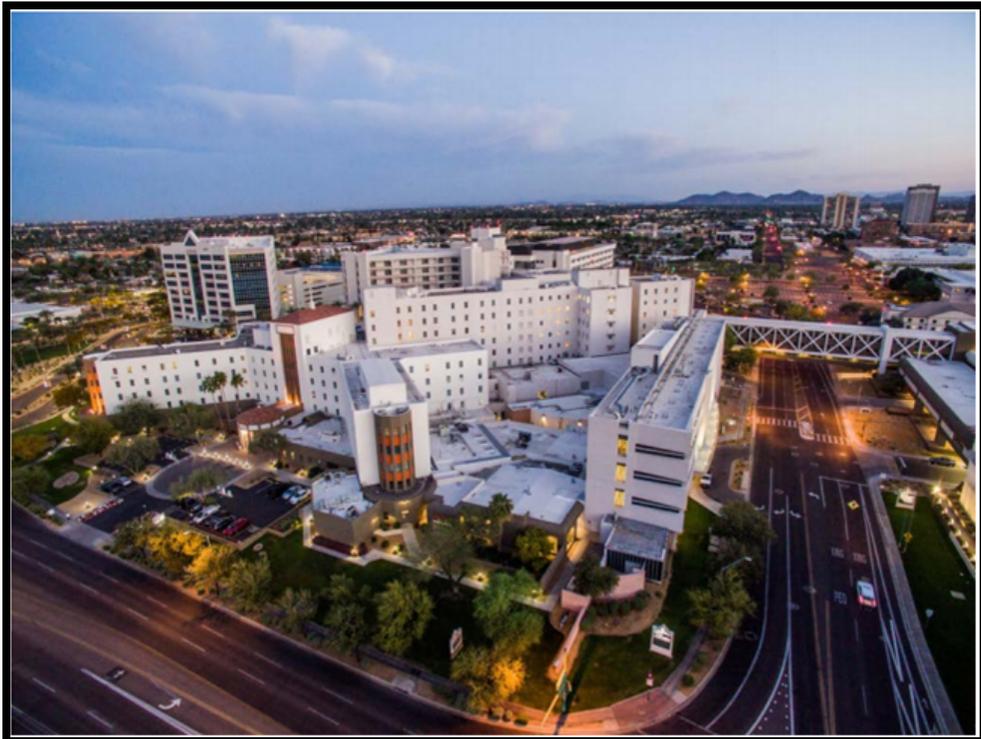


PGY1 PHARMACY RESIDENCY PROGRAM MANUAL



St. Joseph's Hospital & Medical Center
Pharmacy Services Department
350 West Thomas Road
Phoenix, AZ 85013

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Welcome Letter from the Residency Program Director and Coordinator

Dear Residents:

On behalf of the Dignity Health St. Joseph's Hospital and Medical Center Pharmacy Department and PGY1 Pharmacy Residency Program, we would like to welcome you to our program and department. We are committed to keeping our primary mission of the pharmacy department, which is to provide traditional and innovative therapies and ensure optimal patient care while upholding the mission of Dignity Health. We are dedicated to providing an exceptional residency training program that includes diverse and variable learning experiences in a multitude of practice areas. Our program provides the pharmacy resident with an array of opportunities to advance their pharmacy experience through participation in patient care, clinical education, and collaboration with other health-care providers.

As you embark on your professional pharmacy career, it is our goal to ensure a successful transition from student to independent clinical pharmacy practitioner throughout the residency year. There may be specific practice areas that you will focus on more than others, but our overall purpose is to provide you the opportunity to develop new clinical skills and build upon your pharmacy practice knowledgebase. Furthermore, the mentorship provided by our exceptional clinical pharmacy faculty will help foster your growth and development in order to achieve your own professional goals.

Your upcoming year of residency will be challenging and require a great deal of dedication, motivation, and perseverance; but we are confident that your commitment of time, talent, and energy will assist you in completing all requirements of the residency program. The residency learning process is meant to provide various challenges, but as you overcome and succeed at these, you will have obtained invaluable experiential training that will propel you as a practitioner. These experiences will also prepare you for the challenges within your professional career. We will strive to assist you in any way we can in order for you to succeed in your residency training. We look forward to working closely with you over the next year to help you have a successful, meaningful, and positive pharmacy residency experience.

Sincerely,

Christian Eslinger, PharmD, MBA, MEng, BCPS

Pharmacy Residency Program Director

Clinical Pharmacy Manager

Phone: 602-406-6480

Christan Mychajlonka, PharmD, BCOP

Residency Program Coordinator

Clinical Oncology Specialist

Phone: 602-406-5554



SJHMC Past and Future

History of St. Joseph's

When you think about a Valley with millions of people, it's hard to imagine community beginnings that stretch back more than a century. But that is when one inspirational tale began.

The Sisters of Mercy came to Phoenix in 1892 to open a parish school. They were successful in that endeavor, but what affected them most deeply was the suffering of tuberculosis victims. Realizing the most pressing need of the community, the Sisters expanded their original mission and began fund-raising to be able to establish a sanitarium.

Their efforts paid off. They collected enough money to rent a six-bedroom brick cottage at Fourth and Polk Streets in January of 1895. They equipped each room with two beds for tuberculosis patients and created quarters for themselves in the living room. St. Joseph's Sanitarium was born.

Two months later, the Sisters had raised sufficient funds to build a "real hospital." On March 19, 1895, a stake was driven into the ground to mark the site of what would become a hospital housing 24 private rooms that opened onto porches.

Through the years, there were building additions, and a devastating fire in 1917, after which the building was reconstructed in just 90 days. The rebuilt facility was adequate for the community for the next 30 years, but the local population was continuing to grow significantly. In 1930, the population of Phoenix was 48,118. By 1945, it had reached nearly 100,000. St. Joseph's Hospital needed a larger facility.

In the mid-1940s, the Sisters purchased 10 acres of land at Third Avenue and Thomas Road which was then part of an old dairy farm. They were criticized for choosing land so far north of the city, literally out in the country. But the Sisters had foresight and a keen understanding of a good business deal. Those 10 acres cost just \$25,000.

In November 1947, a fundraising campaign began to raise money to build the new hospital. The modern, spacious facility opened in July of 1953.

St. Joseph's Hospital has thrived at this same location for going on half a century. But there has still been plenty of change in healthcare -- in the services provided, in the way business is managed, in the programs that help our community and in the technological advances offered.

Future of St. Joseph's – Transforming into a High Reliability Organization (HRO)

Transforming into a High Reliability Organization (HRO) is a central component of Dignity Health's strategic plan. The HRO framework provides a roadmap that will facilitate our mission and align our organizational objectives to successfully address shifting external demands in order to help us build the health care system of the future.

HROs are entities which are exceptionally consistent at accomplishing their goals, avoiding potentially catastrophic errors in an environment where normal accidents can be expected due to risk factors and complexity, and delivering consistently safe and high-quality service.

Structurally, HROs are based on six foundational elements: sensitivity to operations, reluctance to simplify, preoccupation with failure, deference to expertise, resilience, and collective mindfulness. These elements serve as foundational principles for developing a strategy focused on high reliability and support the four strategic pillars: stakeholder engagement, continuous improvement, learning organization, and prioritization and coordination.

CommonSpirit Health Mission, Vision, and Values

CommonSpirit Health, Dignity Health, and St. Joseph's Hospital and Medical Center are committed to furthering the healing ministry of Jesus, and to providing high-quality, affordable healthcare to the communities we serve.

Our Mission

As CommonSpirit Health, we make the healing presence of God known in our world by improving the health of the people we serve, especially those who are vulnerable, while we advance social justice for all.

Our Vision

A healthier future for all - inspired by faith, driven by innovation, and powered by our humanity.

Our Values

CommonSpirit Health is committed to providing high-quality, affordable health care to the communities we serve. Above all else we value:

- Compassion
 - Care with listening, empathy and love.
 - Accompany and comfort those in need of healing.
- Inclusion
 - Celebrate each person's gifts and voice.
 - Respect the dignity of all.
- Integrity
 - Inspire trust through honesty.
 - Demonstrate courage in the face of inequity.
- Excellence
 - Serve with fullest passion, creativity and stewardship.
 - Exceed expectations of others and ourselves.
- Collaboration
 - Commit to the power of working together.
 - Build and nurture meaningful relationships.

Dignity Health is strengthened in service by the membership of Catholic hospitals, founded by congregations of religious women, and hospitals that are not Catholic, founded by local communities or dedicated physicians. The same work of healing is central to all we do.

For guidance and moral foundation, Dignity Health's Catholic hospitals use The Ethical and Religious Directives, published by the United States Conference of Catholic Bishops.

Hello Humankindness

Dignity Health has always believed human connection helps people heal faster. And now scientists and researchers are proving this to be true. Medicine has the ability to cure, but it works better when it's delivered with a healthy dose of humankindness. <https://www.hellohumankindness.org>

What we expect from you:

- **Respect**
 - For your co-workers, your patients and yourself
- **Teamwork**
 - Help others with their tasks when you can, in the Pharmacy and in the Hospital
- **On time**
 - Commit yourself to being ready to work, attending meetings and completing tasks when due
- **Kindness and Compassion**
 - Be kind to everyone, even if they aren't having a great day
- **Customer Service**
 - Work to exceed the expectations of those who depend on you
- **Participation**
 - Attend meetings, ask questions, be involved in department and hospital activities
- **Excellence**
 - Accurate dispensing of medications and provision of high quality pharmaceutical care should always be a goal
- **Ethical Behavior**
 - Do what is right. Respect the privacy of patients and co-workers
- **Responsibility and accountability**
 - Taking responsibility for your actions, being accountable for your professional responsibilities and knowledge base
- **Ask questions**
 - All of our staff is happy to answer questions. It's easier to ask and do it correctly than to have to go back and fix it.

You can expect all of the above from us, in addition to:

- **Frequent open communication**
 - We are committed to routine staff meetings and to passing on pertinent information to all as it becomes available
- **Timely feedback and evaluation of progress**
 - We will keep you up to date on how you are doing
- **Availability / "Open Door"**
 - All of the managers are committed to being readily available to you
- **Adequate Training**
 - We expect you to be competent and comfortable before you are independent

Hello humankindness™
Explore, share and create some good with us

Hospital Orientation

Residents are required to attend hospital orientation and are responsible for the successful and timely completion of any and all assigned electronic training modules associated with hospital and/or department orientation, compliance and regulatory requirements, or clinical competencies.

Employee Badges

Dignity Health requires all personnel to wear his/her badge at all times when on campus. Badges will be obtained from Human Resources during hospital orientation. If the employee badge is lost the resident must report the loss immediately to Security and may incur a badge replacement fee.

Parking Instructions

Parking will be assigned at hospital orientation and residents are required to park in assigned parking areas. Residents are assigned to PS 5 as indicated by the orange arrow on the below map. Residents must relinquish parking badges at the end of the residency year.



Patient Confidentiality – HIPAA Privacy Basics and Patient Care

The **HIPAA Privacy** rule requires the safeguard of **ALL** forms of patient information including oral, electronic, and paper.

- **Do not** email Protected Health

Information to your office/personal account. We can only guarantee the protection of data within the Dignity Health network.

- **Do not** copy Protected Health Information to any portable device (PDA, CD, flash drive, tablet, cell phone, etc.) and remove it from the facility. All portable devices must be encrypted.
- **Do not** plug any unauthorized device into the network. You can easily infect the network.

For HIPAA related questions please contact your manager.

Pharmacy Services Mission, Vision, and Scope of Services

Pharmacy Services Hospital Plan

“In a spirit of dignity, we provide supportive, safe, quality and compassionate family-centered care”

MISSION

The mission of Pharmacy Services at St. Joseph's Hospital and Medical Center (SJHMC) is to provide optimal pharmaceutical care by using the safest and most cost effective methods possible. The Pharmacy is a service-rendering department of the hospital and must execute this responsibility in a Spirit of Mercy.

We strive to promote wellness, illness prevention, health improvement and restoration, alleviate suffering, and offer a supportive environment. This mission is reflected in our belief in the sacredness of all life and in the dignity of the human person.

VISION

The vision of Pharmacy Services is to lead integrated pharmacy care through demonstrated excellence and innovation to help people live their best lives.

GOALS

The primary goals of Pharmacy Services are:

- ◆ To continually improve the delivery and effectiveness of medication distribution and administration.
- ◆ To continually improve the health and satisfaction of the community served.
- ◆ To provide pharmaceutical services that meet the needs of our patients.
- ◆ To maintain the stability of important processes within the department and across all locations with Pharmacy services.
- ◆ To provide a high level of customer service to the patient, family, physician, multi-disciplinary team members, and external customers.
- ◆ To continually improve the delivery and effectiveness of departmental services.
- ◆ To support and participate in multi-disciplinary performance initiatives throughout the organization.
- ◆ To create an environment that fosters learning among staff, patients, and family members.
- ◆ To create a culture of safety through the prevention of medical errors and the re-design of vulnerable systems based on evidence or expert recommendations.

SCOPE OF SERVICES

The Pharmaceutical Service shall be administered by a Director of Pharmacy, who can delegate legal and managerial responsibilities to professionally competent and legally qualified pharmacy staff. The

pharmacy will be staffed by a sufficient number of competent personnel, adequate equipment and supplies in keeping with the size and scope of service offered.

The Department of Pharmacy for the St. Joseph's Hospital and Medical Center (SJHMC) enterprise provides services for multiple facilities and service lines. The following institutions are included under the SJHMC umbrella: St. Joseph's Hospital and Medical Center, St. Joseph's Westgate Medical Center (SJW), Dignity Health Cancer Institute at St. Joseph's Hospital and Medical Center (DHCI), Cancer Center at St. Joseph's Westgate Medical Center (WGCC), as well as two free-standing emergency departments, the Emergency Department at St. Joseph's Hospital and Medical Center - Litchfield Park, AZ and the Emergency Department at St. Joseph's Hospital and Medical Center - Glendale, AZ.

McAuley Outpatient Pharmacy, located on the SJHMC campus, provides retail pharmacy services including a 'Meds to Beds' discharge delivery service. Specialty pharmacy services for all Dignity Health facilities are offered through McAuley Pharmacy as well.

The level of care provided is in direct accordance with the specified SJHMC Standards of Care policies, and is based on diagnosis, patient condition, patient healthcare needs, physician orders, and the collaborative recommendations put forth by the multi-disciplinary healthcare team.

Pharmacy Services practices integrated care through communication and collaboration with medical staff, clinical staff, and support services to provide for the continuum of care.

STAFFING

The SJHMC pharmacy is staffed 24 hours per day, 365 days per year.

The SJW pharmacy is staffed daily from 0630-2100 on business days and 0630-1700 on weekends and holidays with after-hours coverage provided by SJHMC.

The pharmacy at DHCI provides on-site services to patients at both DHCI and WGCC on weekdays from 0700 to 1900, while patients are on site. The retail pharmacy located at DHCI operates from 0830 to 1600.

Pharmacy services for the free-standing emergency departments at Litchfield Park and Glendale are provided through SJW Department of Pharmacy during SJW business hours. After SJW business hours, services are provided by SJHMC.

The McAuley Outpatient Pharmacy is staffed for retail and inpatient discharge pharmacy services Monday to Friday from 0700-1900 with additional hours from 1900-2200 staffed for 'Meds to Beds' discharge delivery service and Saturday from 0800 to 1400 for both retail and discharge delivery.

Each pharmacy is staffed with the appropriate number of pharmacists and technical support to provide pharmaceutical services to each patient population. Pharmacy adjusted patient days with an adjustment factor and/or projected outpatient prescriptions are used to determine staffing patterns.

Immediate adjustments in staffing are monitored and made by the pharmacy supervisor or the staff pharmacists on duty.

When staffing requirements exceed the anticipated levels, the department utilizes internal call pool staff, flex-up shifts, per diem pool, qualified agency staff, supervisors/managers and the director to meet additional service needs and to provide for the continuum of care.

A staffing plan for Pharmacy Services is only a guideline to the care of the patient.

The Pharmacy Director maintains appropriate staffing records.

QUALITY IMPROVEMENT

Structure:

Pharmacy Services actively participates in the hospital wide plan for quality via committee participation and performance improvement teams.

Quality Control – Ongoing measurement of compliance and consistency with hospital processes related to service delivery.

Quality Assurance – Ongoing assessment of staff competency related to job performance.

Quality Improvement – Departmental opportunities for process improvement, which are identified annually. The PDCA performance improvement model is utilized in guiding process changes and improvement of the selected processes.

Function:

Pharmacy Services selects quality improvement initiatives that are prioritized based on potential impact to patient care. Department quality improvement initiatives are collaborative with other departments as appropriate. Additionally, Pharmacy Services actively participates in hospital-wide performance improvement initiatives and teams.

Reporting:

Data is collected in a systemic and consistent manner to assure data integrity and relevance to the process. Data is analyzed and action plans are developed to assure goals are incrementally met and gains maintained. Departmental Quality Improvement Indicators are reported to the Pharmacy Department staff, Pharmacy and Therapeutics Committee, Quality Council, and leadership as appropriate.

Date: November 11, 2021

Director: Mike Mesdaghi, PharmD

Pharmacy Department Organizational Structure

St. Joseph's Hospital and Medical Center Enterprise - Pharmacy Services Department

St. Joseph's Hospital and Medical Center (SJHMC), St. Joseph's Westgate Medical Center (SWG), Dignity Health Cancer Institute at St. Joseph's Hospital and Medical Center (DHCI), Cancer Center at St. Joseph Westgate Medical Center (SWGCC), and Free-Standing Emergency Departments in Glendale and Litchfield, Arizona (FSEDs)



Pharmacy Orientation

Residents are oriented to the hospital, pharmacy department, and the residency program during the first month of the program as part of the Orientation to Pharmacy Residency and Pharmacy Systems rotation. It is the responsibility and expectation of all residents to maintain the highest degree of professional conduct at all times. The resident will display an attitude of professionalism in all aspects of practice.

Professional Dress

Residents are expected to dress in an appropriate professional manner whenever on campus or attending any function as a representative of SJHMC. A detailed Professional Attire policy can be found via Policy Manager. This policy will be discussed in new employee orientation. Scrubs are also available from the ScrubEX machine; each resident will receive credits during department orientation.

Email Signature Guidelines

Residents are expected to create an e-mail signature that is consistent with Dignity Health's template. Email Signature Guidelines are available on the [intranet](#) (open in Chrome).

Pharmacy Phone Numbers

MAIN PHARMACY

- Phone: 602-406-3240
- Fax: 602-406-4149

PHARMACY MANAGERS

- Director of Pharmacy: 602-406-4744
- Clinical Manager: 602-406-6480
- Operations Manager: 602-406-7583

For a complete list of pharmacy phone numbers, please contact the Pharmacy Services Coordinator at extension 67695. There is a contact list for nursing units, pharmacy services, and a home phone list for pharmacy staff on the Pharmacy Department SharePoint page.

Dignity Health Holidays

Dignity Health recognizes seven designated holidays. These holidays are New Year's Day, Martin Luther King Day, Memorial Day, Independence Day, Labor Day, Thanksgiving Day, and Christmas Day.

PGY1 Residency Program Overview

Purpose

PGY1 pharmacy residency programs build on Doctor of Pharmacy (PharmD) education and outcomes to contribute to the development of clinical pharmacists responsible for medication-related care of patients with a wide range of conditions, eligible for board certification, and eligible for postgraduate year two (PGY2) pharmacy residency training. Residents completing the St. Joseph's Hospital and Medical Center PGY1 Pharmacy Residency Program will have the problem solving skills and knowledge in applying evidence-based medicine to achieve optimal drug therapy outcomes. Residents will be able to effectively educate health care professionals, students, and patients on medication therapy. Residents will also develop leadership skills and professional maturity to meet the challenges of current pharmacy practice and advance the profession.

Program Overview

The pharmacy residency program at SJHMC is a 12 month postgraduate comprehensive residency program that offers training in a variety of rotations. The residency is focused on enhancing clinical skills through a direct patient care based curriculum.

Residents are required to complete core rotations in order to build a strong knowledge base but have the opportunity to select electives based on individual interests and professional goals. Residents are also required to complete several projects throughout the residency year and will obtain a teaching certificate from a local Accreditation Council for Pharmacy Education (ACPE) accredited College of Pharmacy.

Resident Qualifications and Licensure

College of Pharmacy Education

The pharmacy resident must have graduated with a Doctor of Pharmacy degree from an ACPE accredited school of pharmacy prior to beginning residency training.

Licensure

It is the responsibility of the resident to inquire about exam eligibility and test dates immediately following graduation. It is important for the resident to be licensed as early as possible to ensure the resident is adequately trained during residency orientation in preparation for weekend staffing and clinical responsibilities. The resident **must be licensed as a pharmacist intern** in the state of Arizona by the beginning of the residency year and maintain an active intern license until becoming a licensed pharmacist.

The resident will have 90 days from the start of the residency to become licensed in the state of Arizona, which includes passing both the NAPLEX exam provided by National Associate of Boards of Pharmacy and the MPJE law exam provided by the Arizona State Board of Pharmacy. The Arizona Board of Pharmacy requires additional time to process results prior to issuing a pharmacist license. If the resident is not licensed within 90 days, the Residency Program Director has the right to dismiss the resident from the program. In the event of extenuating circumstances, the Residency Program Director may consider an extension if deemed appropriate. In the event that a license cannot be obtained within the first 90 days of the residency and the RPD has not dismissed the resident, the resident will need to agree to an extension plan to ensure at least 241 days of the residency are completed with a pharmacist license. Failure to agree to the extension will result in termination.

PGY1 Pharmacy Residency Program Administration



- **Residency Program Director**
Christian Eslinger, PharmD, MBA, MEng, BCPS
Clinical Pharmacy Manager
Christian.Eslinger@Dignityhealth.org



- **Residency Program Coordinator**
Christan Mychajlonka, PharmD, BCOP
Oncology Pharmacy Specialist
Christan.Mychajlonka@dignityhealth.org

- **Pharmacy Services Coordinator**
Leticia Crespín
Leticia.Crespín@dignityhealth.org

Pharmacy Preceptors and Rotations

Please note: Listed rotations may be subject to change according to clinical needs and priorities

Educational/Teaching Opportunities

SJHMC primarily accepts students from three pharmacy schools, Creighton University, Midwestern University College of Pharmacy – Glendale, and University of Arizona College of Pharmacy, throughout the academic year. We offer APPE rotations in Transplant, Community Pharmacy, Oncology, Emergency Medicine, Hospital/Institutional, Neonatal Intensive Care, Cardiology, Investigational Medicine, Acute Care, Neurology, Infectious Diseases, Research, Informatics, and Critical Care.

Residents are also required to complete a teaching certificate from a local ACPE accredited College of Pharmacy.

Education Conference Calendar

SJHMC resident and student presentations are scheduled throughout the year on Tuesdays of each week. Be sure to regularly check the education conference calendar for dates.

Preceptors and Rotations

Academia

Preceptors:

Kellie J. Goodlet, PharmD, BCPS, BCIDP

Email: Kellie.Goodlet@dignityhealth.org

Phone Number: 602 406 4717

Michael D. Nailor, PharmD, BCPS

Email: Michael.Nailor@dignityhealth.org

Phone Number: 602 406 4221

Rotation Information: Academia 4 week elective, required prerequisite is completion of Infectious Diseases and Antimicrobial Stewardship rotation, the Academia elective is only available in February

Ambulatory Care

Preceptors:

Michelle Feider, PharmD

Email: Michelle.Feider@dignityhealth.org

Phone Number: 602 406 5777

Shannon Sullivan, PharmD

Email: Shannon.Sullivan@dignityhealth.org

Phone Number: 602 406 5777

Rotation Information: Ambulatory Care 9 month longitudinal requirement, begins the first week in October

Cardiology

Preceptor: Jade Lam, PharmD, BCCP

Email: Jade.Lam@dignityhealth.org

Phone Number: 602 406 1900

Rotation Information: Cardiology 4 week elective

Critical Care

Preceptor: John Radosevich, PharmD, BCPS, BCCCP
Email: John.Radosevich@dignityhealth.org
Phone Number: 602 406 3833
Rotation Information: Medical Intensive Care 4 week requirement

Emergency Medicine

Preceptors:
Michelle Feider, PharmD
Email: Michelle.Feider@dignityhealth.org
Phone Number: 602 406 5777

Shannon Sullivan, PharmD
Email: Shannon.Sullivan@dignityhealth.org
Phone Number: 602 406 5777
Rotation Information: Emergency Medicine 4 week requirement

Infectious Diseases and Antimicrobial Stewardship

Preceptor: Michael D. Nailor, PharmD, BCPS
Email: Michael.Nailor@dignityhealth.org
Phone Number: 602 406 4221
Rotation Information: Infectious Diseases 4 week requirement

Internal Medicine

Preceptors:
Hiren Patel, PharmD, BCCCP, BCPS
Email: Hiren.Patel@dignityhealth.org
Phone Number: 602 406 7370

Erwin Lam, PharmD, BCPS
Email: Erwin.Lam@dignityhealth.org
Phone Number: 602 406 7595
Rotation Information: Internal Medicine 4 week requirement

Investigational Drug Services

Preceptors:
Adam Brenner, PharmD, BCPS, CCRP
Email: Adam.Brenner900@dignityhealth.org
Phone Number: 602 406 6443

Jeff Burmeister, PharmD, CCRP
Email: Jeffrey.Burmeister@dignityhealth.org
Phone Number: 602 406 6442

Amanda Stetson, PharmD, BCPS
Email: Amanda.Stetson@dignityhealth.org
Phone Number: 602 406 6443
Rotation Information: Investigational Drugs 4 week elective

Nephrology

Preceptor: Trung Q. Ky, PharmD
Email: Trung.Ky@commonspirit.org
Phone Number: 602 406 5081
Rotation Information: Nephrology 4 week elective

Neurology

Preceptor: Tyler Haller, PharmD, BCCCP
Email: John.Haller@dignityhealth.org
Phone Number: 602 406 6559
Rotation Information: Neurology 4 week elective

Neonatal Intensive Care

Preceptor: Meghan Turbenson, PharmD, BCPS
Email: Meghan.Turbenson@dignityhealth.org
Phone Number: 602 406 8465
Rotation Information: Neonatal Intensive Care 4 week requirement

Oncology (Inpatient)

Preceptor: Christan Mychajlonka, PharmD, BCOP
Email: Christan.Mychajlonka@dignityhealth.org
Phone Number: 602 406 6554
Rotation Information: Inpatient Oncology/Hematology 4 week elective

Oncology (Outpatient)

Preceptor: Brian Palmer, PharmD
Email: Brian.Palmer@commonspirit.org
Phone Number: 602 406 0353
Rotation Information: Outpatient Oncology/Hematology 4 week elective at The Dignity Health Cancer Institute (DHCI) at St. Joseph's Hospital and Medical Center

Orientation to Pharmacy Residency and Pharmacy Systems

Preceptor: Erwin Lam, PharmD, BCPS
Email: Erwin.Lam@dignityhealth.org
Phone Number: 602 406 7595
Rotation Information: Orientation to Pharmacy Residency and Pharmacy Systems 4 week requirement; this rotation is always scheduled for the month of July

Pharmacy Administration and Quality

Preceptor: Christian Eslinger, PharmD, MBA, MEng, BCPS
Email: Christian.Eslinger@dignityhealth.org
Phone Number: 602 406 6480
Rotation Information: Pharmacy Administration and Quality 12 month longitudinal requirement

Pharmacy Informatics

Preceptor: Sabrina Penn, PharmD
Email: Sabrina.Penn@dignityhealth.org
Phone Number: 602 406 8393
Rotation Information: Clinical Pharmacy Informatics 4 week elective

Pharmacy Practice

Preceptors:

Erwin Lam, PharmD, BCPS

Email: Erwin.Lam@dignityhealth.org

Phone Number: 602 406 3240

Hiren Patel, PharmD, BCCCP, BCPS

Email: Hiren.Patel@dignityhealth.org

Phone Number: 602 406 7370

Rotation Information: Pharmacy Practice 4 week required capstone rotation

Pharmacy Staffing

Preceptors:

Paul Frey, PharmD

Email: Paul.Frey@dignityhealth.org

Phone Number: 602 406 7583

Kirill Ruvinov, PharmD

Email: Kirill.Ruvinov@dignityhealth.org

Phone Number: 602 406 9702

Rotation Information: Pharmacy staffing 10 month longitudinal requirement, begins the second weekend in September

Research Fundamentals and Application

Preceptor: Kellie J. Goodlet, PharmD, BCPS, BCIDP

Email: Kellie.Goodlet@dignityhealth.org

Phone Number: 602 406 4717

Rotation Information: Research Fundamentals and Application 12 month longitudinal requirement
(The project preceptor for this rotation will vary depending upon the primary practice area that each research project falls under.)

Solid Organ Transplant (Abdominal)

Preceptor: Trung Q. Ky, PharmD

Email: Trung.Ky@commonspirit.org

Phone Number: 602 406 5081

Rotation Information: Abdominal Solid Organ Transplant 4 week elective

Solid Organ Transplant (Lung)

Preceptor: Lauren Cherrier, PharmD, BCPS

Email: Lauren.Cherrier@Dignityhealth.org

Phone Number: 602 406 9260

Rotation Information: Lung Solid Organ Transplant 4 week elective

Trauma

Preceptor: Sophia Bonnin, PharmD, BCCCP

Email: Sophia.Bonnin@dignityhealth.org

Phone Number: 602 406 7597

Rotation Information: Trauma 4 week elective

The resident is responsible for reaching out to future rotation preceptors **at least one week** in advance of the rotation start date to communicate meeting requirements and coordinate the rotation calendar.

Preceptor Selection Criteria

All preceptors meet preceptor eligibility criteria as defined by ASHP. Pharmacist preceptors must be licensed pharmacists who:

- have completed an ASHP-accredited PGY1 residency followed by a minimum of one year of pharmacy practice experience; or
- have completed an ASHP-accredited PGY1 residency followed by an ASHP-accredited PGY2 residency and a minimum of six months of pharmacy practice experience; or
- without completion of an ASHP-accredited residency, have three or more years of pharmacy practice experience.

Preceptors maintain an established, active practice in the area for which they precept.

Preceptor Development Plan

St. Joseph's Hospital and Medical Center (SJHMC) will offer multiple educational opportunities for preceptors to continuously improve and develop precepting skills. Annually, a preceptor development plan will be developed to focus on areas of identified preceptor development needs. In addition, new preceptors and preceptors-in-training will be required to complete additional preceptor training. Individual preceptor development plans will be developed for all preceptors-in-training and for any preceptor who has specific development needs identified through the preceptor needs assessment process. The RPD, in conjunction with the residency advisory council, will be responsible for the following on an annual basis:

- An assessment of preceptor needs
- Schedule of activities to address identified needs
- Periodic review of effectiveness of plan

Assessment of Preceptor Development Needs

- Preceptors will be required to complete the Preceptor Self Review annually as part of the performance review process.
- The RPD will review residents' evaluations of preceptors and learning experiences annually to identify potential preceptor development needs.
- The RPD will solicit verbal feedback from residents annually.
- The RPD will review ASHP residency accreditation site visit recommendations, if applicable, to identify any recommendations or areas of partial compliance which pertain to precepting skills.

Development Process for Annual Preceptor Development Plan

- Preceptor development needs identified through the assessment process will be discussed annually as part of the annual formal program review at the June RAC meeting.
- The RPD and preceptors will come to a consensus on the areas of preceptor development to focus on during the upcoming year.
- The RPD will develop a tentative preceptor development plan for the upcoming year with activities to address areas of need and a schedule of activities that will be presented at the July RAC meeting.
- If preceptor development needs have been identified for individual preceptor(s) which will not be met by the current preceptor development plan, the RPD may also develop an individual plan for these preceptors in addition to the plan for the preceptor group.
- The preceptor development plan will be publicized to all preceptors and will be documented as an attachment to the July RAC meeting.

Review of Effectiveness of Previous Year's Plan

- Review of current preceptor development plan will occur annually at the formal program review at the June RAC meeting. Effectiveness of the plan is assessed as follows:

- Review of current preceptor needs assessment results to determine areas of need.
- Discussion with preceptors of the effectiveness of activities utilized in the past year to address preceptor development needs.
- The discussion of effectiveness of previous year’s plan will be utilized when developing topics, scheduling, and preceptor development activities for upcoming year.

Additional Required Preceptor Training for New Preceptors and Preceptors-In-Training

- Read and discuss “Guidance Document for the ASHP Accreditation Standard for Post-Graduate Year One (PGY1) Pharmacy Residency Programs” with RPD.
- Read SJHMC Pharmacy Residency Manual and review components with the RPD.
- Watch Residency Program Design and Conduct (RPDC) Webinars.

Additional Requirements for Preceptors-In-Training

- The RPD will develop an individual plan designed to ensure any preceptor-in-training meets all ASHP preceptor requirements within 2 years.
- The RPD will appoint an advisor to mentor the preceptor-in-training. The advisor will also be required to co-sign any summative evaluations completed by the preceptor-in-training.

Other Opportunities for Preceptor Development

- Preceptors may attend programs locally, regionally, or nationally to enhance precepting skills. Preceptors must submit a request to the manager if asking for education days or travel reimbursement. Attendance at professional meetings is subject to the SJHMC travel policy.
- Preceptors who attend meetings which provide education regarding preceptor training will share the information at RAC or other forum as appropriate.
- Material for self-study will be circulated to all preceptors.
- APhA and Pharmacist’s Letter have educational programs available to orient new preceptors.
- SJHMC, Creighton University School of Pharmacy, University of Arizona School of Pharmacy, Midwestern University College of Pharmacy – Glendale, ASHP, and other web based programs are available to preceptors as well.

Rotation Start Dates

Month long rotations will start at the beginning of the week. Rotations start near the first of the month and end near the last day of the month.

- If the first of the month falls on a Monday or Tuesday, the rotation will start on that Monday.
- If the first of the month falls on any other day of the week, the rotation will start the following Monday.
 - An exception occurs for the February rotation; the extra week in March is shifted to the February rotation in order to compensate for days missed secondary to interviews.

Rotation Dates for the 2022-2023 Academic Year

June 27 – July 29	January 3 – January 27
August 1 – September 2	January 30 – March 3
September 6 – September 30	March 6 – March 31
October 3 – October 28	April 3 – April 28
October 31 – December 2	May 1 – June 2
December 5 – December 30	June 5 – June 30

Program Structure

Resident Advisory Council (RAC)

The RAC consists of pharmacy department preceptors, administrators, and coordinators. The primary focus of the RAC is to provide a platform for intermittent evaluation and guidance to the pharmacy residents in order to coordinate all rotations, projects, and activities related to the residency program.

A RAC meeting is held monthly and coordinated by the residency program administrators. All preceptors are strongly encouraged to attend each meeting. Minutes will be made available after each meeting.

The RPD or designee will coordinate every other month an educational moment to enhance professional development of preceptors as it relates to precepting responsibilities. Members of RAC (all preceptors) will meet individually every year with the RPD and/or Clinical Manager to develop a preceptor development plan and review qualifications for being a preceptor.

Rotation Structure

SJHMC uses three types of learning experiences for the PGY1 program with a curriculum of core (required) rotations, selective (electives), as well as longitudinal experiences throughout the year. A formal evaluation of the residency program is performed annually at the June RAC meeting. Resident feedback is encouraged and is used to better the residency experience for future residents.

All rotations listed below are one month long unless otherwise stated.

Required Rotations:

- Orientation to Pharmacy Residency and Pharmacy Systems
 - Scheduled in July
- Medical Intensive Care
- Emergency Medicine
- Pharmacy Practice
 - Scheduled in the second half of the year
- Neonatal Intensive Care
- Internal Medicine
- Infectious Diseases and Antimicrobial Stewardship
- Ambulatory Care
 - 9 month longitudinal
- Pharmacy Staffing
 - 10 month longitudinal
- Research Fundamentals and Application
 - 12 month longitudinal with a focused month in December
- Pharmacy Administration and Quality
 - 12 month longitudinal

Elective Rotations:

- Cardiology
- Trauma
- Investigational Drug Services
- Neurology
- Inpatient Oncology/Hematology
- Abdominal Solid Organ Transplant
- Lung Solid Organ Transplant
- Pharmacy Informatics
- Outpatient Oncology/Hematology at DHCI
- Nephrology
- Academia
- Advanced experiences in many of the required and elective rotation offerings are also available

Longitudinal Projects

The resident is expected to complete several projects throughout the residency year as outlined below. The purpose of these activities is to improve work flow efficiency, promote clinical pharmacy programs, and/or improve patient safety.

The following requirements must be successfully completed for the PGY1 residency program. Project completion will be tracked and evaluated throughout the residency and documented in the resident development plan.

Medication Use Evaluation (1): Evaluate a formulary product for opportunities to improve medication-use processes with the goal of optimal patient outcomes. The product choice is based on the current needs of the department and the final product decision is made in collaboration with the pharmacy director and clinical manager. The resident will complete the evaluation and present findings along with any recommendations to the Pharmacy and Therapeutics Committee.

Drug Class Review (1): Review one therapeutic class to evaluate therapeutic interchanges, the use of formulary drugs, and the use of non-formulary drugs. Assess efficacy, safety, uniqueness, and cost in order to provide evidence-based recommendations for formulary updates. The drug class review will be presented to the Pharmacy and Therapeutics Committee.

Drug Monograph (1): Synthesize a monograph and literature review in response to a formulary addition request. The resident will collaborate with the clinical team and director prior to presenting the pharmacy recommendation to the Pharmacy and Therapeutics Committee.

Drug Information Question (1): One formal drug information write up in response to a provider or pharmacist inquiry. The drug information question must be approved by the RPD.

Research Project (1): The research project topic may be selected by the resident with direction from the Residency Advisory Council. IRB submission and approval is required. Poster presentation at ASHP Midyear, platform presentation at Southwestern States Residency Conference, and a completed manuscript are required.

Seminar Presentation (2): The residents will provide at least two 30 minute seminar presentations. The seminar focuses on a current clinically relevant topic, updated practice recommendation, or controversial practice. The presentation content includes a clearly defined subject and distinct recommendations following review of the available literature with interpretation of how that evidence relates to clinical practice. Please allot 10 to 15 minutes for audience questions after the presentation. One of the seminar presentations may be extended to a house-wide Educational Rounds/Continuing Education presentation at the discretion of the Residency Advisory Council.

Journal Club Presentation (1): The residents will provide at least one formal journal club presentation during the residency year. The journal club presentation is expected to be approximately 20 minutes in length. Please allot 10 minutes for audience questions after each presentation. Depending upon program interest, and at the discretion of the Residency Advisory Council, the journal club presentation may be reformatted to a 30 minute pro/con debate with multi-center resident participation. Residents will be notified at least two months in advance if this is the case.

Patient Case Presentation (1): The residents will provide one 20 minute formal patient case presentation during the residency year at education conference. Please allot 10 minutes for audience questions after the presentation.

Communication Requirements: Prior to any presentation, the resident is responsible for:

- Sending information about the presentation to the department via email (SJHMC-Pharmacy) one week before the presentation. This email should contain the presentation title, objectives, any relevant attachments, the presentation location, and time.
- The resident must also send an email reminder to the department 24 hours prior to the presentation. If desired, the resident may send notification the morning of the presentation.
- When applicable, the resident must also supply evaluation forms for the presentation.

Residents must also complete a teaching certificate from a local ACPE accredited College of Pharmacy program. Residents will be excused from rotations for any on-campus time required to complete the program. All other activities and assignments associated with the teaching certificate will be completed outside of dedicated rotation time.

Residents are responsible for maintaining a folder of all final, completed projects on the pharmacy shared drive.

Ambulatory Care Requirements

The longitudinal ambulatory care rotation is a required, 9 month learning experience which will introduce the pharmacy resident to the pharmaceutical care provided to patients in the outpatient clinic setting. Residents will serve as the primary pharmacy resource in a clinic that focuses on chronic disease state management in underserved populations.

The ambulatory care rotation begins the first week in October and the experience occurs longitudinally on Thursday afternoons from 1200 to 1600. The first week of rotation serves as an orientation day, with all residents reporting to clinic. Subsequently, residents rotate clinic coverage, with one resident reporting each week.

Required Meetings and Conferences

Additional meeting participation opportunities are available based upon resident interests; inquire at RAC.

Pharmacy and Therapeutics Committee

Residents are expected to attend all Pharmacy and Therapeutics (P&T) meetings whether or not the resident is presenting. Meetings are held the second Thursday of each month from noon to 1pm, excluding December and July when there is no meeting.

Clinical Pharmacy Meeting

Residents are expected to attend all clinical pharmacy meetings. Clinical meetings are held on the third Wednesday of each month from 1 to 2pm.

Residency Advisory Council Meeting

Residents are expected to attend and participate in Residency Advisory Council (RAC) meetings. RAC meetings are held on the last Thursday of each month from 1 to 2pm. Residents are excused from RAC

attendance when ambulatory care clinic scheduling conflicts, but are expected to communicate any updates to be shared at RAC with the lead resident prior to the meeting.

Pharmacy Staff Meeting

Residents are expected to attend pharmacy staff meetings as scheduled.

Medication Safety Meeting

Residents are expected to attend the multidisciplinary Medication Safety meeting, when attendance does not interfere with direct patient care activities. Medication Safety meetings are held on the fourth Wednesday of each month from 8 to 9am.

Education Conferences

Residents are expected to attend all education conferences whether or not the resident is presenting, unless excused by the resident's current preceptor. Education conferences are held each Tuesday from 1 to 2pm in the main pharmacy conference room.

Research Update Meetings

Residents are expected to present updates on their current research progress in order to identify and resolve potential roadblocks and solicit feedback from the broader RAC team. Residents must prepare a progress document in advance of each meeting that is reviewed by their project preceptor(s). Research update meetings are held quarterly from 1 to 2pm in the main pharmacy conference room.

Research Development Series

Residents are expected to attend presentations within the research development series as an educational and developmental component of the Research Fundamentals and Application longitudinal rotation experience. Presentations are held approximately every other month from 1 to 2pm in the main pharmacy conference room.

ASHP Midyear Clinical Meeting

Residents are expected to attend the ASHP Midyear meeting for educational and recruitment purposes. Residents must attend at least one educational session each day during the conference. Participation in the Residency Showcase is mandatory. ASHP membership is covered for the first year of residency. Please see the pharmacy coordinator to establish membership and pay for dues.

Southwestern States Residency Conference

Residents are expected to attend the Southwestern States Residency Conference and to present a research platform presentation at the conference. Abstract and slide presentations must be formatted and submitted in accordance with guidelines and deadlines as published by the conference committee (refer to the AzPA website for more information).

University Associated Residency Showcases

Residents are expected to attend and participate in any residency recruitment showcases as deemed appropriate by the Residency Advisory Council.

Residency Interviews

Residents are expected to participate in the residency interview process for the incoming resident class as deemed appropriate by the Residency Advisory Council.

Professionalism

Residents represent the SJHMC residency program during all residency associated activities and professional events, conferences, and showcases. Residents are expected to conduct themselves in a professional manner and in accordance with the Dignity Health and SJHMC Rules and Standards of Conduct at all times while acting as representatives of the program.

Travel and Expense Reporting

Travel expenses are handled and reported by the pharmacy coordinator via Concur. The coordinator may also help make travel arrangements. Refer to the Employee Travel and Business Expense Reimbursement policy for information related to business associated travel allowances and expectations. All travel receipts must be retained and submitted via Concur in order to obtain reimbursement. For large one-time purchases (e.g. airfare, meeting registration fee, membership dues, etc.), submit for reimbursement at the time of payment.

Residency Program Customization

Initial Self-Assessment Survey and Training Plan

The initial self-assessment survey provides an opportunity for the incoming resident to conduct a self-assessment of current interests, goals, and attributes. The purpose of this survey is to assist in customizing the residency schedule to better meet resident goals and interests as well as focus on areas of opportunity for professional growth and development. Please complete the survey and return it to the RPD by the end of the first week of residency. Whenever possible, return the survey prior to the start of the program so the program administration team can begin rotation planning and preceptor coordination.

Resident Initial Training Plan

The American Society of Health-System Pharmacists has set forth residency goals and objectives for developing clinical skills and knowledge. However, it is important for the resident to self-identify any weaknesses and desired areas for professional growth. Through self-assessment and goal development, it is the intention of the residency program to ensure that each resident achieve both ASHP directed and individual goals and objectives by creating a customized training plan for the residency year. The initial training plan will begin with the initial self-assessment survey and will be modified throughout the year as resident needs and goals change. This plan will be re-evaluated and modified with the Residency Program Director during each quarterly evaluation.

Resident Wellness Mentorship Program

The well-being of residents is essential to promote longevity and success throughout the year. This program is designed to partner each resident with a mentor for the year. Pharmacists from both the clinical team as well as the staff pharmacist team have the option to volunteer to participate in the mentorship program. Mentors may choose to enroll or withdraw from the program each year based upon their availability. Residents will be provided a list of available mentors to choose from during orientation. Residents will spend the first 4-6 weeks of the residency program getting to know the mentors and will submit a choice for their mentor for the year. There will be one resident per mentor. The mentor will serve as an additional member of the team to support the resident throughout the year,

whether that form of support is work related or wellness related. Residents have the flexibility to meet with their mentor based upon each resident's needs. Mentors will not submit evaluations of residents as part of this program as the intent is to provide additional support.

PGY2 and Professional Development Series

The program preceptors offer an optional professional development series that is designed to promote resident success during the pursuit of a PGY2 residency experience, but also provides beneficial insight for any resident preparing for a clinical career. Topics covered throughout the longitudinal series include, but are not limited to, Personnel Placement Services (PPS) overview, curriculum vitae (CV)/resume workshop, drafting a strong letter of intent, strategies to insure strong letters of recommendation, interviews tips, mock interviews, and job search pointers.

Staffing Requirements

After completion of orientation and training, residents will staff in the main pharmacy every third weekend. Weekend staffing includes coverage of both Saturday and Sunday with no compensated days off during the week. Residents are expected to work one of the major holidays. This is arranged with the Residency Program Director and Operations Manager with input from the resident. The major holidays to choose from include: Memorial Day, Thanksgiving Day, Christmas Day, or New Year's Day.

The staffing rotation begins the second weekend in September. The first weekend of staffing coverage, the resident is scheduled as an extra shift. The resident is expected to function independently by the second coverage weekend. Beginning the third weekend in October, provided the resident has received competency sign off from the RPD or designee, the weekend coverage alternates between staffing and kinetics coverage.

Adult Code Response Requirements

Following successful BLS/ACLS certification, the residents will be scheduled for adult code response coverage assignments. Residents are expected to complete a debrief checklist after each code situation.

Lead Resident Responsibilities

The purpose of the Lead Resident role is to provide pharmacy residents with the opportunity to gain valuable leadership experience and improve upon their communication and organization skills. The Lead Resident role will rotate every two months starting in the month of September. This resident will serve as the point of contact for their residency class and preceptors for questions and updates regarding the following duties and responsibilities. Residents are expected to collaborate in order to accomplish tasks.

- Act as the Secretary for Residency Advisory Council (RAC) meetings.
 - Prior to the monthly meeting, compile the rotation schedule chart and update the longitudinal projects progress chart.
 - During RAC, record meeting minutes and document important updates and decisions.
 - Within two business days post meeting, email meeting minutes to Residency Program Coordinator for review and distribution.
- Compile photos from professional events and social gatherings and upload them to the resident photo folder on the shared drive. Update and post on social media accounts for recruitment and public relations purposes as appropriate.
- Provide timely reminders to co-residents to help ensure research updates are uploaded by pre-specified deadlines.
- Plan a quarterly social or wellness event. Event attendance is not mandatory.

- Compile resident votes for preceptor of the year and coordinate preceptor superlatives for the end of year Hello/Goodbye event.
- Refer to Lead Resident Duties and Responsibilities document in the Resident Resources shared drive folder for details.

Requirements for Residency Completion

The resident must complete 12 months of residency, receive the mark of “achieved for residency” in 95% of the required outcomes objectives, and have successfully completed:

- Advanced Cardiac Life Support (ACLS) certification
- All longitudinal projects
- A teaching certificate from a local ACPE accredited College of Pharmacy program.

Residents not meeting the above requirements will not receive a completion of residency certificate.

Residents not making substantive progress towards completion may be subject to disciplinary and corrective action including dismissal from the program.

Goal-Based Residency Evaluation Overview

It is the resident's responsibility to initiate the evaluation process with each rotation preceptor prior to the end of each learning experience and to schedule quarterly meetings with the residency director or residency coordinator.

Residents are evaluated on the following competency areas and all associated educational goals and objectives: direct patient care, advancing practice and improving patient care, leadership and management, teaching, education, and dissemination of knowledge, and pharmacy research.

Initial Assessment

At the beginning of the residency, the RPD in conjunction with preceptors, will assess each resident's entering knowledge and skills related to the educational goals and objectives. The results of the initial assessment will be documented in each resident's development plan by the end of the orientation period. Summaries of initial development plans are shared with RAC members and taken into consideration when determining learning experiences, learning activities, evaluations, and other changes to the overall residency plan.

Formative Assessment

Preceptors provide on-going feedback to residents about how they are progressing and how they can improve. This is regular feedback that is frequent, immediate, specific, and constructive. Preceptors will make adjustments to learning activities as appropriate in response to information obtained through day-to-day informal observations, interactions, and assessments.

Depending on the time of the year and the resident's progression, preceptors will assume different preceptor roles. Preceptors will provide direct instruction, when needed. Preceptors will model practice skills described in the educational objectives. Preceptors will coach and provide regular, on-going feedback. Preceptors will also facilitate by allowing the resident to assume increasing levels of responsibility for performance of skills with indirect support of the preceptor as needed. Residents should function independently in each competency area by the conclusion of the residency program.

Summative Evaluation

At the end of each learning experience, residents will receive a verbal and written assessment on the extent of their progress toward achievement of assigned educational goals and objectives, with reference to specific criteria. Residents will discuss summative evaluations with preceptors prior to the end of the learning experience.

If more than one preceptor is assigned to a learning experience, all preceptors will provide input into the evaluations.

For learning experiences greater than or equal to 12 weeks in length, a documented summative evaluation will be completed at least every three months.

The evaluation ratings used throughout the residency program are defined as follows:

Rating	Definition
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Needs Improvement (NI)	<ul style="list-style-type: none"> ● Resident is not performing at an expected level; significant improvement is needed. ● Indicators of underperformance include: knowledge/skills deficiency in the practice area, resident frequently requires assistance to complete the objective, or is unable to ask appropriate questions to supplement learning.
Satisfactory Progress (SP)	<ul style="list-style-type: none"> ● Resident is performing and progressing at a level that should eventually lead to mastery of the goal/objective. ● Indicators of satisfactory progress include: adequate knowledge/skills in the area, sometimes requires assistance to complete the objective, able to ask appropriate questions to supplement learning, requires skill development over more than one rotation.
Achieved (ACH)	<ul style="list-style-type: none"> ● Resident is able to perform associated activities independently for this learning experience. ● Indicators of achieved status include: fully accomplished the ability to perform the objective, rarely requires assistance to complete the objective; minimum supervision required, and no further developmental work is needed.
Achieved for Residency (ACHR)*	<ul style="list-style-type: none"> ● Resident is able to perform associated activities independently across the scope of pharmacy practice. ● Indicator of achieved for residency status: resident consistently performs objective at an achieved level, as defined above, for the residency.

*Any preceptor, in collaboration with the RPD and following discussion and consensus at RAC, may determine when a resident has ACHR

Quarterly Resident Development Plans

Each resident will have a resident development plan documented by the RPD or designee on a quarterly basis. The resident development plan is used to modify the design and conduct of the program to address each resident’s unique learning needs and interests. Development plans also provide a tool for monitoring, tracking, and communicating about the overall progress throughout the residency, and documenting adjustments made to meet the resident’s learning needs. RAC meets monthly to discuss the overall progress by residents and feedback is incorporated into the development plan. Program and plan adjustments are made according to this input. Adjustments are reflected in the quarterly updates to the plan.

The RDP will evaluate if the resident is making satisfactory progress towards completion of the required goals and objectives for the residency program. In the event satisfactory progress is not occurring, this will be discussed verbally and documented in writing. A plan will be developed to help the resident progress and additional evaluation points will be developed. In the event of unsatisfactory progress, the resident may be subject to disciplinary procedures as outlined in the section labeled “Disciplinary Action and Dismissal of Pharmacy Residents”.

Duty Hours and Moonlighting

Duty Hours

Pharmacy residents must abide by the [Duty-Hour Requirements for Pharmacy Residencies](#) as set forth by ASHP.

Duty hours are continuously monitored by the pharmacy Clinical Manager and/or Residency Program Director (RPD) with regular oversight of rotation and staffing activities.

Moonlighting

Moonlighting is only permitted at Dignity Health facilities and is allowed only with written approval from the residency program director.

Moonlighting hours are capped at an average of 20 hours per month, calculated on a quarterly basis, and may not exceed 32 hours in any one month.

A resident must request approval from the RPD, in writing, to moonlight.

- If written approval from the RPD is provided, the approval to moonlight will be documented as an update to the resident development plan.
- The resident must record all moonlighting hours and submit documentation monthly via the ASHP Standard Duty Hours Form in PharmAcademic.

Resident disciplinary action for a first infraction will result in suspension of moonlighting privileges for one month. Subsequent disciplinary action will result in revocation of moonlighting privileges.

Refer to the Duty Hours and Moonlighting policy in Policy Manager for additional information.

Corrective Action and Dismissal of Pharmacy Residents

All residents are expected to meet organizational, departmental, and program expectations and standards in the performance of job duties. Pharmacy residents are expected to comply with basic policies and rules to ensure the safety and well-being of patients and other employees. Based on each specific situation, the Residency Program Director (RPD) and pharmacy leadership team may use, in their discretion, the following corrective action process, or any part of the process: coaching, verbal warning, written warning, final written warning, and termination of employment.

Corrective action involving pharmacy residents is the responsibility of the Residency Program Director (RPD) and pharmacy leadership team. The Residency Advisory Council (RAC) may be asked to provide consultation. The corrective action process will conform to SJHMC Human Resources policies.

The RPD is responsible for clearly identifying, documenting, and communicating performance expectations and addressing performance problems in a timely, positive, and constructive manner.

The corrective action process is intended to be a progressive process. However, there is no requirement that the steps outlined below be followed in a progressive order. For certain serious violations, or based on the nature and severity of the performance problem, a resident may be placed on final written

warning or have employment terminated immediately. Any deviation from the standard process progression will be carried out in coordination with the human resources representative for the pharmacy department.

Refer to Human Resources Policies “Attendance and Punctuality” or “Timekeeping” for corrective action information on attendance and punctuality.

The corrective action process will be utilized if the resident fails to meet obligations and responsibilities outlined in the educational goals and objectives of the residency, this includes but is not limited to satisfactory progress toward attainment of all residency program goals and adherence to all organizational, departmental, and residency policies.

Any corrective action step is considered active for a period of 12 months from the date given to, or discussed with, the resident.

Process

The RPD, prior to initiating corrective action, will conduct a thorough investigation, to include meeting with the individual resident to investigate concern and offer the resident an opportunity to provide information relevant to the identified problem.

- If the issue is with the RPD, then a different pharmacy leader will be contacted to investigate on behalf of the resident, to include meeting with the individual resident to discuss the concern and offer the resident an opportunity to provide relevant information in regards to the identified problem.

Following investigation, the RPD and/or pharmacy leader will review the results of the investigation to determine whether or not there is a need to initiate corrective action and, if so, determine a timeline for the action. The RPD/pharmacy leader will inform the resident of the results of the review.

The corrective action process consists of the following:

Coaching

Coaching conversations may occur between the RPD or preceptor and resident to initiate awareness of a potential problem in meeting performance expectations or issue concerning resident conduct. The RPD may use a development plan to assist the resident in meeting performance expectations.

Verbal Warning

The resident may receive a verbal warning concerning conduct or performance that was previously addressed or identified during the coaching process. The RPD may use a development plan to assist the resident in meeting performance expectations. The number of verbal warnings is subject to RPD discretion, depending on the nature of the issue.

Written Warning

When a resident does not demonstrate satisfactory improvement in behavior or performance, or if the earlier steps are not applicable to the problem, a Written Warning Document may be issued. Written counseling documents are signed by the resident to acknowledge receipt. If the resident refuses to sign the Written Warning Document, the refusal to sign will be noted on the document and the document will be sent to Human Resources.

Final Written Warning

During the course of the corrective action process, additional or optional remedial measures may be taken in an effort to achieve the desired level of performance or conduct. Such additional measures may include, but are not limited to, a Final Written Warning. The Final Written Warning will be signed by the resident to acknowledge receipt. If the resident refuses to sign the Final Written Warning Document, the refusal to sign will be noted on the document and the document will be sent to Human Resources.

Termination of Employment

A resident who fails to improve performance or conduct after participating in the corrective action process and/or receiving a development plan, at the sole discretion of the Dignity Health facilities of Arizona, may have his or her employment with the Dignity Health facilities of Arizona terminated. All employment termination decisions will be reviewed by pharmacy leadership and Human Resources.

Grounds for Immediate Dismissal from the Program

Just cause for dismissal includes failure to perform the normal and customary duties of a pharmacy resident, substantial or repetitive conduct considered unprofessional or ethically unacceptable or which is disruptive of the normal and orderly function of the organization. Specific concerns, behaviors or actions fulfilling these requirements are listed below.

- The resident knowingly, or due to negligence of action, places a patient, employee or any other person in danger.
- The resident acts violently or threatens violence toward any other person including aggressive behavior or stalking.
- The resident is found to be using alcohol, illegal substances, or other recreational substance at any time during work and non-work hours with which use of these substances interferes with the ability to perform work duties in a professional, responsible, and safe fashion.
- The resident is found to carry, possess, or use any weapon on the organization's property.
- The resident falsifies information on a document.
- The resident commits plagiarism determined by a majority decision of an ad-hoc committee called to review the materials suspected of plagiarism. This committee must consist of the RPD, Pharmacy Director, and others as deemed appropriate by the RAC.
- Excessive absences from the program (in excess of the stated PTO days granted annually) and an unwillingness to make up this time on a voluntary basis.
- The resident sexually harasses any person while in performance of the duties as a resident.
- The resident commits an act of vandalism or theft on the organization's property.
- The resident fails to obtain a pharmacist license in the state of Arizona within 90 days from the start of the residency year.

Following an investigation, the RPD/pharmacy leader, in conjunction with the RAC, will review the results of the investigation to determine the need for immediate disciplinary action.

- Involuntary dismissal may result.
- The disciplinary process shall meet all the requirements outlined above. In addition, the RPD will inform such licensing or regulatory bodies as necessary regarding the details of the event(s).
- The RPD/pharmacy leader shall inform the resident of the results of the review.

Leave of Absence and Time Off

The pharmacy residency program recognizes a resident's need for time away from work by providing paid time off (PTO) to use for activities such as taking care of personal business, vacation, leisure time, holidays, family needs, short term illnesses, doctor/dental appointments, scheduled interviews, and board examinations. Residents are given a total of 23 days paid time off.

A predetermined number of paid time off (PTO) days are allotted for the residency year as indicated in the Pharmacy Residency Manual. Pharmacy residents forfeit any PTO that remains unused at the end of the residency year. PTO days may not accrue from year to year. PTO hours will not be paid upon termination if not used and do not carry over if hired by CommonSpirit Health beyond residency.

- Time off for holidays comes out of the paid time off allotment. The pharmacy resident may have the option to staff the holiday in lieu of using PTO as outlined in the Pharmacy Residency Manual.

Additional educational days may be allotted by pharmacy leadership and/or the Residency Program Director (RPD) for training or professional meetings, such as ASHP Midyear.

In addition to PTO days, pharmacy residents may also have the following benefits:

- Paid civic duty leave - refer to the corporate Jury Duty and Court Appearances Policy for details. The resident must notify the Clinical Manager, preceptor, and Residency Program Director immediately upon receipt of the summons. The resident will be required to submit verification.
- Paid Bereavement Leave - refer to the corporate Bereavement Time Off Policy for details.
- Family and Medical Leave (FMLA) - refer to the corporate Family and Medical Leave Policy for details. Residents will typically not be eligible for FMLA due to the requirement for at least 1,250 hours worked over a 12 month period.

Residents taking leave greater than the allotted paid leave allowed cannot be awarded a certificate of completion unless that additional leave time is made up.

Scheduled time off requests must be submitted in writing and approved for any type of leave in excess of 3 hours. Requests should be made as far in advance as possible. For planned time off and weekend PTO, the request should be submitted by the departmental schedule deadlines.

- To obtain PTO from a clinical rotation, the resident shall first obtain written approval from the rotation preceptor(s). The resident will forward this approval to the residency program director (RPD) and clinical manager for final approval of the time off.
 - The resident is discouraged from taking more than five days of PTO during any single rotation experience.
- To obtain PTO from staffing, the resident shall first obtain written approval from the operations supervisor(s). The resident will forward this approval to the residency program director (RPD) and clinical manager for final approval of the time off.
 - The resident is encouraged to trade weekend shifts rather than take PTO for scheduled staffing days.

Unscheduled time off, due to illness or personal reasons, requires that the rotation preceptor, RPD, and clinical manager be called or emailed directly for notification in accordance with the organizational Attendance and Punctuality Policy.

Within the given residency program year, sick time, vacation time, and leave time combined should not exceed the allotted PTO. However, under certain circumstances, a resident may request more time off than has been allowed. Time off exceeding the allotment must be approved by the RPD and clinical manager.

- Should the allowed time be exceeded, the resident will be required to extend the length of the residency for a maximum of up to 14 work days. Residents will be paid for all clinical hours if residency length is extended. If the resident needs to make up more than 14 days, the RPD, clinical manager, and director of pharmacy will make the decision to extend, defer, or dismiss the resident on case by case basis.

Pharmacy Resident Eligibility, Recruitment, and Selection

Resident Eligibility

Applicants are required to meet the following qualifications in order to be eligible for appointment to ASHP-accredited pharmacy residency programs:

1. The residency applicant **MUST** be a graduate of an Accreditation Council for Pharmacy Education (ACPE) - accredited Doctor of Pharmacy degree program.
2. The applicant must be licensed, or eligible for licensure, in Arizona within 90 days of the residency year for which the resident is applying.
3. Residents applying to the residency program must participate in and adhere to the rules of the Resident Matching Program (RMP) process including using the PhORCAS system.
4. Residency applicant qualifications will be evaluated by the residency program director (RPD), as well as other preceptors as designated, through an established, formal procedure that includes assessment of the applicant's ability to achieve the program's educational goals and objectives.
5. Candidates will be required to submit through the PhORCAS system: a PhORCAS application form, letter of intent, curriculum vitae, official transcripts for all pharmacy school education, and at least 3 letters of recommendation (preferable at least two from clinical APPE preceptors).

Recruitment

Information regarding the pharmacy residency will be available on the SJHMC webpage. Recruitment will also take place at pharmacy school sponsored meetings, the ASHP Midyear meeting, and other venues as deemed appropriate by the Residency Advisory Council.

Resident Selection Process

1. This ASHP accredited program will base their selection among eligible applicants on the basis of their preparedness, aptitude, academic credentials, time management skills, communication skills and personal qualities such as motivation and integrity. This program will not discriminate with regard to sex, race, age, religion, color, national origin, disability, or veteran status.

2. Available resident positions are dependent upon the current number of positions authorized by the hospital as well as funding and faculty resources available to support the training of residents according to the pharmacy residency program requirements. The number of applicants selected for interview will be voted on annually by the Residency Advisory Council.
3. A subcommittee of the RPD, preceptors and/or managers will be involved in the selection process to offer interviews from the applicant pool through the ASHP Match program. This committee will use a standardized form to rank all applicants. The subcommittee will then meet and vote on the final candidates selected for on-site interviews.
4. During the time frame of late January- early March, on-site interviews at SJHMC will take place with the selected applicants. The selected applicants will be interviewed by the RPD, preceptors, as well as managers and current residents as available. Interviews will include a case presentation to be made by the applicant. Details of the case presentation process will be given to the applicant at the time of acceptance of the interview. Staff participating in interviews will determine rank candidates based on pre-determined criteria for both the case presentation and their witnessed interview/overall application package.
5. Following the final interview all SJHMC staff participants in the on-site interview process will be invited to participate in a ranking meeting. During this meeting, all candidates who were interviewed will be discussed and rank order will be determined. The RPD or other designee will subsequently enter the selected applicants into the PhORCAS system.
6. Upon matching with SJHMC, the RPD will provide the resident with a letter outlining the pre-employment requirements for SJHMC. The letter will also contain information regarding salary and benefits (or where to find additional information about benefits). The resident is expected to sign and return the letter confirming acceptance into the program.

Acknowledgement Signature Form

Pharmacy Residency Manual Acknowledgement

I _____
RESIDENT NAME (PRINT CLEARLY) verify that I have received the St. Joseph's Hospital and Medical Center PGY1 Pharmacy Residency Program Manual. I have read and understand all policies, procedures, and protocols associated with the program and agree to abide by them to their fullest extent.

Signature: _____

Date: _____