Northeastern	07-08 (CC)	The Early Use of Intravenous Neostigmine for the Prevention of Barbiturate-induced Ileus and Necessity for Parenteral Nutrition in Neurosurgical Patients in Barbiturate Coma
Gallegos	Amanda	Utah	07-08	Cystic Fibrosis Quality Improvement Study
Truax	Crystal	Drake	07-08 (TX)	Impact of reduced-dose mycophenolic acid therapy on the incidence of renal transplant rejection and graft loss in corticosteroid withdrawal patients
Shipley	R. Wayne	Creighton U	07-08 (CC)	A Monte Carlo Simulation of Piperacillin-Tazobactam in Critically Ill Patients with Pseudomonas Aeruginosa

Myers	Kathryn	U Conn	07-08	Electrolyte Replacement Protocol Design and Assessment in the ICU Setting
Miles	LeeAnn	Utah	07-08	Comparison of Indomethacin and Ibuprofen in Neonates with Patent Ductus Arteriosus
VanDemark	Kimberly	Wisconsin	07-08	Conversion of chronic hemodialysis patients from intravenous erythropoietin alfa to intravenous darbepoetin alfa
Ponce	Paola	Kansas	07-08	Establishing Optimal Dosing of Intravenous Amiodarone in the Treatment of New Onset Atrial Fibrillation for Postoperative Surgical Patients
Sanders	Stephanie	Ferris State U	07-08 (Onc)	Establishing and Outpatient Anticoagulation Clinic for Oncology Patients
Lampas	Mary	Purdue	07-08 (Onc)	Assessment of Appropriate Vancomycin Use in Neutropenic Patients
Sanders	Tom	Ferris State U	07-08 (DI)	Building a Better Drug Budgeting System: A Survey and Assessment
Winslow	Roger	USN (NV)	07-08 (admin)	The Financial Impact of Pharmacy Specialty Billing Services
Au	Cam	Utah	06-07	Insulin availability in a parenteral nutrition solution
Au	Lara	Utah	06-07 (Onc)	Analysis of anticoagulation practices in multiple myeloma patients treated with thalidomide and dexamethasone
Canann	David	Midwestern AZ	06-07	Drug compatibility during Y-site infusions
Condie	Chad	Utah	06-07	Drug compatibility during Y-site infusions
Dang	Kim	Utah	06-07 (CC)	Levothyroxine infusions in the setting of shock and its effects on hemodynamic stability
Draper	Leslie	Utah	06-07	Venous thromboembolism prevention in the morbidly obese medically ill patient: A pharmacological analysis of the predictability of prophylactic weight-based enoxaparin dosing
Kantesaria	Pranish	Massachusetts	06-07 (admin)	Improved patient outcomes in a pharmacist managed anemia clinical at Huntsman Cancer Hospital
Lingenfelter	Erin	Ohio Northern	06-07 (CC)	The management of sepsis and septic shock in the SICU of the University of Utah Hospitals and Clinics
Masck	Mary	Purdue	06-07	The role of D-ribose in patients diagnosed with fibromyalgia
Truax	Crystal	Drake	06-07	Evaluation of the drug interaction between low-dose fluconazole and tacrolimus in renal transplant patients
Brooks	Tyson	Wyoming	05-06 (IM)	Exacerbation rates associated with non-selective vs.B1 selective beta-blocker use in patients with asthma or chronic obstructive pulmonary disease
Burns	Shauna	Mercer	05-06 (Onc)	Impact of cytokine prophylaxis on patients receiving moderately myelosuppressive chemotherapy regimens
Dang	Cathyyen	Utah	05-06 (CC)	Intensive insulin therapy in critically Ill surgical patients: evaluation of outcome benefit of tighter glucose control
Gilreath	Jeffrey	Wisconsin	05-06	Developing a collaborative practice agreement between pharmacists and oncologists to manage erythropoietic growth factor therapy for oncology patients in a pharmacist run ambulatory oncology center
Ho	Mei-Jen	Rutgers U	05-06 (IT)	Economic benefits of self-managed pharmacy benefit manager in a large academic hospital
Kantesaria	Pranish	Massachusetts	05-06	Retrospective analysis of Cinacalcet use in renal transplant patients at an academic medical center
Nighorn	Katie	Wisconsin	05-06	Efficacy of a pharmacist managed hypertension service
Roberts	Keri	Northeastern	05-06 (TX)	Impact of a rapid steroid withdrawal protocol on height and weight outcomes in pediatric renal transplant recipients
Sederholm	Benson	Utah	05-06	Pharmacist managed hyperlipidemia care versus usual care for patients with dyslipidemia in a UUHCS community clinic setting
Smith	Lara	Utah	05-06	Evaluation of venous thromboembolism prophylaxis in medically ill oncology patients
Allard	Jill	Nebraska	04-05	Retrospective Review of Steroid Withdrawal in Renal Transplant Patients
Howarth	Shannon	UNC	04-05	Improving Immunization Rates for Inpatients at UUHC
Neyens	Ron	So Dakota	04-05	Intensive Insulin Therapy in Burn Trauma Patients

Puett	Heather	UNC	04-05	Workplace Contamination with Antineoplastic Agents in a new Cancer Hospital Using a Closed Drug preparation System
Wohlt	Paul	Wisconsin	04-05	Outpatient Management Protocol for Venous Thromoboembolic Disease
Bohm	Nicole	Florida	04-05 (IM)	Appropriateness of Fluoroquinolones as Empiric Therapy for Nosocomial UTIs
Ludwig	Kyle	St. Louis CoP	04-05 (CC)	Ventilator-Associated Pneumonia: A Retrospective Look at the Pharmacological Management in the SICU
Mills	Kyle	Wyoming	04-05 (IM)	Asthma Medications and their association with Symptomatic Gastroesophagels Reflux
Wilkinson	Joey	Wyoming	04-05 (Tx)	Retrospective Review of BK Nephropathy in a Renal Transplant Population
Aggers	Patricia	Idaho State	03-04	Review of Efficacy and Safety of Valganciclovir for CMV Prophylaxis in Adult Renal Transplant Recipients
Beaumont	Cody	Michigan	03-04	Investigation of the Venous Thromoboembolism (VTE) Prophylaxis in Patients at our Rehabilitation Unit
Buchanan	Christie	PCP	03-04(Tx)	Assessing the pharmacokinetics of MMF by bound and free levels of MPA and MPAG in Renal Failure
Christensen	Russell	Utah	03-04 (IM)	The Predictability of Antibiotic Sensitivities Based on the Urine Analysis Nitrite Test
Gebhart	Benjamin	Drake	03-04 (CC)	Sedation Management in a Surgical Intensive Care Unit
Hermansen	Erica	Utah	03-04 (PC)	Evaluation of pharmacist vs physician anticoagulation management in a family medicine residency clinic
Jefferies	Kristen	Utah	03-04	The Impact of a Pharmacist initiated mediation History on Patient Satisfaction and Accuracy of Medications Ordered
Kay	Brent	Utah	03-04	Evaluation of Medication Ordering for University Hospital
Wilkinson	Joey	Wyoming	03-04	Describing the Usage Patterns, Reimbursement Rates, Acquisition Costs and Efficacy of Epoetin alfa and Darbepoetin at the Huntsman Cancer Institute
Dell	Kamila	UNC	02-03 (CC)	Medication propensity to clog nasoduodenal feeding tubes
Feddema	Sarah	U of Wyoming	02-03 (DI)	Evaluating Online Formulary Vendors for a University Hospital
Gebhart	Benjamin	Drake	02-03	Glucose control using a standardized sliding scale insulin protocol in a surgical intensive care unit
McDevitt	Lisa	Nebraska	02-03 (Tx)	Evaluating the Benefit of aggressive anemia treatment in renal transplant patients
Scott	Amy M	Idaho State	02-03	Inpatient utilization of erythropoietin and darbepoetin: improving treatment of anemia
Skordos	LeAnne	Utah	02-03	Evaluation of the Venous Thromboembolism prophylaxis in medical patients
Strain	Joe	South Dakota	02-03	Health Care Screening at University Hockey Games
VanBeuge	Derrick	Idaho State	02-03	Retrospective Analysis of anemia and associated cardiovascular and renal allograft complications post primary renal transplant
Dell	Kamila	UNC	01-02	Evaluation of a Heparin Nomogram
Fakata	Keri	Nebraska	01-02	Sirolimus inhibitions of P-Glycoprotein: a Possible Mechanism for increased Nephrotoxicity with concomitant use with Cyclosporine
Feddema	Sarah	U of Wyoming	01-02	Physical Compatibility of Vasopressin with Commonly Used Medications in Cardiac Arrest
Moaleji	Norwan	Colorado	01-02	Assessment of Cholesterol Treatment in a Family Medicine Clinic: Are we at goal with NCEPIII
Peterson	Dave	Utah	01-02 (DI)	Improving Documentation During Codes: A Process Improvement Project
Sundberg	Aimee	U of Wisconsin	01-02 (Tx)	Opinions of Pediatric Renal Transplant Patients about Switching from Cyclosporine to Tacrolimus
Wick	Catherine	U Washington	01-02	Evaluation of Surface and Personnel Cytotoxic Contamination at the Huntsman Cancer Institute

Carter	Orly	U of Utah	00-01 (PC)	A Multidisciplinary Approach to Hypertension Management: Utilizing a Pharmacist as an Education Provider in a Family Medicine Clinic
Chalverus	Carrie	U Washington	00-01	Surfactant Adverse Outcomes Monitor: A Comparison of Infasurf vs. Survanta
Crompton	Jason	Philadelphia	00-01 (Tx)	Impact of Basiliximab Induction Therapy in Adult Living Renal Transplants
Dalpiaz	Anthony	U of Montana	00-01 (DI)	Outcome Evaluation of Combination High Dose Daily interferon Alfa Plus Ribavirin in Patients with Hepatitis C
Davis	Lynn	U of Florida	00-01	Estimation of Creatinine Clearance between Aminoglycoside Pharmacokinetics, Cockcroft-Gault, and Jelliffe Methods in Critically Ill Patients
Sundberg	Aimee	U of Wisconsin	00-01	Opinions of Pediatric Renal Transplant Patients about Switching from Cyclosporine to Tacrolimus
Crompton	Jason	Philadelphia	99-00	Development of a Fail-Safe Medication Error Prevention System in Cancer Chemotherapy
Dalpiaz	Anthony	U of Montana	99-00	Treatment of Myofascial Trigger Point Pain with Topical Lidocaine Patches
Fox	Erin	U of Utah	99-00 (DI)	Assessing the Cost Savings of a Pharmacy-Administered IV to PO Interchange Program
Johnson	Stephanie	Creighton U	99-00	Assessing the Impact of Switching Maintenance Immunosuppression from Cyclosporine to Tacrolimus in Pediatric Renal Transplant Patients
McGee	Kelly	U of Cincinnati	99-00 (PC)	Homocysteine Reduction in a Geriatric Clinic Population: Effectiveness of Multivitamin Supplements
Raap	Jonathon	U of Texas at Austin	99-00	Movement Toward Becoming an Integrated Health Delivery System: Initiation of Pharmacy Services in a Primary Care Clinic
Grahmann	Paula	Texas at Austin	98-9	Analysis of Pain Clinicians' Perceptions of Opioid Use in Chronic Non-malignant Pain
Martin	Andrew	Ferris State U	98-9 (DI)	Developing a Drug Evaluation Process
Panjwani	Nooruddin	Texas at Austin	98-9	Treatment of Post-Ictal Vascular headaches with Intra-Nasal Sumatriptan (Imitrex)
Smith	Lonnie	Tennessee	98-9	Prophylactic Low Dose Fluconazole after Primary Renal Transplantation
Voytilla	Krista	U of Pittsburgh	98-9	Compatibility of Dolasetron with Commonly Used Post-Surgical Drugs During Y-Site Delivery
Wellman (Sater)	Melinda	Utah	98-9 (PC)	Assessing Medication prescribing Appropriateness, Patient Educational Needs and Compliance in Ambulatory Family Medicine Patients: A Descriptive Study
Bearden	David	U of Illinois	97-8	Evaluation of Amiloride Use with Amphotericin B in the Oncology Patient
Mathiason	Mark	Creighton	97-8	A Three Year Retrospective Survey of Yeast Isolates Compared to Fluconazole Use in a University Hospital
Nguyen	Long	Houston	97-8	Evaluation of Patient's Satisfaction Utilizing Telepharmacy to Deliver Pharmaceutical Care
Phillips	Mark	Idaho State	97-8	An Assessment of Hyperlipidemia in HIV Patients Treated with Protease Inhibitors
Wetzstein	Gene	N.Dakota State	97-8	The Impact of a Clinical Event Management System on Pharmacy Services in a University Medical Center
Brumfield	Lauren	MCV	96-7	Effect of Administration Sets and Volumes on the Delivery of Gentamicin to Low-Birth-Weight Infants
Salverson	Sandra	U of Illinois	96-7	Using Telemedicine as a Tool to Implement Pharmaceutical Care in Remote Ambulatory Setting
Mullin	Shantel	Idaho State U	96-7 (DI)	Computerizing Drug Information Services- External Survey and Internal Evaluation
Shah	Hetal	Rutgers U	96-7	Assessment of Clinical Outcomes Utilizing Predicted Carboplatin AUC in Autologous Bone Marrow Transplant (ABMT) Patients Treated with a Stamp V Regimen

Vaezi	Liza	Creighton U	96-7	Application of a Multi-Attribute Utility Theory (MAUT) Model to Select Agents for Use in ICU Sedation
Hutchings	Steven	Idaho State U	95-6	Y-Site Physical Compatibility of Cefmetazole with Other Commonly Used Drugs
Johnson	Melissa	St Louis U	95-6	Evaluation of Current Serotonin Antagonist Use in Chemotherapy Treated Patients
Mullin	Shantel	Idaho State U	95-6	Assessing the Use of an Emesis Questionnaire for Monitoring Chemotherapy and Antiemetic Outcomes in Ambulatory Oncology Patients
Rubingh	Carla	U of Nebraska	95-6	Therapeutic Interchange by Pharmacists: Outcomes in an Ambulatory Care Clinic
Albright	Lisa	U of Nebraska	94-5	Evaluating Inpatient and Outpatient Allergy Documentation in a University Hospital Setting
Cerveney	Joli	U of Nebraska	94-5 (HIV)	Using Pharmaceutical Manufacturer Support to Fund an HIV Residency Program at University Hospital
Furniss	Shawn	Idaho State U	94-5	Indomethacin vs Surgical Ligation for the Treatment of Patent Ductus Arteriosus- A Retrospective Chart Review
Loeffelbein	Robert	U of Nebraska	94-5	A Comparison of Parenteral Nutrition Solution Osmolarity and Loss of Peripheral Venous Access in Neonates
Muncey	Lance	Idaho State U	94-5	Implementation and Evaluation of New American Diabetes Association Standards of Care for the Diabetic Patients in a Family Practice Clinic
Portley	Bonnie	Idaho State U	94-5	The Effect of Osmolality on Feeding Tolerance in the Preterm Neonate
Andrews-Boudreaux	Stacey	Idaho State U	93-4	Evaluation of Depression in the Elderly Using the Geriatric Depression Scale
Cerveney	Joli	U of Nebraska	93-4	Evaluation of a Pharmacist's Role During Cardiac Arrest
DiGregorio	Vicky	UC SF	93-4	Evaluating the Accuracy of Medical and Drug Histories in Russian Patients' Charts- An Evaluative Study
Grunden	John	U of Utah	93-4 (DI)	Evaluation of an Electronic Formulary
Najari	Zohre	U of Arizona	93-4	Y Site Physical Compatibility of Common BMT Drug Combos
Beckwith	Christina	U of Utah	92-3 (DI)	Surveying Former Drug Information Residents for Career Aspirations
Cafee	Anne	U of Florida	92-3	Pharmacist Counseling when a Sample Medication is Dispensed
Davis	Gary	U of Arizona	92-3	Evaluation of Transdermal Nicotine Replacement Therapy in the Outpatient Population - an Evaluative Study
Kelsey	Julie	U of the Pacific	92-3	First Dose Gentamicin Pharmacokinetics in Obstetric Patients
Moser	Lynette	U of Illinois	92-3	Pharmacist Participation in an Established Hyperlipidemia Clinic- A Descriptive Report
Dwinell	Andrea	U of Minnesota	91-2	Patient Compliance with Prescription Filling After Discharge from the Emergency Department
Robinette	Bryan	Tennessee	91-2	Physical Compatibility of Ceftazidime Sodium, and Methylprednisolone Sodium Succinate with Secondary Intravenous Agents via Simulated Y-Site Injection

Appendix F. Emergency Staffing Plan

Emergency Planning: University of Utah Resident Emergency Staffing Plan

Residents are considered part of Pharmacy staff, and staffing plans and adjustments apply to residents. Two scenarios exist in emergency situations, regular staffing shift days or evenings and rotation days. The following outlines the current plan for staffing in emergency situations including natural disaster and pandemic.

Independent staffing shifts (evenings and weekends): Residents will be included in hospital, clinic and community pharmacy staffing plans in emergencies. These plans will be determined by staffing managers to meet the needs of our patients.

- Residents will be updated on any staffing changes affecting their workday or rotation such as being moved to a different location to staff.
- Residents will also be notified if they are to take on expanded roles such as covering more patients, units, or operational duties.
- Residents who are not affected by the disaster, pandemic, or other emergency situation and can help cover staffing shifts may be asked to pick up extra shifts based on the needs of the department.
- Residents are to observe duty hours and notify RPDs and staffing managers if they are asked to exceed duty hour limits (e.g., work is limited to 80 hours per week averaged over 4 weeks, and residents must have one day free from work in 7 days averaged over 4 weeks.
- Shifts covered on evenings, midnights and weekends outside of rotation hours may be counted toward required staffing shifts.

Staffing During Regular Rotation Hours (weekdays): Residents should plan to continue to come to rotation each day unless they are ill or impacted by the emergency situation personally.

- Residents MAY work from home if they establish a mechanism for working from home with their preceptor and RPD and if they signed a telecommute agreement that is approved by their manager online in Pulse.
- As the number of available pharmacy staff decrease based on illness, child care, cross-coverage, inability to reach the hospital, etc., residents will be asked to staff during regular weekday rotation hours.
- Staffing may be in areas where the resident has been trained or where they can follow standard operating procedures and instructions to complete operational tasks, including tasks typically performed by technicians.
- Residents may need to serve as a support to rotation preceptors who are on-site while other preceptors are working from home. Residents will put patient care needs over rotation requirements during the emergency.
- If the resident has been trained in their current rotation location, and their preceptor is not able to come to work during the emergency, the resident MAY be asked to staff their rotation site.
- Staffing during regular weekday hours is part of the residency experience and will not count toward required staffing shifts.

Staffing managers and residents will follow the residency policy in the Common Residency Manual: “The resident may be required to staff their current or past rotation area alone during regular rotation hours following orientation to the service in certain situations. These situations may include preceptor illness or when preparation of the schedule has exhausted all other options for finding competent coverage. In extreme emergencies, residents may be pulled from their rotation site to cover other staffing locations due to acute illness or natural disaster and when all other options have been exhausted to cover these open shifts regular staff. Both the RPD and resident will be contacted to discuss the staffing situation prior to the shift being assigned to the resident. This is a program and rotation expectation and will NOT count toward additional service commitment hours as it occurs during the regular rotation work week and is not considered extra hours of work.”