

**DIGNITY HEALTH MERCY MEDICAL  
CENTER REDDING  
ASHP ACCREDITED POSTGRADUATE YEAR ONE  
(PGY-1)  
Pharmacy  
Residency Manual  
2026-2027**



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## **Pharmacy Services**

### **Pharmacy Residency Purpose Statement**

PGY1 residency programs build upon Doctor of Pharmacy (PharmD) education and outcomes to develop pharmacist practitioners with knowledge, skills, and abilities as defined in the educational competency areas, goals, and objectives. Residents who successfully complete PGY1 residency programs will be skilled in diverse patient care, practice management, leadership, and education, and be prepared to provide patient care, seek board certification in pharmacotherapy (i.e., BCPS), and pursue advanced education and training opportunities including PGY2 residencies.

### **Pharmacy Vision Statement**

Lead integrated pharmacy care through demonstrated excellence and innovation to help people live their best lives.

#### **Pharmacy Guiding Principles**

- Advocacy
- Education
- Safety

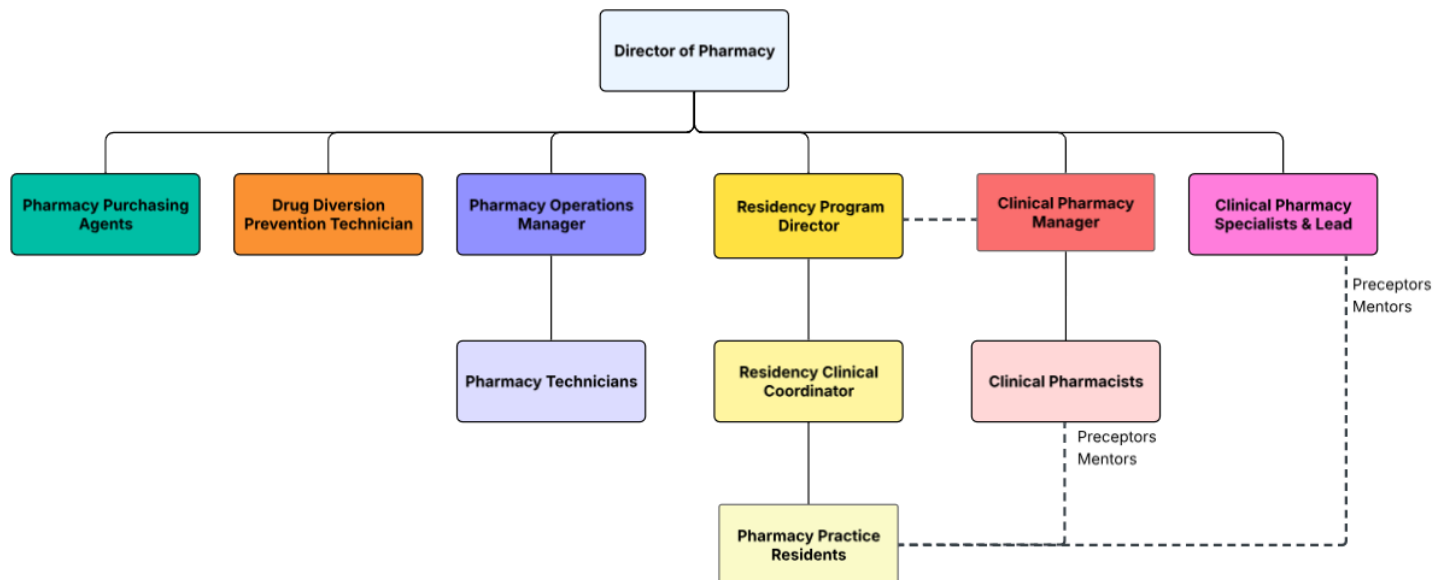
#### **Pharmacy Strategies**

- Care Continuum
- Intellectual Contribution
- Operational Excellence
- People
- Technology

### **Pharmacy Core Values**

- Compassion
- Inclusion
- Integrity
- Excellence
- Collaboration

## Pharmacy Organizational Chart



Residency Program Director (RPD): Pam Cruzan, RPh, BCSCP

Director of Pharmacy: Holly Sybert, PharmD, BCPS

Residency Program Coordinator: Claire West, PharmD

## Residency Program Structure

Dignity Health Mercy Medical Center Redding (DHMMCR) uses two types of learning experiences for the PGY1 program. The types of learning experiences include core and longitudinal experiences throughout the one year program, plus the orientation.

### **Core Learning Experiences**

**Orientation-** is a two to three week onboarding process with the incoming new medical residents which includes: certification in BLS, ACLS, PALS, introduction to all areas of the hospital, and electronic health record (EHR) training. Orientation will include review of the residency's purpose and practice environment, design of the residency program, discussion of learning experiences, evaluation process, residency manual review including policies, discussion on burnout syndrome and available resources to combat.

**Pharmacy Practice-** is a six week core rotation and one of the first rotations the resident will experience. The resident will learn the day-to-day operations of the

pharmacy from all aspects including drug acquisition, preparation, storage, utilization, and distribution. The resident will become familiar with hospital policies and procedures as well.

**Critical Care-** is a seven week core rotation. The resident will be integral members of the multidisciplinary care team and will be skilled at teaching other healthcare professionals about critical care drug therapy. They will be able to identify and resolve any medication therapy problems based on lab data, cultures, drug levels, side effects, potential for adverse drug events, patient functional status, quality of life and cost effectiveness. These individuals will be capable of conducting their practice with a high level of professional maturity and leadership. Finally, they will be capable of researching critical care drug and disease topics.

**Infectious Disease-** is a four week core rotation designed to help further develop the resident's knowledge and expertise in management of infectious diseases (ID) including the use of anti-infective agents. Residents will be interacting with infectious disease physicians, hospitalists, intensivists, surgeons, nurses, and other health care professionals as an active member of the ID team. This service is responsible for the management of anti-infective agents to decrease the emergence of multi-drug resistant organisms while providing cost effective therapy for our patients.

**Internal Medicine-** is a six week core rotation. The resident will be assigned to the internal medicine rounding team. The team will be composed of an attending physician, various medical residents, interns, and/or students. Other disciplines may consult with or round with the team including but not limited to pharmacists, pharmacy students, nurses, dietary, and respiratory therapists. The residents will gain knowledge of disease states and the optimal drug treatment and monitoring.

**Emergency Medicine-** is a seven week core rotation which will familiarize residents with the key skills utilized as an emergency medicine pharmacist. The emergency department (ED) team includes a pharmacist, physicians, physician assistants, nurse practitioners, nurses, phlebotomists, technicians, and medical residents. The resident will be responsible for collaborating with these providers to ensure safe and effective medication use for all patients in the ED, including medication order review, medication therapy monitoring, bedside medication preparation, and ensuring treatment and monitoring plans are initiated. The resident will actively participate in all trauma alerts, STEMI alerts, stroke alerts, and codes and will collaborate with centralized and decentralized pharmacists to ensure timely medication availability. The resident will also help with transitions of care by completing medication histories. The goal of this rotation is to provide a clinical pharmacy practice environment where residents can develop adequate skills, in both adult and pediatric emergency medicine, necessary to become

an independent and proactive practitioner in a Level 2 Trauma community emergency department.

**Oncology-** is a six week core rotation with an outpatient perspective. This rotation will focus on providing concentrated training on the care of patients with cancer. Over the course of the rotation the resident will gain exposure managing cancer- and treatment-related complications, such as pain, infection, alterations in fluids/electrolytes/nutrition, hematologic toxicities and gastrointestinal toxicities. Emphasis will be placed on gaining knowledge and skills to manage and provide recommendations for antineoplastic dose reductions due to toxicities, and protocol selection. The resident will work collaboratively with nurses, physicians and other health professionals to ensure effective and safe treatment. Residents will gain an in-depth understanding of the preparation, distribution, and monitoring of chemotherapy. Residents will also gain clinical research skills. Residents will be involved directly with the education and counseling of patients.

**Pharmacy Informatics-** is a six week core rotation in which the resident becomes familiar with medication use information systems of the pharmacy and medical center. The activities will emphasize the basic understandings that will include the following. The resident will participate in informatics project management and technology assessment which includes computerized prescriber order entry (CPOE) system, pharmacy order entry and verification system, automated dispensing machine (ADM) system, and bar-coded medication administration systems. Additionally, residents will be exposed to integrated electronic health record (EHR) design and maintenance, clinical decision support, and automation/technology.

**Night Shift Services-** is a four week core rotation where the resident will be assigned to the night shift team and includes covering the main pharmacy, the IV room, and the Emergency Department. The team in the Night Shift Service areas are composed of physicians, nurses, pharmacy technicians, and pharmacists.

### **Longitudinal Experiences:**

**Administrative Longitudinal-** is approximately an eleven month learning experience and is designed to provide an introduction into the larger workings of a facility. The resident will be exposed to and participate in the following committees: Medication Safety, Pharmacy & Therapeutics, and other committees as assigned. They will participate in the larger collection and review of data with the intent on effecting process improvements both clinical and non-clinical.

**Staffing Longitudinal-** is a ten month learning opportunity for the resident to develop foundational practice skills in hospital pharmacy practice. The resident will work in the central pharmacy as well as the IV room. The resident will develop proficiency in

automated as well as central distribution of meds, narcotic distribution and management, extemporaneous oral preparations, medication order processing, drug information, intravenous admixtures and TPN admixture. The resident will also develop an understanding of workflow processes in a department setting, staffing considerations, as well as medication safety monitoring.

**Residency Project-** is approximately a ten to eleven month required longitudinal experience. The research project that is assigned will often revolve around the hospital's patient-centered goals as well as contain a financial metric for the hospital.

### **Residency Advisory Committee**

The Residency Advisory Committee (RAC) is established in accordance with the ASHP Accreditation Standards for Residency Programs. The purpose of the RAC is to guide the pharmacy program at Mercy Medical Center Redding and maintain adherence to established ASHP Accreditation Standards. This includes the qualifications of the training site, RPDs and preceptors, the resident selection, training, evaluation, and certification.

Link to full ASHP Accreditation Standards: [ASHP Accreditation Standard for Postgraduate Pharmacy Residency Programs](#)

The RAC is composed of the RPD, preceptors and co-preceptors. The RAC members are **appointed and reappointed** by the RPD.

In conjunction with the RPD, the RAC supports the residency program with the following

1. Reviews, maintains, and assures that each residency program is in compliance with current ASHP accreditation standards.
2. Maintains, reviews, and approves the annual Residency Program Manual.
3. Annually reviews the qualifications of the RPD, preceptors, and establishes their functions and responsibilities.
4. Assures that overall residency program goals and specific learning objectives are met, training schedules are maintained, appropriate preceptorship for each period of training (rotation) is provided, and resident evaluations are conducted.
5. Establishes residency applicants' requirements, applicant procedures, and formal review process for evaluation.
6. Reviews, maintains, and updates the educational and experiential learning experiences of the residency program which will also be consistent with the current ASHP guidelines and Residency Learning Model.
7. Facilitates discussion of residency progress at quarterly meetings and addresses individual problems or difficulties.

8. Annually reviews the incoming resident's training schedule, learning objectives and quarterly reviews the resident's progress in the residency.
9. Conducts corrective actions and dismissals as necessary, under the advisement of the RPD.

### **RAC Meetings**

Will occur at least quarterly with documented discussion and decisions of the committee.

January

April

July

October

### **Selection of Preceptors**

The RPD is responsible for evaluating eligibility and qualifications of new preceptors, and current preceptors based on ASHP Accreditation Standard for PGY1 Pharmacy Residency programs.

All new pharmacist preceptors are required to submit a Preceptor Application, Academic Professional Record, and Curriculum Vitae for evaluation by the RPD.

### **Preceptor Eligibility**

PGY1 Preceptors must be licensed pharmacists who:

- have completed an ASHP-accredited PGY1 residency program followed by a minimum of one year of pharmacy practice experience in the area precepted or
- have completed an ASHP-accredited PGY1 residency program followed by an ASHP-accredited PGY2 residency and a minimum of six months of pharmacy practice experience in the area precepted

or

- have three or more years of pharmacy practice experience in the area precepted if they have not completed an ASHP-accredited residency program.

### **Preceptor Qualifications**



Preceptors' Qualifications: Preceptors must demonstrate the ability to precept residents' learning experiences as evidenced by ASHP Accreditation Standard 4.6.a and 4.6.b:

4.6.a Content knowledge/expertise in the area(s) of pharmacy practice precepted

4.6.b Contribution to pharmacy practice in the area precepted.

Preceptors who do not meet criteria for 4.6.a, and 4.6.b, will have a documented individualized preceptor development plan to achieve qualifications within two years.

Non-Pharmacist preceptors (e.g., physicians, physician assistants, certified advanced practice providers) may be utilized as preceptors per the following requirements:

1. Direct patient care learning experiences are scheduled after the RPD and preceptors assess and determine that the resident is ready for independent practice.
  - a. Readiness for independent practice is documented in the resident's development plan.
  - b. The RPD, designee, or other pharmacist preceptor works closely with the nonpharmacist preceptor to select the educational objectives and activities for the learning experience.
  - c. The learning experience description includes the name of the non-pharmacist preceptor and documents the learning experience is a non-pharmacist precepted learning experience.
  - d. At the end of the learning experience, input from the non-pharmacist preceptor is reflected in the documented criteria-based summative evaluation of the resident's progress toward achievement of the educational objectives assigned to the learning experience.

**Preceptors are appointed and reappointed by the RPD.**

### **Preceptor Development Policy:**

DHMMCR will offer educational opportunities for preceptors to improve their precepting skills. Annually, a Preceptor Development Plan will be developed to focus on areas of identified preceptor needs. The Program Director, in conjunction with the Residency Advisory Committee, will be responsible for the review of all preceptors annually and will be documented.

### **Learning Experience Preceptors**

It is the duty of the preceptor to teach residents how to be pharmacists. The preceptor will use the following to teach:

- Direct Instruction: Tell the resident how the task is to be completed.
- Modeling: Show the resident how to do it yourself. Provide the resident with an opportunity to see you in action.
- Coaching: Have the resident perform the task while you guide the resident as he/she undertakes the task independently.
- Facilitating: Be a resource to the resident as needed.

All preceptors will orient the resident on or prior to the first day of a new Learning Experience.

All Clinical Learning Experiences will include a journal club and at a minimum weekly topic discussions.

All preceptors are to complete a midpoint evaluation aiming to course correct residents to successful independence and completion of the Learning Experience.

### **Selection of Residents**

DHMMCR strives to recruit a diverse candidate pool for their program. To reach a diverse pool of candidates DHMMCR employs marketing materials, banners, and websites with photos illustrating past residents and employee diversity. We encourage non-traditional candidates to consider DHMMCR's residency program. Another way we achieve this is to partner with a school of pharmacy in a university that has been deemed a Hispanic-Serving Institution by the U.S. Department of Education.

### **Applicant Qualifications**

- All applicants must have completed or are working towards a Doctor of Pharmacy degree from a United States of America **ACPE** Accredited College of Pharmacy.
- All applicants must be eligible for Licensure to practice pharmacy in the State of California.
- Pursuant to federal requirements, employment is conditional upon authorization to work in the United States. At this time, Dignity Health does not offer visa sponsorship for this position. Only permanent residents (AKA green card holders) or citizens of the United States of America are considered.

### **Applicants Invited to Interview**

The RPD and/or designee will evaluate the qualifications of applicants submitted through PhORCAS, by the predetermined deadline date, using the Pre-Screening

Residency Applicant Evaluation form. The applicants with the highest scores achieved on the evaluation form are invited to an interview.

The Residency Applicant Pre-Screening Evaluation will take into consideration:

- Academic performance (For pharmacy schools with a pass/fail system, definitions for pass/fail from the school will be applied to the letter grading system)
- Advanced Pharmacy Practice Experiences
- Letters of Recommendation
- Related Pharmacy Work
- Letter of Intent
- Professional Involvement
- Overall Program Fit

### **Interview & Ranking Process**

The interview committee consists of the RPD, Pharmacy Leadership, Pharmacist Preceptors, and current pharmacy residents.

The interview will consist of an administrative interview with Pharmacy Leadership, a clinical interview, a preceptor interview, and an interview with the current residents. Scores achieved during each of these sections will be determined using a rubric and score determined by each member of the interview committee.

The overall scores from each section of the Interviews will be averaged and account for the total score using the Interview Assessment.

The rank order of candidates submitted for the match is determined by the score of the Interview Assessment. The applicant with the highest score will be given the highest rank order followed accordingly from the highest to the lowest scores.

Residency applicants must participate in the National Residency Match administered by National Matching Services, Inc (NMS) and agree to abide by rules for the ASHP Pharmacy Residency Matching Program. The RPD, preceptors, and residents must also agree to adhere to these rules and agree that no person at this site will solicit, accept, or use any ranking related information from any residency applicant.

If all positions are not matched during the NMS Phase I match, Dignity Health Mercy Medical Center will enter into the Phase II ASHP Pharmacy Residency Matching Program. Applications must be submitted through PhORCAS. Applicants will be ranked using the same pre-screening tool as Phase I applicants. The RPD in consultation with the DOP and RAC will determine the number of candidates to interview. The same bank

of questions will be used from Phase I with the same scoring rubric and Interview Assessment. The candidate achieving the highest score will be ranked the highest when submitted to NMS.

## **Residency Competency Areas, Goals, and Objectives CAGOs**

<b>Patient Care R1</b>			
<b>Goal R1.1</b>	<b>Provide safe and effective patient care services following Joint Commission of Pharmacy Practitioners (JCPP) (Pharmacists' Patient Care Process)</b>		
	R1.1.1	(Analyzing) Collect relevant subjective and objective information about the patient.	
	R1.1.2	(Evaluating) Assess clinical information collected and analyze its impact on the patient's overall health goals.	
	R1.1.3	(Creating) Develop evidence-based, cost effective, and comprehensive patient centered care plans.	
	R1.1.4	(Applying) Implement care plans.	
	R1.1.5	(Creating) Follow-up: Monitor therapy, evaluate progress toward or achievement of patient outcomes, and modify care plans.	
	R1.1.6	(Analyzing) Identify and address medication-related needs of individual patients experiencing care transitions regarding physical location, level of care, providers, or access to medications.	
<b>Goal R1.2</b>	<b>Provide patient-centered care through interacting and facilitating effective communication with patients, caregivers, and stakeholders.</b>		
	R1.2.1	(Applying) Collaborate and communicate with healthcare team members.	
	R1.2.2	(Applying) Communicate effectively with patients and caregivers.	
	R1.2.3	(Applying) Document patient care activities in the medical record or where appropriate.	
<b>Goal R1.3</b>	<b>Promote safe and effective access to medication therapy.</b>		
	R1.3.1	(Applying) Facilitate the medication-use process related to formulary management or medication access.	
	R1.3.2	(Applying) Participate in medication event reporting.	
	R1.3.3	(Evaluating) Manage the process for preparing, dispensing, and administering (when appropriate) medications.	
<b>Goal R1.4</b>	<b>Participate in the identification and implementation of medication-related interventions for a patient population (population health management).</b>		
	1.4.1	(Applying) Deliver and/or enhance a population health service, program, or	

		process to improve medication-related quality measures.	
	1.4.2	(Creating) Prepare or revise a drug class review, monograph, treatment guideline, treatment protocol, utilization management criteria, and/or order set.	
<b>Practice Advancement R2</b>			
<b>Goal R2.1</b>	<b>Conduct practice advancement projects.</b>		
	R2.1.1	(Analyzing) Identify a project topic, or demonstrate understanding of an assigned project, to improve pharmacy practice, improvement of clinical care, patient safety, healthcare operations, or investigate gaps in knowledge related to patient care.	
	R2.1.2	(Creating) Develop a project plan.	
	R2.1.3	(Applying) Implement project plan.	
	R2.1.4	(Analyzing) Analyze project results.	
	R2.1.5	(Evaluating) Assess potential or future changes aimed at improving pharmacy practice, improvement of clinical care, patient safety, healthcare operations, or specific questions related to patient care.	
	R2.1.6	(Creating) Develop and present a final report.	
<b>Leadership R3</b>			
<b>Goal R3.1</b>	<b>Demonstrate leadership skills that contribute to departmental and/or organizational excellence in the advancement of pharmacy services.</b>		
	R3.1.1	(Understanding) Explain factors that influence current pharmacy needs and future planning.	
	R3.1.2	(Understanding) Describe external factors that influence the pharmacy and its role in the larger healthcare environment.	
<b>Goal R3.2</b>	<b>Demonstrate leadership skills that foster personal growth and professional engagement.</b>		
	R3.2.1	(Applying) Apply a process of ongoing self-assessment and personal performance improvement.	
	R3.2.2	(Applying) Demonstrate personal and interpersonal skills to manage entrusted responsibilities.	
	R3.2.3	(Applying) Demonstrate responsibility and professional behaviors.	
	R3.2.4	(Applying) Demonstrate engagement in the pharmacy profession and/or the population served.	
<b>Teaching and Education - R4</b>			
<b>Goal R4.1</b>	<b>Provide effective medication and practice-related education</b>		

	R4.1.1	(Creating) Construct educational activities for the target audience.	
	R4.1.2	(Creating) Create written communication to disseminate knowledge related to specific content, medication therapy, and/or practice area.	
	R4.1.3	(Creating) Develop and demonstrate appropriate verbal communication to disseminate knowledge related to specific content, medication therapy, and/or practice area.	
	R4.1.4	(Evaluating) Assess effectiveness of educational activities for the intended audience.	
<b>Goal R4.2</b>	<b>Provide professional and practice-related training to meet learners' educational needs.</b>		
	R4.2.1	(Evaluating) Employ appropriate preceptor role for a learning scenario.	

## Pharmacy Resident Licensure Requirements

- A California Intern Pharmacist License is required to begin residency, **failure to obtain by the start of Orientation will result in dismissal from the program.**
- A California Pharmacist License will be obtained within 120 days of the residency start date, **failure to obtain by November 1<sup>st</sup> will result in dismissal from the program.**

## Residency Requirements For Successful Completion of the Program

- **The residency appointment is 52 weeks plus 2-3 weeks of Orientation**
- **Orientation** - A formal orientation is scheduled in **June** of each year. **Attendance at Orientation is mandatory.** The orientation is designed to introduce the incoming residents to DHMMCR Services and to outline the expectations of the residency year.
- **Effective Communicators** - Residents are expected to effectively communicate with other health care professionals in all methods of communication (e.g. verbal, phone, written, email, and fax). Residents are expected to document progress notes under the supervision of a preceptor. Residents must give preceptors adequate time to review items for presentations, as a courtesy.
- **Drug Information-** Residents will become efficient in providing drug information through comprehensive literature searches. Residents will become familiar with various references to expedite information retrieval, including dosing, adverse

effects, therapeutic classes and uses, formulary drugs and alternatives to non-formulary drugs.

- **Presentations-** Residents will participate in Western States, and Grand Rounds (or equivalent) to enhance presentation skills. Other presentations include case presentations, topic discussions, and journal clubs. A minimum of (2) major educational presentations (Western States, Grand Rounds, or other assigned presentation) per year is required. **Residents must allow adequate time for RPD, DOP, and Preceptor review.**
- **Teaching-** Residents will participate in the teaching activities of the Department of Pharmacy Services. The purpose of such activities is to develop and refine the resident's communication skills, to build confidence, and to promote the effectiveness of the resident as a teacher. Teaching responsibilities may include clinical and didactic teaching for pharmacy students, medical staff and residents, hospital personnel, and pharmacy departmental staff. All residents act as co-preceptors for UOP, or other schools of pharmacy students APPE's (pharmacy student rotations). In addition, teaching activities may involve formal lectures, in-service presentations, or discussion sessions. Specific responsibilities will vary by service. The residents will participate in earning a Teaching Certificate.
- **Precept Pharmacy Students-** Residents will serve as co-preceptors with faculty members for the University of Pacific or other schools of pharmacy students.
- **Residency Research Project-** Each resident is required to complete a research project and present at Western States during their residency year. A list of potential research projects will be provided to the residents. The residents can pick a project from the list, or discuss one directly with a preceptor, and submit his/her research proposal to the RPD for approval. Projects typically include a financial component that is monitored. At least one preceptor must be chosen as a co-investigator or mentor for the project. All projects must be presented at the Western States Conference and presumed publishable in a peer reviewed journal. Projects must meet all requirements and deadlines published by Western States Conference. Projects must be **reviewed and approved** by the preceptors / co-investigators / RPD before submission.
- **Operations-** All residents must participate in operational activities designed to ensure that residents gain operational experience and understand the distribution process. To achieve this, residents are scheduled approximately 30 hours per month, in the inpatient pharmacy. Any adjustments in schedule must be conveyed to the inpatient manager, Residency Coordinator, and/or RPD, and ensure all ASHP duty hour requirements are followed.
- **Journal Club-** Residents will present one Journal Club (JC) during each Core

Clinical Learning Experience as assigned by the preceptor. Residents are expected to attend all resident JCs. Topics and format are at the discretion of the preceptor.

- **Manuscript for Publication-** Residents are highly encouraged to prepare a manuscript of their Research Project in a format acceptable for publication in a peer reviewed journal.
- **Drug Monograph-** Each resident will participate in a drug monograph assigned by the corporate P&T Committee.
- **Medication Use Evaluation-** Each resident will complete (2) Medication Use Evaluations (MUEs) assigned by the DOP or RPD.
- **Pharmacy Services Documentation-** Each resident will document his/her daily interventions in the EHR. This is extremely important to the program to document cost savings and improved patient care.
  - IV-to-PO Conversion- Residents are responsible for evaluating patients for possible conversion of IV medications to PO, in accordance with the IV-to-PO conversion policies and procedures (e.g. pantoprazole and linezolid). This is also documented as an intervention in the EHR.
  - Aminoglycoside Monitoring
  - Anticoagulation Monitoring
  - Vancomycin Monitoring
  - Renal Report
  - Antibiotic Stewardship
  - Pharmacy Code Response
  - Culture Review
  - Medication Reconciliation
- **Certification for Basic Life Support (BLS), Advanced Cardiovascular Life Support (ACLS), and Pediatric Advanced Life Support (PALS)-** Each resident will successfully complete BLS, ACLS, and PALS certification during **Orientation**. The goal is to ensure the resident is familiar with and capable of participating in emergency life support.
- **ASPEN Parenteral Nutrition Order Writing Course** as assigned.
- **Evaluations-** Each resident is expected to deliver evaluations by the due date assigned in Pharmacademic. Not completing evaluations in a timely manner may result in disciplinary action.
- **Recruitment-** Each resident will assist with the residency recruitment efforts of the program and is a valuable source of information for potential candidates. Recruitment will occur at CSHP Seminar and/or ASHP Midyear. The RPD will



determine who goes to each meeting. Western States Conference is mandatory for all residents as assigned. **Financial support, including registration fees, hotel, and airfare to meetings, will be covered but must be pre-approved by the RPD/DOP.** All other expenses will be the responsibility of the resident, i.e., meals, transportation to/from airport, parking fees. Detailed expense reports and original receipts for all company-paid expenses must be submitted within 30 days of returning from travel.

- o **ASHP-** Each resident in attendance is required to spend time providing information to interested parties during the ASHP Midyear Clinical Meeting. Residents will staff the residency showcase booth.
- o **CSHP-** Each resident in attendance is required to spend time providing information to interested parties during the CSHP Seminar Meeting. Residents will staff the residency showcase booth.
- o **Interviews-** Time will be scheduled during the interview process for interviewees to interact with current residents.
- o **Western States Conference-** Residents will help staff the recruitment table, if applicable.

See Travel Guidance for Pharmacy Residency Programs - CommonSpirit Health.

**\*\*\*All work completed in residency will be uploaded into the Residency Drive, and Pharmacademic.**

### **Additional Requirements for the Completion of the Residency Program**

- o Residents are expected to satisfactorily complete all requirements of the DHMMCR Residency Program as listed above, including achievement of 100% of the required educational Outcomes, Goals and Objectives. Residents who achieve and complete the residency requirements will receive their Residency Completion Certificate as evidence of program completion.
- o Evaluation of the resident's progress in completing the requirements is done as part of the learning experience and quarterly evaluation tracking and review process.
- o Fulfillment of essential accountabilities as defined in the Pharmacist Resident Job Description under the Human Resources policy.

## Residency Program General Information

### Residency Evaluation Policies and Procedures

#### Residency Evaluation Rating Scale Definition

Rating	Definition
Needs Improvement (NI)	Resident is not performing at an expected level at that particular time; significant improvement is needed. <ul style="list-style-type: none"><li>• Deficient in knowledge/skills in this area</li><li>• Often requires assistance to complete the objective</li><li>• Unable to ask appropriate questions to supplement learning</li></ul>
Satisfactory Progress (SP)	Resident is performing and progressing at a level that should eventually lead to mastery of the goal/objective. <ul style="list-style-type: none"><li>• Adequate knowledge/skills in this area</li><li>• Sometimes requires assistance to complete the objective</li><li>• Able to ask appropriate questions to supplement learning</li><li>• Requires skill development over more than on rotation</li></ul>
Achieved (ACH)	Resident can perform associated activities independently across for this learning experience. <ul style="list-style-type: none"><li>• Fully accomplished the ability to perform the objective</li><li>• Rarely requires assistance to complete the objective; minimum supervision required</li><li>• No further developmental work needed</li></ul>
Achieved for Residency (ACHR)*	Resident can perform associated activities independently across the scope of pharmacy practice. <ul style="list-style-type: none"><li>• Resident consistently performs objective at Achieved level, as defined above, for the residency.</li></ul>
(ACHR)*	Only the RPD has the authority to mark a resident ACHR

#### Resident Self-Evaluation

- The Entering Self-Assessment form found in Pharmacademic will be the first resident self-evaluation and will be completed prior to or during the first few weeks of Orientation.
- Each resident will assess their progress for each Learning Experience by completing the assigned electronic (Midpoint and End) Summative Evaluation form in PharmAcademic, **3 days prior to the scheduled evaluation meeting**

**with the preceptor.** Examples of how the objectives were met with **qualitative** comments (how you can improve) are mandatory. This teaches the art of self-reflection and self-assessment.

- Each resident is also responsible for performing a self-evaluation quarterly on their Longitudinal Experiences in PharmAcademic. These Longitudinal Experiences include Staffing, Administrative, and Research Project.

### **Resident's Evaluation of Preceptor and Rotation**

- Each resident will complete a Resident's Evaluation of the Preceptor and Learning Experience before the end of each Learning Experience. These evaluations will be completed in PharmAcademic.

### **Preceptor's Evaluation of the Resident's Learning Experience Performance**

- Each Preceptor will review and electronically cosign the resident's Self-evaluation at the midpoint and end of the Learning Experience before completing their evaluation of the resident.
- Each Preceptor will complete a midpoint and end summative evaluation for each resident with mandatory **qualitative** comments (how can the resident improve?). The Preceptor will then discuss their evaluation with the resident to help improve the resident's future performance.
- After this discussion, the preceptor will submit the evaluation. Residents will electronically cosign the Preceptors' evaluation of their performance. Evaluations will be completed and submitted within PharmAcademic.

### **Resident Development Plan**

- Within 30 days of the start of a new residency year the RPD or designee will develop an initial development plan to be shared with the resident and preceptors in PharmAcademic.
- After the initial development plan, each resident will submit a quarterly development plan progress report. The quarterly development plan will be reviewed by the RPD and applied towards the preparation of the resident's quarterly finalized development plan evaluation. The quarterly development plan will summarize the resident's progress in the completion of a successful residency.

### **Compliance with the Evaluation Policy**

Residents must comply with the evaluation policy. This is essential for the advancement of the resident and the residency program. Failure to comply with this policy will be addressed and may result in disciplinary action.

## **Residency Program Policies, Benefits and Pay**

Human Resources Leave of Absence – Pregnancy Policy - Policy 120.3.013

Human Resources Leave of Absence – Medical Policy - Policy A-025

Human Resources Leave of Absence Policy (personal leave) - Policy A-027

Human Resources Family and Medical Leave Act / California Family Rights Act Policy - Policy A-024

### **Resident Holidays (7)**

The following are DHMMCR holidays. Residents can work Holidays if specifically requested by their preceptor (and approved by the RPD). Residents may also choose to work to save their Paid Time Off (PTO) by **staffing** in the Inpatient Pharmacy. A resident may submit for time off on a holiday. The holidays are deducted from PTO.

- New Year's Day
- President's Day
- Memorial Day
- Labor Day
- Thanksgiving Day
- Day after Thanksgiving
- Christmas Day

**Pharmacist Resident Pay- Approximately \$70,000**

## **Responsibilities and Expectations**

### **Professional Conduct**

It is the responsibility of all residents of DHMMCR and the profession of pharmacy to uphold the highest degree of professional conduct at all times. The resident will display an attitude of professionalism in all aspects of his/her daily practice.

### **Time Management**

Each resident will learn time management techniques during their residency year. One area to highlight is adding “buffer” times to deadlines. This will allow adequate time for review of a project by a preceptor or outside party, as well as allowing time to make changes to a project.

## **Dress Code**

All residents are expected to dress in appropriate professional attire when attending any function as a representative of DHMMCR. All residents are expected to wear a clean, white, full length lab coat when in patient care areas. Any specific problems with dress attire will be addressed by the resident's Preceptor and brought to the attention of the RPD and/or the DOP.

## **Plagiarism**

Plagiarism or use of AI technology to complete residency related deliverables without expressed approval is not allowed. Only CommonSpirit Health AI will be considered. Violations will be brought to the attention of the RPD, DOP, and Human Resources with consequences determined by investigation.

## **Patient Confidentiality**

Patient confidentiality will be strictly maintained by all residents. Any consultations concerning patients will be held in privacy with the highest concern for the patients' and families' emotional as well as physical well-being. All residents will undergo Health Insurance Portability and Accountability Act (HIPAA) training during orientation and abide by HIPAA regulations during practice.

## **Attendance**

- Residents are expected to attend all functions as required by the Residency Program, the RPD, and preceptors. The residents are responsible for their assigned operational pharmacy practice duties, and for assuring that these commitments are met in the event of an absence.
- Residents are expected to complete all their work relating to patient care before leaving the facility.
- Personal time off requests should be discussed in advance with the involved preceptor and the RPD.
- Residents are expected to attend pharmacy student and coresident presentations.
- Residents are to follow facility Unscheduled Absences and Tardiness Policy
- Time away from the residency program will not exceed a combined total of the greater of 37 days per 52-week training period. If a resident exceeds 37 days an extension may be granted. In conjunction with Human Resources, the RPD, and the DOP, the residency may be extended as necessary beyond the 52 week time frame to make sure all ASHP program requirements are met: however, the maximum duration of residency program extension is not to exceed 12 weeks. **Residents must complete all requirements for completion during the program extension to receive a certificate of completion.** Pay and other benefit eligibility during this leave will follow facility policy.

## Notes in the Chart:

Residents can leave progress notes in the patient chart. Progress notes must be **reviewed by the preceptor and signed-off before** finalizing in the EHR. Once the resident is a licensed pharmacist and independent, progress notes may be left in the EHR without being signed-off.

## Employee Identification Cards

- Identification of DHMMCR employees is necessary in order to promote recognition and communication among employees, students, patients and visitors.
- While at DHMMCR, all employees are required to wear identification cards (IDs) in a manner such that name, picture, and department are clearly visible. The ID card issued by Human Resources or Security is the official ID card for all employees, and the employee is the only individual authorized to wear his/her ID card.
- It is the responsibility of an employee who has lost his/her ID to have it replaced. The ID card is the property of DHMMCR, and must be surrendered upon termination of employment.
- Residents are required to report the loss of their ID cards to Human Resources and/or Security.
- Employee ID cards will be replaced by Human Resources and/or Security. Any employee reporting to work at DHMMCR without his/her official ID card must clock out, go home, and acquire it or have the ID card replaced by Human Resources and/or security.

## Parking

- Each resident will have access to free parking in the DHMMCR parking lot. Do not park in visitor spaces.

## Office

- Office/designated area for residents is located in the main pharmacy
- Residents are each provided a workstation in a quiet space in the pharmacy, conducive to concentrating. Residents are also provided with individual laptops with access to clinical information, databases, and references. Residents will be held financially responsible for their assigned laptop (in case of loss, damage due to neglect, etc.).

## Phones

- Each resident will be assigned a phone and required to carry it with them at all times.

- Each resident will be held financially responsible for their assigned phone (in case of loss, damage due to neglect, etc.).
- A mobile duress button will be available for all residents upon request.

### **Resident Disciplinary Action Summary**

Residents are expected to conduct themselves in a professional manner at all times and to follow all relevant DHMMCR and Residency Program policies.

#### **Disciplinary action will be taken, up to and including termination, if a resident:**

- Does not follow policies and procedures of DHMMCR, Department of Pharmacy, or Residency Program
- Does not present him/herself in a professional manner
- Does not earn satisfactory progress on any of the residency goals or objectives at the end of a Learning Experience
- Does not make adequate progress towards the completion of residency requirements resulting in a failure to progress (e.g. project, teaching certificate, lecture, seminar)
- See Residency Discipline and Dismissal Policy and Procedures

### **External and Internal Employment Policy (Moonlighting)**

- The residency program is considered **the primary priority** of each resident.
- Outside employment is not allowed.
- Internal Moonlighting is allowed and will be tracked using the hospital-wide timecard system as well as PharmAcademic under the Internal Moonlighting section of the monthly Duty Hour Response tracking. Internal Moonlighting is not mandatory
- Duty hours must be limited to no more than 80 hours per week, averaged over a four-week period, inclusive of internal moonlighting.
- On-call practice is not allowed
- The responsibilities of the resident do not correspond with the normal 9:00 AM to 5:00 PM scheduled forty-hour work week. At times, extra hours of coverage (weekends, evenings) are necessary to maintain residency requirements. Fluctuations in workload, unusual service demands, patient loads, or cross-coverage may all determine the hours of the residents' service.
- Overtime must be approved by the RPD and DOP.
- A Duty Hours attestation must be recorded in PharmAcademic on a monthly basis.
- **Residents must comply with ASHP duty hours.**

## **ASHP DUTY-HOUR REQUIREMENTS**

Residents, program directors, and preceptors have the professional responsibility to provide residents with a sound training program that must be planned, scheduled, and balanced with concerns for patients safety and residents well-being and resilience. The following duty-hour requirements will be followed:

[www.ashp.org/-/media/assets/professional-development/residencies/docs/duty-hour-requirements.ashx](http://www.ashp.org/-/media/assets/professional-development/residencies/docs/duty-hour-requirements.ashx)

The RPD will be responsible to ensure compliance of all resident's duty hours on a monthly basis. Any instances of non-compliance will be identified and actions taken to avoid future instances of non-compliance.