

St. Mark's Hospital
Department of Pharmacy

Residency Handbook 2016 – 2017



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Pharmacy Practice Residency Program

Purpose Statement

The St. Mark's Hospital PGY1 Pharmacy Residency Program will build upon the Doctor of Pharmacy (PharmD) education and outcomes to contribute to the development of a clinical pharmacist responsible for medication-related care of patients with a wide range of conditions. The resident will develop knowledge and skills in direct patient care with experiences in the acute care setting, teaching, and research. It is the ultimate goal at the completion of the program for the graduate to be successful in multiple environments or be able to build upon the foundation with enrollment into advanced training programs such as board certification or PGY2 training.

Overview

Our program is a 12-month curriculum that provides in-depth professional, patient directed training and experience at the post-graduate level. Residents will gain the necessary experience and develop critical thinking skills needed to move forward in the ever changing world of pharmacy practice.

The residency program is designed to comply with published standards of the American Society of Health-System Pharmacists (ASHP). Efforts to provide the specific training and guidance that is optimal for a particular resident are extended whenever appropriate, feasible and mutually agreed upon by the resident, Residency Program Director and Residency Advisory Committee. A demonstrable desire to learn, a sincere career commitment to pharmacy practice, and a dedication to fully meeting all objectives and requirements of the program and department are basic expectations of all residents.

Residents are expected to actively and directly participate in a balanced array of clinical and practice management activities during required assignments. This participation will take the form of some evening/weekend/holiday presence and projects directly related to the provision of patient care services and/or participation in Department of Pharmacy programs.

Residents are required to complete additional program requirements, aimed at developing a skilled and competent practitioner. Required elements of the program include completing a major research project, patient education, student precepting and teaching, providing clinical pharmacy services, and developing leadership and communication skills. Upon successful completion of the program, residents will be awarded a program certificate.

The overarching goal of the residency training program is the development of a personal philosophy of practice which will facilitate the provision of pharmaceutical care in each resident's respective careers. This is guided by critical thought and patient advocacy in all aspects of drug therapy.

Program Structure

St. Mark's Hospital uses two types of learning experience for the PGY1 program. The types of learning experiences include core rotations and longitudinal experiences throughout the year.

The St. Mark's Hospital PGY1 Pharmacy Residency Program provides the following learning experiences.

Core Rotations*

Cardiology

Critical Care

Family Medicine (inpatient)

Antimicrobial Management Program (AMP)

Practice Management

Longitudinal Learning Experiences*

Project Management

Staffing

Teaching and Education

Concentrated Learning Experiences

Behavioral Health

Emergency Medicine

*NICU

*Oncology

*TPN Management

(*required)

Learning Experiences (all required)	Duration (in weeks)
Orientation to hospital, pharmacy department and residency program (includes institutional practice, PK consults, Epic training over 2 days, Vigilanz training)	8 weeks
Cardiology rotation	6 weeks
Critical Care rotation	6 weeks
Family Medicine (inpatient) rotation	6 weeks
Antimicrobial Management Program (AMP) rotation	4 weeks
Practice Management rotation	6 weeks
NICU (concentrated)	1 week
Oncology (concentrated)	1 week
TPN Management (concentrated)	2 weeks
Project/Research Preparation Time (longitudinal)	6 weeks
Teaching Certificate (longitudinal)	
Staffing (longitudinal)	

Two elective concentrated learning experiences are being offered, including Behavioral Health and Emergency Medicine.

Additional Program Requirements

- One MUE (Medication Use Evaluation)
- CE presentation at USHP Resident CE series at University of Utah
- Research Project
- Completion and submission of manuscript for research project
- Journal Club presentations (within Teaching Certificate requirements)
- Teach one or more lectures at Roseman University, College of Pharmacy
- Mentor Pharmacy Students
- One P&T drug monograph
- Nursing or Medical team in-services
- Case presentations
- ASHP Clinical Midyear attendance
- Involvement in residency recruitment

Schedule

- Residents are expected to work a minimum of 40 hours per week
- Late arrivals or early departures require prior approval in advance
- Residents are expected to focus on their assigned learning experiences, clinical activities and interactions with preceptors
- Time to work on research and other projects may be limited to after hours or when the resident’s tasks/assignments have been completed for that day.

Staffing Obligation

Each resident is required to work one weekend (consisting of two 10-hour shifts) within a 4-week schedule as well as one 6 hour shift every other week (Friday night). The assigned location for weekend staffing will be either in central pharmacy or on an acute adult unit, depending on where the resident is trained and what rotations have been completed. The PGY1 resident will work mostly in a distributive position early in the year.

Residents should be at their work site on the weekends at the scheduled time. Tardiness will not be permitted. Facility Scheduler is our computer software program that is used to see schedules and to request time off or to trade shifts with another resident or pharmacist. Access and orientation to this software program will occur in July.

If a resident desires a particular weekend off, he/she must notify the RPD and scheduler 4 weeks in advance. Alternatively, the resident may trade with another resident or pharmacist, in order to get a particular day off, as long as the resident will be working in an environment that he/she has been trained in. Any trading of shifts must be with the approval of a manager. If a resident desires a prolonged vacation (such as a full week off), this request should also be made as far in advance as possible, so the preceptor for that rotation is made aware.

Administration of the Residency Program

Organizational and Advisory Structure

Residency Program Director

The Residency Program Director (RPD) is responsible for overseeing all aspects of the residency program. Program goals, objectives and requirements will be the responsibility of the RPD in conjunction with the Residency Advisory Committee (RAC).

The program director will coordinate with other preceptors and pharmacy administration to coordinate schedules, rotations and to track the resident's progress as well as resolve any pertinent issues.

Residency Preceptors

Lisa Arrigo, RPh, BCPS	Cardiology
Chelane Phillips, PharmD, BCPS	Critical Care
Calvin Lee, RPh, BCPS	Family Medicine (inpatient)
Brian Hathaway, PharmD	Antimicrobial Management
Darrin Cutler, RPh, BCPS	Oncology & Family Medicine (inpatient)
Steven Crandall, RPh, MBA	Pharmacy Practice Management (Facility)
Jason Braithwaite, PharmD, MS, BCPS	Pharmacy Practice Management (Division)
Braden Adamson, PharmD	Teaching Certificate
Jennifer Bishop, PharmD, BCPS	TPN Management
Caitlin Oderda, PharmD, BCPS	NICU

The rotation preceptor will be responsible for scheduling the resident's activities, assuring the resident's progress toward meeting the objectives of the rotation, and identifying potential problems with the resident's competencies or the residency objectives.

Responsibilities of the Preceptor

- Introduce resident to unit, team members and area staff.
- Discuss the clinical activities/responsibilities of the clinical pharmacist in area
- Attend rounds with resident if applicable
- Instruct resident how to verify orders, review profiles, identify and make interventions.
- Discuss how to identify ADR's and how to report
- Review pharmacokinetics, antibiotic monitoring, formulary interventions, consults, TPN monitoring.
- Responding to drug information questions and resolving medication related problems.

Project Advisor

The resident will select a project advisor, who is a content expert in the subject matter of the specific project. The project advisor/mentor assumes the primary responsibility to guide the resident in completing the required research project. The mentor assists the resident in selection, planning and implementation of the project to ensure successful outcomes. Residents are required to present the results of their project at the Mountain States Conference in the spring. The project advisor RPD or Pharmacy Administration may recommend the resident to present their project at other conferences or meetings at the state and national level. **The project's manuscript must be submitted for final review two weeks prior to the end of the residency year.**

Resident Mentor

Each resident is assigned to a preceptor to serve as program mentor to advise the resident throughout the year. The resident-mentor relationship is relatively informal. Mentors are a resource for the resident to help the resident achieve both their professional and personal goals throughout their program year.

Residency Advisory Committee (RAC)

The Residency Advisory Committee is a standing committee of the Department of Pharmacy. Standing members include the core and longitudinal rotation residency preceptors and the Residency Program Director. The Director of Pharmacy and Division Director of Clinical Pharmacy Services are also invited to attend. The Committee serves to support the program goals and improve the quality of the residency program at St. Mark's Hospital. This meeting creates a forum for the preceptors to discuss the residents' progress, resident projects, concerns or issues regarding the residency schedule, and other components of the program.

Additionally the RAC:

- Discusses the incoming residents' interests, strengths, and professional/personal goals they have outlined during their orientation process
- Determines a mentor for each resident
- Discusses the residents' performance on their assigned learning experiences and address any goals and objectives with a "needs improvement"
- Establishes preceptor responsibilities and preceptor development initiatives
- Discusses the overall performance of the residents and to identify any areas for improvement
- Goals and objectives achieved for the residency will be reviewed quarterly and the RPD will document completion in PharmAcademic
- Continuously evaluates the curriculum, goals and objectives
- Discusses resident recruitment and selection
- Discuss program improvements, program advancement and reflection on the current year

Customization of Residency Program

ASHP requires that the resident's training program must be customized based on each resident's entering interests, skills and experiences. Progress toward achieving program outcomes and requirements should be assessed quarterly by the Program Director. Additionally the customized training plan will be evaluated quarterly to ensure resident's interests and personal goals are consistent with program goals and objectives.

Self-Assessment Form

Prior to the program start, the incoming residents will be given a self-assessment form to complete to assess their abilities, practice interests, skill level, experience and educational background. This information will be shared with the preceptors and RPD to assist in developing a customized training plan, schedule and mentor assignment.

ASHP Entering Interests Form

The residency program at St. Mark's Hospital uses the standard form created by ASHP to determine the residents' individual professional goals and objectives for their program year. The standard form is completed once during the resident orientation experience. The standardized form addresses career goals, current practice interests, strengths, weaknesses, and professional and program goals. Residents also address areas of concentration for their program, a strategy for fostering continuing pharmacy education and their involvement in professional organizations. The resident is required to provide a narrative reflecting on these elements in order to provide them with a customized training plan.

Residents will identify a number of areas where improvement is desired and the RPD will develop a plan to address these areas to achieve professional and personal goals.

Goal Based Residency Evaluation

The Goal-Based Residency Evaluation is to collect baseline information for use in the development of individualized educational goals and objectives for the upcoming year in residency. The resident will use this form to perform a self-evaluation on all the program's outcomes and goals. The Goal Based Residency Evaluation Form is completed once as part of the resident's orientation/introductory learning experience.

Residents will review the information provided on both forms with their RPD in order to create a customized schedule and training plan.

The RPD will discuss the information gathered for each resident from both forms at the first Residency Advisory Committee to ensure preceptors can assist in facilitating achievement of program goals for the individual resident.

Customized Training Plan

ASHP requires the Customized Training Plan to be reviewed quarterly. A reminder will be sent out to the RPD for completion. The Customized Training Plan is where 1) the RPD determines which goals the resident has achieved for the residency program and 2) where a written plan is communicated to ensure customization of the program as it relates to the initial training plan. This written plan should include 1) comments on resident progress, 2) suggestions for improvement and 3) any changes to the plan from the previous quarter. This training plan is discussed quarterly with the resident and must be signed by both RPD and resident to ensure both parties are in agreement with the statements in the plan. This will be submitted via PharmAcademic.

Residents must acknowledge their individual training plan in PharmAcademic and comment on their progress or changes as related to their initial plan.

Quarterly Assessment of Program Outcomes and Goals

An evaluation of the residents' progress in achieving program's goals and objectives will be completed in conjunction with the Customized Training Plan. The RPD will review the resident's evaluations quarterly and add comments accordingly. The RPD will determine if program outcomes and goals have been achieved. The RPD will also consider residents self-evaluation and preceptor feedback to determine achievement of program goals for that quarter.

RPD will review the quarterly evaluation with the resident at the end of each quarter. Residents should perform a self-assessment on their progress before reviewing preceptor or RPD's assessment.

Residency Evaluation Process

Structured evaluations using PharmAcademic are conducted throughout the residency program to provide feedback regarding both resident's performance and effectiveness of training. Orientation to PharmAcademic will be conducted during July of each residency year.

Evaluation Types:

Summative evaluation: performed by the preceptor at the end of the rotation.

Preceptor evaluation: performed by the resident at the end of the rotation/experience.

Self-evaluations: resident completes a self-evaluation for each summative evaluation.

Quarterly evaluation: performed by the RPD and/or longitudinal preceptor each quarter. The RPD will determine if the resident has demonstrated consistency throughout their learning experiences and mark "Achieved for Residency" accordingly.

Preceptor (Summative) Evaluation of Residents' Attainment of Goals and Objectives

- Preceptors will provide appropriate orientation to the learning experience, including review of educational goals and objectives, learning activities, expectations and evaluation schedule.
- Preceptors will provide ongoing feedback throughout each learning experience. Preceptor should meet with the resident 2-3 times a week in order to keep communication ongoing.
- Written formative evaluation is encouraged. Examples to review include patient monitoring forms, care plans, monographs, MUE's.
- Formative evaluation will also be completed by multiple 'snapshots' throughout each experience, expectation for 1 snapshot a week.
- Summative evaluation will be completed by the preceptor no later than 1 week after the last day of the learning experience. For longitudinal rotations the evaluation must be done quarterly.
- Preceptors will check the appropriate rating to indicate resident progress and provide narrative commentary for any goal for which progress is "needs improvement" or Achieved.
 - ❖ NI: Needs Improvement
 - Resident's level of skill on the goal does not meet the preceptor's standards of achieved or satisfactory progress.
 - Resident was unable to complete assignments on time and/or required significant preceptor oversight
 - Resident's aptitude or clinical abilities were deficient
 - Unprofessional behavior was noted
 - ❖ SP: Satisfactory Progress
 - Resident's skill levels has progressed at a rate that will result in full mastery by the end of the residency program
 - Resident is able to perform with some assistance from the preceptor
 - Improvement is evident throughout the experience
 - ❖ ACH: Achieved
 - Resident has fully mastered the goal/skill based on their residency training

- Resident has performed the skill consistently with little or no assistance from the preceptor
- ❖ ACHR: Achieved for Residency
 - RAC, including the RPD, will determine if the resident has demonstrated that the goal has been achieved for their program over multiple learning experiences with consistency, independence, and professionalism.
 - RPD will mark these as achieved quarterly in PharmAcademic
- Summative evaluations must be discussed with the resident and both parties must cosign and acknowledge any additional comments.
- All evaluations are delivered to the RPD via PharmAcademic for review and signature.
- At the end of the residency year, the residency committee will meet to consider each resident's progress and ultimate achievement of the program's goals and objectives.

Residents' Self Evaluation of Their Attainment of Goals and Objectives

- Residents will complete a self-assessment at the end of each learning experience and at quarterly intervals and will be reviewed by the RPD.
- Residents should review their progress during their learning experience and should explain any goal/objective that is deemed "needs improvement"
- Residents must review and sign the preceptors' evaluation.
- At the end of the year, each resident should review their goals and objectives and self-evaluate their achievement.

Residents' Evaluation of the Preceptor and Learning Experience

- Residents will complete the program's evaluation form no later than one week after the learning experience has been completed or quarterly for longitudinal rotations.
- Completed evaluations will be discussed with the preceptors and signed by each.
- Completed and signed evaluations will be available to the residency program director for review.

Resident's evaluation of the residency program

- In May of each residency year the current residents will complete a program evaluation based on their personal experiences on all aspects of the program.
- The feedback will be used to improve and direct the program for the following year.



Department of Pharmacy

Policies and Procedures

PGY1 Pharmacy Residency Program

Title: Resident Attendance Policy
Effective Date: July 14, 2016
Approvals: Residency Advisory Committee on July 14, 2016
Origination Date: April 14, 2016
Review Date(s):

I. PURPOSE STATEMENT

To provide a structured attendance policy that enables the resident to successfully complete the required elements of the PGY1 program in accordance with departmental policies for full time employees.

II. PROCEDURE

A. Preface

The PGY1 program is a complete 12 month program encompassing all aspects of pharmaceutical care through various clinical and administrative learning experiences.

In order to complete all the requirements of the program, the residency position is a full time commitment consisting of a 40 hour work week. Residents are expected to work according to learning experience and preceptor's schedule. When residents are staffing they are required to work according to the shift they are assigned to.

B. PTO

Residents in the program are eligible to receive 20 days of PTO per HCA policy. PTO hours will begin accruing immediately upon employment; however, the hours may not be used for 90 days. Paid time off consists of both requested time off and sick days. Residents are required to submit their PTO requests at least 4 weeks in advance.

Although residents earn 20 days of PTO, in order to meet program requirements, residents will be approved for 10 PTO days over the 12 month program and must save the remaining PTO days. Residents may not take more than 5 days of PTO in a row

unless for extenuating circumstances. Allowable reasons to use these additional days include personal illness or severe illness in the immediate family.

C. Sick Calls

Residents are required to notify their preceptor or the central pharmacist by phone as soon as possible before they are to report to work. If the resident is scheduled to staff they must call central pharmacy a minimum of 2 hours before their shift starts.

D. Request for PTO

Vacations must be requested in accordance with the policies and procedures of the Department of Pharmacy Services. PTO must be approved by the preceptor affected by the vacation, as well as the Residency Program Director (RPD). Note that 4 weeks advance notification is required for rotations. Approval is based on length of time requested off, number of other staff members requesting similar time off (first come, first serve) and the requirements or assignments required by the learning experience. Requests for PTO are not needed for attendance at conferences specified as program requirements (Mountain States and Midyear).

Vacation requests should be initially approved by rotation preceptor and then forwarded to the RPD. The resident is responsible for arranging switches for all vacation time off during their regular scheduled staffing shifts.

E. Special Residency Program Events

Residents are required to notify their preceptor of special dates, including the ASHP Midyear and Mountain States Conferences along with other residency program events as soon as those dates are made available.

F. Funeral leave

In the event of the death of an immediate family member, employees are eligible for funeral leave with pay for up to three scheduled workdays (24 hours).



Department of Pharmacy
Policies and Procedures
PGY1 Pharmacy Residency Program

Title: Resident Staffing Policy
Effective Date: July 14, 2016
Approvals: Residency Advisory Committee on July 14, 2016
Origination Date: July 14, 2016
Review Date(s):

III. PURPOSE STATEMENT

As part of ASHP’s accreditation standards, each resident is required to complete a pharmacy practice component of the residency program, commonly referred to as “staffing”.

- To develop pharmacy practice skills and gain experience in distribution, department policies and procedures, drug procurement, medication safety and leadership opportunities.
- The program must be committed to and be responsible for promoting patient safety and the resident well-being while supporting an educational environment.
- Staffing responsibilities are important for maintaining the safety and welfare of patients.
- Achieving the outcomes and goals of the PGY2 program continue to be the primary objective of the residency experience.
- ACGME defines “duty hours” as: *“...all clinical and academic activities related to the residency program; i.e., patient care (both inpatient and outpatient), administrative duties relative to patient care, the provision for transfer of patient care, time spent in-house during call activities, and scheduled activities such as conferences. Duty hours do not include reading and preparation time spent away from the hospital.”*

IV. PROCEDURE

G. Supervision of Residents

It is expected that all residents will be licensed by the beginning of the first clinical rotation. It is the responsibility of the residency program to ensure that qualified staff provide appropriate supervision of residents in patient care activities.

H. Staffing Guidelines

Staffing will begin once the resident has successfully completed hospital and department of pharmacy orientation. They will receive ongoing evaluation of their performance as a staff pharmacist by the RPD with feedback from other staff.

- Residents will be required to staff one weekend (consisting of two 10-hour shifts) within a 4-week schedule as well as one 6 hour shift every other Friday night. There will be a total of 32 staffing hours per month.
 - Residents will not work the Friday night prior to the weekend they are staffing.
- The assigned location for weekend staffing will be either in central pharmacy or on an acute adult unit, depending on where the resident is trained and what rotations have been completed. The PGY1 resident will work mostly in a distributive position early in the year.
- If a resident requests PTO on their assigned evening or weekend they must arrange for coverage and ensure all parties have approved the switch.
- Residents will be required to work two holidays during their residency year.
 - One major holiday (Thanksgiving or Christmas) and
 - One minor holiday (President's Day or Memorial Day).
 - Residents may switch amongst each other but must communicate the switch with the scheduler and RPD.
- Per ACGME guidelines:
 - Resident cannot be on site for more than 80 hours per week
 - Duty periods for PGY1 residents must not exceed 16 hours in a 24 hour period
 - Residents must be scheduled for a minimum of one free day every week averaged over a 4 week period
 - An effort should be made to provide a minimum of 10 hours between any two shifts scheduled in the pharmacy. In the case of an emergency or unusual circumstance/event, the department of pharmacy may require residents to work extended hours.

I. Additional Staffing Activities ("Moonlighting")

- Must not interfere with the ability of the resident to achieve the goals and objectives of the residency program.
- Internal moonlighting must be approved by the pharmacy administration and limited according to the ACGME guidelines.

St. Mark's Hospital

Department of Pharmacy: Pharmacy Residency Program

Accreditation Council for Graduate Medical Education (ACGME)

ACGME Duty Hours Agreement

The St. Mark's Hospital Department of Pharmacy is dedicated to providing residents with an environment conducive to learning. In 2011, ACGME established common duty hour standards for all accredited medical residency programs. With the revision of the ASHP standards for residency training it was determined that the ACGME standards would apply to all pharmacy residency programs.

Residency Program Director's, Preceptors and Residents share responsibility to ensure that residents abide by the ACGME requirements during the residency year.

The Department of Pharmacy supports compliance with the ACGME Duty Hour Requirements to ensure that residents are not compromising patient safety or minimizing the learning experience by working extended periods of time. Compliance with the ACGME requirements is a shared responsibility between the Department of Pharmacy and each PGY1 and PGY2 resident.

Key elements of the ACGME requirements include:

- *Duty hours must be limited to 80 hours per week, averaged over a 4 week period, inclusive of on-call activities and all moonlighting.*
- *Duty periods of PGY-1 residents must not exceed 16 hours in duration.*
- *Duty periods of PGY-2 residents and above may be scheduled to a maximum of 24 hours of continuous duty in the hospital.*
- *Residents must be scheduled for a minimum of one day free of duty every week (when averaged over 4 weeks). At-home call cannot be assigned on these free days.*
- *Adequate time for rest and personal activities must be provided. Residents should have 10 hours, and must have eight hours, free of duty between scheduled duty periods.*

ACGME defines "duty hours" as: ***"...all clinical and academic activities related to the residency program; i.e., patient care (both inpatient and outpatient), administrative duties relative to patient care, the provision for transfer of patient care, time spent in-house during call activities, and scheduled activities such as conferences. Duty hours do not include reading and preparation time spent away from the hospital."***

Questions concerning the application of ACGME guidelines to your respective residency program should be directed to your Residency Program Director and/or the Director of Pharmacy. Additional information concerning the ACGME standards is located at: www.acgme.org.

With my signature below I acknowledge that I have read and understand my responsibilities to comply with ACGME duty hour requirements:

Print Name

Signature

Date



**Department of Pharmacy
Policies and Procedures**

PGY1 Pharmacy Residency Program

Title: Resident Disciplinary Action and Dismissal Policy
Effective Date: June 2, 2016
Approvals: Residency Advisory Committee on June 2, 2016
Origination Date: June 2, 2016
Review Date(s):

V. PURPOSE STATEMENT

Each resident is expected to perform in an exemplary, professional manner. If the resident fails to meet the requirements of the PGY1 residency program or acts in an unprofessional manner, disciplinary action may be necessitated. Specific cases may warrant dismissal from the program. This policy and procedure is designed to supplement additional information to the Human Resources Discipline, Counseling, Corrective Action Policy (Reference Number HR.ER.008) for situations unique to the residency program. The resident should also refer to the Code of Conduct for professional expectations.

VI. RESPONSIBLE PERSONS

PGY1 residents, Residency Program Director, Director of Human Resources

VII. DEFINITIONS

- J. The Residency Advisory Committee, or RAC, guides the residency program by reviewing the progress of residents and contributing to all major decisions regarding the residency program.
- K. The Residency Program Director, or RPD, is the point person for management of the residency program. All decisions regarding disciplinary action must be presented to the RPD.

VIII. PROCEDURE

L. Preface

It is expected that all residents will be licensed by the beginning of the first clinical rotation. Residents without licensure in Utah by September 1 may be dismissed from the residency upon majority vote by the RAC. Dismissal may occur immediately upon discovery of ineligibility for licensure.

M. Procedure for Resident Complaints

If a resident has a particular problem or complaint, he/she should first attempt to resolve the issue by speaking with his/her current preceptor. The resident should also

notify the RPD of any such issues. Any ongoing issues should be filed with the RPD in writing and may be presented at the next meeting of the RAC with the resident's consent.

N. Performance Reviews

Each resident will receive a summative evaluation within a reasonable time period of completion of each rotation. Quarterly evaluations are provided for longitudinal rotations, including the residency project. Formative evaluations ("snapshots") are implemented where appropriate according to each resident's needs.

Each resident is responsible for completing a self-assessment summative evaluation, learning experience evaluation, and preceptor evaluation at the conclusion of each block rotation and a quarterly self-assessment summative evaluation for each longitudinal rotation.

All evaluations are to be reviewed by the resident, applicable preceptor, and the RPD. Where the RPD serves as the applicable preceptor, a mentor will serve as this third check.

Quarterly reviews of the each resident's progress and attainment of both program and personal goals will be conducted by the resident and RPD. Residency advisory committee meetings will occur at least quarterly to discuss both the residency program and resident updates and concerns. Ideally, RAC meetings will be held after the quarterly review and on a prn basis.

Residents will also self-evaluate performance on the facility Performance Improvement Plan (PIP). This is a requirement of all employees on an annual basis.

O. Initial Warning

Minor or initial failure to adhere to residency requirements will result in a verbal counseling by the applicable preceptor or the RPD. Any occurrence of inadequate or inappropriate conduct will result in a verbal counseling by the applicable preceptor or the RPD.

Any such verbal counseling held to discuss problems should be documented in writing and filed with the RPD. Such documentation will be noted at the next RAC meeting.

Examples of inadequate or inappropriate conduct include, but are not limited to:

- 1) Dishonesty
- 2) Repetitive failure to complete assignments
- 3) Tardiness for clinical assignments
- 4) Abuse of leave or job abandonment (defined as three days absence from the program without notice to the Residency Program Director)
- 5) Violations of HCA policies and procedures or HCA Standards of Behavior
- 6) Patient abuse and/or negligence
- 7) Unprofessional conduct
- 8) Plagiarism
- 9) Violation of ethics or laws of pharmacy practice

The following shall be grounds for **immediate dismissal** from the program:

- 1) Commitment of a serious misdemeanor to be assessed on a case-by-case basis or felony
- 2) Mental impairment caused by substance abuse
- 3) Violence of any nature but not limited to horseplay, intimidation or coercion of other employees and slanderous remarks that may cause injury to another person while on any of the hospital's properties or while representing the hospital at any off-site location
- 4) Selling or distributing illegal substances while on St. Mark's Hospital premises or while engaged in St. Mark's Hospital business
- 5) Stealing from patients, St. Mark's Hospital, or fellow employees
- 6) Altering a time card or attendance sheet or any other record, including patient and financial records
- 7) Possession of firearms or use of firearms, fireworks, or any other weapon on St. Mark's Hospital property or while engaged in St. Mark's Hospital business
- 8) Failure to maintain the confidentiality of St. Mark's Hospital matters, including matters relating to patients
- 9) Failure to return to work following expiration of an approved leave of absence

P. Written Warnings

Written warnings should be documented.

Q. Probation

If after documented counseling a resident is not performing at an adequate level of competence, demonstrates unprofessional or unethical behavior, engages in misconduct, or otherwise fails to fulfill the responsibilities of the program, the resident may be placed on probation by the RPD. The resident must be informed in person of this decision and provided with a document containing the following:

- A statement listing the grounds for probation, including a description of the identified deficiencies or problem behaviors.
- A plan for remediation and criteria by which successful remediation will be judged.
- Notice that failure to meet the conditions of probation could result in extended probation, additional training time, extension of the residency year to meet all requirements for graduation, and/or dismissal from the program.
- Written acknowledgement by the resident of the receipt of the probation document.

The probation document will be presented to the resident after approval by the RAC. Decision of the RAC will be determined by majority vote.

Any written warning or probationary document must be shared with Human Resources prior to its delivery to the resident.

The status of a resident on probation should be evaluated periodically, preferably every month, but at a minimum every 2 months. If, at the end of the initial month of probation, the resident's performance remains unsatisfactory, probation may be extended or the resident may be suspended or dismissed from the program.

R. Suspension

A resident may be suspended from clinical activities or any program-related activity by the RPD. Unless otherwise directed, a resident suspended from clinical activities may participate in other program activities. Suspension may occur due to any action considered to be potentially detrimental or threatening to patients. Suspension may also occur due to inability to staff sufficiently for expected time period of residency.

Suspensions must be reviewed weekly for reinstatement to clinical activities or dismissal from program. Any suspension that prohibits the resident from participating in all program activities will result in time off without compensation at a minimum period of one (1) week. If the employee has remaining Paid Time Off (PTO) according to the definition within the residency manual and would like to use this, the employee must obtain approval from the RPD.

S. Dismissal

Failure to comply with the required actions set forth in probation will be documented in writing. The Residency Program Director and RAC will meet to determine whether dismissal is warranted.

Dismissal may also occur upon the failure of two rotations. The resident may fail only one rotation and be able to maintain eligibility for graduation. Rotation failure will be defined as combined Needs Improvement status on 80 per cent of assigned rotation goals and preceptor determination. Residents may elect to repeat one failed rotation if agreed upon by the RPD, preceptor, and RAC. One failed rotation, if repeated, will be made up at the expense of elective rotations and cannot result in an extension of the residency year involving the customary on-site time. For example, a project can be assigned with a final deadline after the original residency year end, but the resident cannot be assigned an additional two weeks of on-site patient care for a failed clinical rotation.

The resident must be notified in writing of the reason for dismissal and have an opportunity to respond to the action in writing before the dismissal is effective. If dismissal is necessary, the RPD will send a memorandum to Director of Human Resources outlining supportive documentation for dismissal.

T. Extensions

The residency program may be extended to account for any leave of absence or failure to meet required residency goals or items. Total time on-site must not surpass total time paid.

All activities must be completed within 18 months of the initial start of residency. A certificate will be awarded only when all items are satisfactorily completed.

U. Miscellaneous

If a disciplinary matter arises when the Residency Program Director is on PTO, the Director of Pharmacy may act on behalf of the Residency Program Director.



Department of Pharmacy
Policies and Procedures
PGY1 Pharmacy Residency Program

Title: Resident Leave of Absence Policy
Effective Date: June 2, 2016
Approvals: Residency Advisory Committee on June 2, 2016
Origination Date: June 2, 2016
Review Date(s):

I. PURPOSE STATEMENT

The purpose of this policy is to define the expectations and process surrounding a resident leave of absence.

II. PROCEDURE

- A. A total of 12 months of funding is available for each resident to complete the residency program.
- B. Funding will only be provided for pay periods worked.
- C. Residents may receive a leave of absence as dictated by the Human Resources Leave of Absence Policy (Reference Number: HR.TR.004).
- D. If it is necessary for a resident to take an extended leave of absence, the resident may use his/her paid time off (PTO).
- E. In the event of an extended leave without pay, Human Resources will be notified.
- F. If the resident chooses to complete residency training, he/she is required to complete the full 12-month training period and all residency requirements satisfactorily in order to receive the residency certificate.
 - a. The residency year will typically be served for a 12 month period starting approximately July 1st.
 - b. The residency year may be extended to complete all residency requirements but will not result in additional pay over the stipend amount.
 - c. The extension is at the discretion of the Residency Program Director and will be reviewed on a case by case basis.
 - d. All requirements for graduation must be achieved satisfactorily within 18 months of the original start date.

Residency Project

Background

Participating in research or pharmacy service development is essential in developing a well-rounded practitioner. The Pharmacy Practice Residency program requires the resident to participate in a project with the goal to educate the resident on the many phases involved with scientific research or the complexities of developing change. The resident will learn about developing a project proposal, collecting data, IRB submission and presenting their findings accordingly. The resident may decide to do original research, identify a process improvement, or establish a new service. Preceptors and residents will collaborate to identify a research question, create a project proposal and establish a timeline to ensure success.

Project Idea Generation

Preceptors will be surveyed to generate a list of project ideas as potential research projects for incoming residents. Each idea will require the following information to proceed:

1. Project Advisor(2)/project team
2. Title/Idea of the project
3. Rational and brief description of proposed project

Project Selection

Based on the resident's interests and professional goals, they will select from the list of projects or propose an idea of their own. If the resident develops their own project it must be approved by the RPD and Administration team. Residents should select projects with topics or patient populations of interest to them to ensure a successful outcome.

Once the project is selected and/or approved, the resident must meet with their project advisor to begin outlining specifics about how to begin their research.

Research Proposal

The resident will be responsible to develop a formal research proposal which is reviewed and approved by the project advisor. The proposal should outline project goals, objectives and methods used to analyze the data once collected. The proposal should have the following sections:

1. Research question; should be well defined and feasible to answer in the defined period of time.
2. Objectives; be specific. You will need to refer back to these at the end to ensure they have been addressed. You may have both primary and secondary objectives depending on your question.
3. Hypotheses; should be stated as a null hypothesis. Why do you expect to happen?
4. Background; literature review of the question
5. Methods; what is the study design? What are you going to measure?
6. Data analysis; how are you going to analyze the results?
7. References

Project Timeline

Project Idea: July-August

Project Proposal: August-early September

Poster abstract submission (if applicable): September 30th

IRB/Research Review Committee submission (if applicable): September

Preliminary Slides to preceptor for review: March

Abstract submission for Mountain States: March 18th

Mountain States Practice: April

Mountain States: Early May 2015 (at University of Utah)

Manuscript Due: 2 weeks prior to last day of program

APPENDIX A

PGY1 Residency Program Structure Grid

St. Mark's Hospital

July - August Orientation (8 weeks)	September - June Learning Experiences	December Transition and Project Timeline	February – June Electives
<ul style="list-style-type: none"> • Hospital • Residency Program • Pharmacy Practice (Central Pharmacy/IV room) • Preparation for Staffing <p><u>Note:</u> Finalize research project decision with hypothesis statement by end of July with final project proposal to RPD by August 15th. Each resident will be assigned a primary preceptor to assist with their research project.</p>	<p><u>Core Rotations* (all required)</u></p> <ul style="list-style-type: none"> • Cardiology • Critical Care • Family Medicine (inpatient) • Antimicrobial Management Program (AMP) • Practice Management <p><u>Longitudinal Learning Experiences* (all required)</u></p> <ul style="list-style-type: none"> • Project Management • Staffing • Teaching and Education (via Teaching Certificate Program) <p><u>Concentrated Learning Experiences</u></p> <ul style="list-style-type: none"> • Behavioral Health • Emergency Medicine • NICU* • Oncology* • TPN Management* <p style="text-align: right;">*required</p>	<ul style="list-style-type: none"> • Project preparation (3 weeks) • ASHP midyear meeting <p><u>Note:</u></p> <ul style="list-style-type: none"> ❖ September 2016 - Poster abstract due to preceptor for review by middle of September. ASHP midyear poster abstract closes on September 30th. ❖ January 2017 – Registration for Mountain States Conference. ❖ February 2017 – Mountain States Abstract due to preceptor for review. ❖ March 2017 – Mountain States Abstract submission. ❖ May 2017 – Mountain States Handout/PPT presentation due. ❖ Attend Mountain States Conference May 11-12, 2017. 	<ul style="list-style-type: none"> • Repeat required experience per resident preference

APPENDIX B

Resident Name: _____

Assessment: Summative Evaluation

Evaluator: _____

Learning Experience: _____

Date: _____

St. Mark's Hospital
PGY1 Residency Program
Summative Evaluation Form

Evaluation Rating Definition:

Excellent (5) =	Resident demonstrated "excellent" skills in this area and was extremely effective in completing the assignments "above and beyond" the minimum requirements.
Very Good (4) =	Resident demonstrated "very good" skills in this area and was "above average" in meeting the requirements of the assignment.
Satisfactory (3) =	Resident demonstrated "satisfactory" skills in this area and was "generally" meeting the requirements.
Needs Improvement (2) =	Resident needs some "improvement" in this area and was "somewhat ineffective" in meeting the assignment requirements.
Needs Significant Improvement (1) =	Resident needs "significant improvement" in this area and was "ineffective" in meeting the minimum requirements.

1. In collaboration with the healthcare team, provide safe and effective patient care to a diverse range of patients, including those with multiple co-morbidities, high-risk medication regimens, and multiple medications following a consistent patient care process.

- Excellent
- Very Good
- Satisfactory
- Needs Improvement
- Needs Significant Improvement

Comments:

2. Interact effectively with healthcare teams to manage patients' medication therapy.

- Excellent
- Very Good
- Satisfactory
- Needs Improvement
- Needs Significant Improvement

Comments:

3. Interact effectively with patients, family members, and caregivers.

- Excellent
- Very Good
- Satisfactory
- Needs Improvement
- Needs Significant Improvement

Comments:

4. Collect information on which to base safe and effective medication therapy.

- Excellent
- Very Good
- Satisfactory
- Needs Improvement
- Needs Significant Improvement

Comments:

5. Analyze and assess information on which to base safe and effective medication therapy

- Excellent
- Very Good
- Satisfactory
- Needs Improvement
- Needs Significant Improvement

Comments:

6. Design or redesign safe and effective patient-centered therapeutic regimens and monitoring plans (care plans).

- Excellent
- Very Good
- Satisfactory
- Needs Improvement
- Needs Significant Improvement

Comments:

7. Ensure implementation of therapeutic regimens and monitoring plans (care plans) by taking appropriate follow-up actions.

- Excellent
- Very Good
- Satisfactory
- Needs Improvement
- Needs Significant Improvement

Comments:

8. Demonstrate responsibility to patients.

- Excellent
- Very Good
- Satisfactory
- Needs Improvement
- Needs Significant Improvement

Comments:

9. Overall comments for this evaluation

APPENDIX C

How to Create a Poster for a Meeting or Conference

1. Open a new presentation in power point.
2. Click on File, choose Page Setup, and Select custom under page size.
3. The computer will prompt you to put in a width and height.
 - a. Enter in 42 inches for width
 - b. Enter in 24 inches for height.
 - c. This is half the size of a 7' x 4' poster
4. To start inputting information into your poster, use text boxes in areas of your poster.
5. Use the St. Mark's Hospital approved logos in your title.
6. Once completed request permission from Director of Pharmacy or RDP to send poster to be printed or sent to an outside printing company

APPENDIX D

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 Residency Program Director 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 plan
 - c. Documentation of activities, projects, presentations, and edited documents
 - d. Evaluations of the preceptors, rotations, and self that are not posted on PharmAcademic
 - e. A record of all in-services, presentations, and seminars given
 - i. Handouts developed
 - ii. A list of attendees/participants
 - iii. Evaluations
 - f. Residency Project
 - i. RAC and IRB proposals (if applicable)
 - ii. Grant/funding proposal (if applicable)
 - iii. Final manuscript
 - iv. PHI should NOT be posted in the e-portfolio
 - g. A list of all seminars/meetings attended
 - i. Staff meetings
 - ii. Committee meetings (including professional associations)
 - iii. Educations presentations
 - iv. Departmental staff development participation
 - v. State/local continuing education
 - vi. Regional/National meetings
 - h. A current curriculum vitae
 - i. Staffing/PTO log

Appendix E

PharmAcademic Instructions:

Log in to PharmAcademic at <https://www.pharmacademic.com/Login.aspx>
and follow the Help and Support link to
<http://PharmAcademic.mccreadiegroup.com/Members/Support.aspx>