

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:

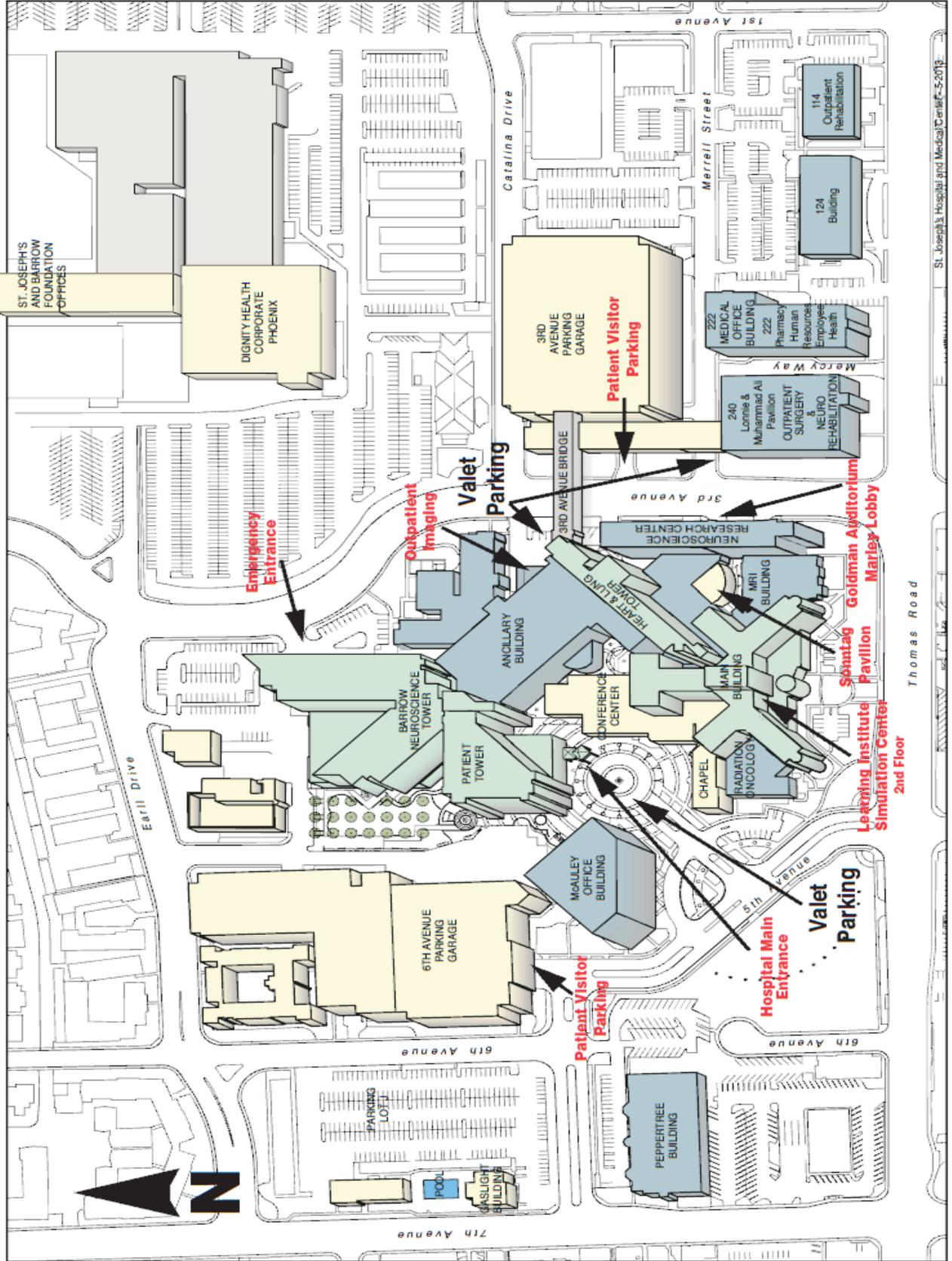
- **Respect**
 - For your co-workers, your patients and yourself
- **Teamwork**
 - Help others with their tasks when you can, in the Pharmacy and in the Hospital
- **On time**
 - Commit yourself to being ready to work, attending meetings and completing tasks when due
- **Kindness and Compassion**
 - 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 Maps



Hospital Orientation

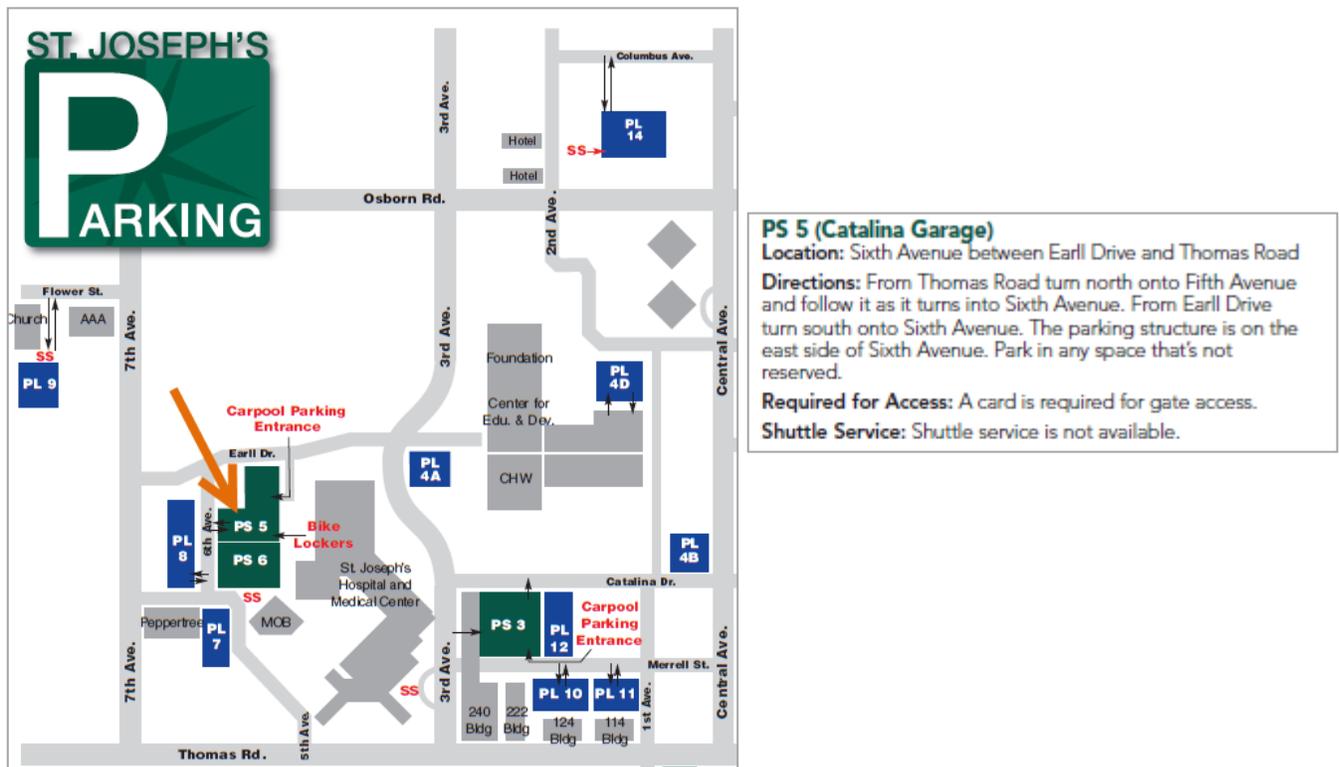
Residents are required to attend hospital orientation and are responsible for the successful and timely completion of any and all assigned electronic training modules associated with hospital and/or department orientation, compliance and regulatory requirements, or clinical competencies.

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

Dignity Health Confidential and Proprietary Information – For Internal Use Only

“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 at St. Joseph's Hospital and Medical Center provides services to all inpatients, seven days a week, 24 hours per day.

The Department of Pharmacy at St. Joseph's Westgate Medical Center (SJW) provides on-site service to all inpatients, 10.5 hours per day, 7 days per week. After hours pharmacy coverage is provided by the St. Joseph's Hospital and Medical Center pharmacy team.

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.

McAuley Outpatient Pharmacy 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.

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- 1700 365 days per year with after-hours coverage 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 annual. 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:

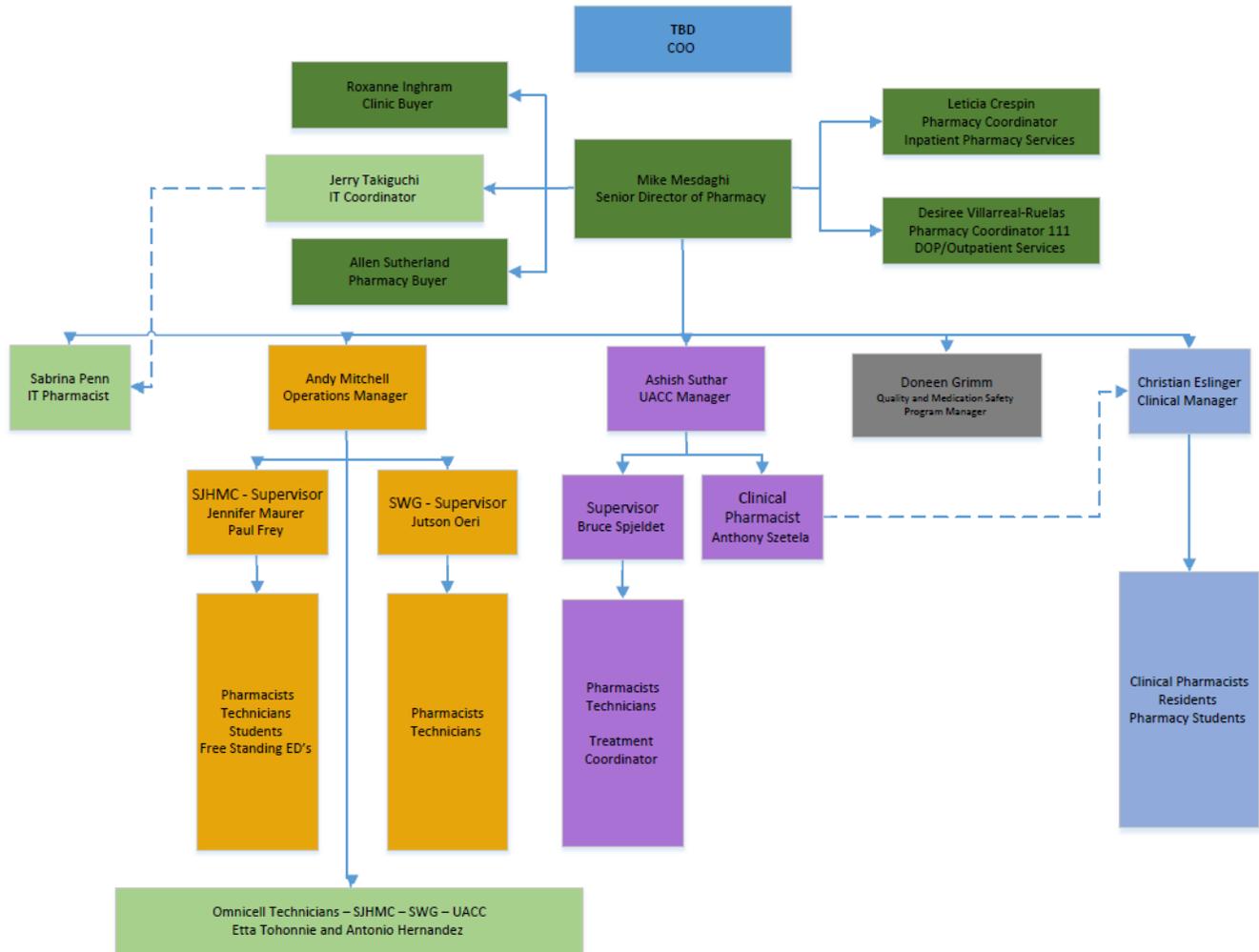
Data is collected in a systemic and consistent manner to assure data integrity and relevance to the process. Data is analyzed and action plans are developed to assure goals are incrementally met and gains maintained. Departmental Quality Improvement Indicators are reported to the Pharmacy Department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

Date: November 21, 2019

Director: Gregory Blank, PharmD, MBA, BCPS

Pharmacy Department Organizational Structure and Phone Numbers

SJHMC – SWG – UACC Pharmacy Services Department



Pharmacy Phone Numbers

MAIN PHARMACY

- 602-406-3240; Fax: 602-406-4149

PHARMACY MANAGERS

- Director of Pharmacy: 64744
- Clinical Manager: 66480
- Operations Manager: 67583

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.

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. It is the expectation that the resident will wear a white lab coat at all times in patient care areas. 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 available on the intranet at https://brand.dignityhealth.org/content/index/guid/email_signature?parent=4.

To create an email signature in Microsoft Outlook:

1. Click New Email at the top left corner of the Home tab.
2. Click Signature from the top panel, next to Attach Item. A dropdown menu will appear, with options to add an existing signature to the email you're working on. Select Signatures from this menu to open a Signatures and Stationery window.



3. Click New in the Signatures and Stationery window to create a new signature template.
4. Compose your signature in the editing window. You can add images to your signature, like a logo or banner, by pasting them into the editor or clicking the button to the right of the Business Card button. URLs will be automatically hyperlinked, but if you want to add your own link, you can click the Insert Hyperlink button on the extreme right. Click OK, and your signature will be saved for future use.
5. Designate your new signature as your default in the Signatures and Stationery window if you want to make sure it is included with every new message and replies or forwards you send.

PGY1 Residency Program Overview

Purpose

PGY1 pharmacy residency programs build on Doctor of Pharmacy (Pharm.D.) 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 with Focus in Infectious Diseases

Preceptors:

Kellie Goodlet, PharmD, BCPS, BCIDP

Email: Kellie.Goodlet@dignityhealth.org

Phone Number: 602 406 4717

Michael Nailor, PharmD, BCPS (AQ-ID)

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

Cardiology

Preceptor: Chyi-Jade Fann, PharmD, BCCP

Email: Jade.Fann@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, Trauma 4 week elective

Emergency Medicine

Preceptors:

Michelle Maguire, PharmD

Email: Michelle.Maguire@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 Nailor, PharmD, BCPS (AQ-ID)

Email: Michael.Nailor@dignityhealth.org

Phone Number: 602 406 4221

Rotation Information: Infectious Diseases 4 week requirement

Internal Medicine

Preceptor: Hiren Patel, PharmD, BCCCP, BCPS

Email: Hiren.Patel@dignityhealth.org

Phone Number: 602 406 7370

Rotation Information: Internal Medicine 4 week requirement

Investigational Drug Services

Preceptors:

Jeff Burmeister, PharmD

Email: Jeffrey.Burmeister@dignityhealth.org

Phone Number: 602 406 6442

Amanda Charles, PharmD, BCPS

Email: Amanda.Charles@dignityhealth.org

Phone Number: 602 406 6443

Rotation Information: Investigational Drugs 4 week elective

Nephrology

Preceptor: Christian Eslinger, PharmD, MBA, MEng, BCPS

Email: Christian.Eslinger@dignityhealth.org

Phone Number: 602 406 6480

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:

Email:

Phone Number: 602 406 0629

Rotation Information: Outpatient Oncology/Hematology 4 week elective at The Cancer Center at Dignity Health

Orientation to Pharmacy Residency and Pharmacy Systems

Preceptors:

Christian Eslinger, PharmD, MBA, MEng, BCPS

Email: Christian.Eslinger@dignityhealth.org

Phone Number: 602 406 6480

Christan Mychajlonka, PharmD, BCOP

Email: Christan.Mychajlonka@dignityhealth.org

Phone Number: 602 406 6554

Rotation Information: Orientation to Pharmacy Residency and Pharmacy Systems 4 week requirement (This rotation is always scheduled for the month of July)

Pediatrics

Preceptor: variable depending upon rotation offering at outside facility

Rotation Information: General Pediatrics 4 week elective

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 Management

Preceptors:

Mike Mesdaghi, PharmD

Email: Mike.Mesdaghi@dignityhealth.org

Phone Number: 602 406 4744

Doneen Grimm, PharmD, MBA

Email: Doneen.Grimm@dignityhealth.org

Phone Number: 602 406 4273

Erin Sharp, PharmD
Email: Erin.Sharp@dignityhealth.org
Phone Number: 602 406 3970
Rotation Information: Pharmacy Management 4 week elective

Pharmacy Practice

Preceptor: Christan Mychajlonka, PharmD, BCOP
Email: Christan.Mychajlonka@dignityhealth.org
Phone Number: 602 406 6554
Rotation Information: Pharmacy Practice 4 week required capstone rotation

Pharmacy Staffing

Preceptor: Andy Mitchell, PharmD, MHA
Email: Andy.Mitchell@dignityhealth.org
Phone Number: 602 406 7583
Rotation Information: Pharmacy staffing 10 month longitudinal requirement

Research Fundamentals and Application

Preceptor: Kellie 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

Preceptors:
Lauren Cherrier, PharmD, BCPS
Email: Lauren.Cherrier@Dignityhealth.org
Phone Number: 602 406 9260

Aasya Nasar, PharmD, BCPS
Email: Aasya.Nasar@dignityhealth.org
Phone Number: 602 406 9260
Rotation Information: Solid Organ Transplant 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 will be assessed as follows:
 - Review of current preceptor needs assessment results to determine if any needs addressed through preceptor development activities in the past year are still identified as top 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.

Rotation Dates for the 2020-2021 Academic Year

June 22 – July 31	January 4 – January 29
August 3 – August 28	February 1 – February 26
August 31 – October 2	March 1 – April 2
October 5 – October 30	April 5 – April 30
November 2 – November 27	May 3 – May 28
November 30 – December 31	May 31 – June 25

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:

- Medical Intensive Care
- Emergency Medicine
- Orientation to Pharmacy Residency and Pharmacy Systems
 - Always scheduled in July
- Pharmacy Practice
 - Always scheduled in the second half of the year
- Neonatal Intensive Care
- Infectious Diseases and Antimicrobial Stewardship
- Internal Medicine
- 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
- Solid Organ Transplant
- General Pediatrics at an outside facility
- Pharmacy Informatics
- Outpatient Oncology/Hematology at UACC
- Pharmacy Management
- Nephrology
- Academia with Infectious Diseases Focus
- 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.

Service Event (1): One general service event to be completed sometime during the residency year, as part of the Dignity Health Hello Humankindness campaign.

System Project (1): Participate and contribute to group project at the system level.

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, presentation at Southwestern States Conference, and a completed manuscript are required.

Seminar Presentation (2): The residents will provide at least two 30 minute seminar presentations. The seminar topic focuses on a current, relevant, and controversial practice. The presentation content includes a clearly defined controversy, evidence for both sides, and a distinct recommendation 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 (2): The residents will provide at least two formal journal club presentations during the residency year. The first journal club involves analysis of study design using PIES, <file:///H:/Residency%20files/2018-2019/PIES1.pdf>. The second journal club focuses on clinical analysis using BestBETs or similar approach, <https://bestbets.org/links/BET-CA-worksheets.php>. Each 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 second 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.

Quarterly ISMP Gap Analysis (1): The residents will review the Institute of Safe Medication Practices (ISMP) quarterly publication of safety reports to identify potential weaknesses in medication use processes and provide a report with recommendations for improvement to the Medication Safety Committee. Each resident will complete one quarterly gap analysis in collaboration with a co-resident.

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 (i.e. journal club article), 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.

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 all Residency Advisory Council (RAC) meetings. RAC meetings are held on the last Thursday of each month from 1 to 2pm.

Pharmacy Staff Meeting

Residents are expected to attend at least one pharmacy staff meeting each month.

Medication Safety Meeting

Residents are expected to present the quarterly ISMP gap analysis at the Medication Safety meeting. Meeting attendance is required only when presenting. 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.

ASHP Midyear Clinical Meeting

Residents are expected to attend the ASHP Midyear meeting for educational and recruitment purposes. Residents must attend at least 1 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 Conference

Residents are expected to attend the Southwestern States Residency Conference and to present research 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.

PGY2 & 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, 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 weekly assignments.

Duty Hours

SJHMC will comply with the [Duty-Hour Requirements for Pharmacy Residencies](#) as set forth by ASHP.

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
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”.

Disciplinary Action and Dismissal of Pharmacy Residents

Disciplinary action involving Pharmacy Residents is the responsibility of the Residency Program Director and the Pharmacy Director. The Residency Advisory Council may be asked to provide consultation. Disciplinary actions and process conform to SJHMC Human Resources Policies.

Disciplinary action of a pharmacy resident will be taken for the following reasons:

- Repetitive tardiness or failure to complete assignments in a timely manner
- Violation of SJHMC policies and procedures
- Unethical behavior
- Violation of state and/or federal pharmacy laws
- Established patterns or trends of tardiness or absenteeism
- Unprofessional conduct; including, but not limited to:
 - Requiring continual reminders to fulfill responsibilities to patients, healthcare practitioners, and/or complete assignments
 - Unreliability regarding timely task completion
 - Misrepresentation of, or falsified, actions and/or information
 - Resistant or defensive behavior when receiving constructive criticism
 - Lack of awareness of, or unwillingness to address, deficiencies despite continual feedback from RPD/preceptors as demonstrated by absence of performance improvement
 - Failure to accept responsibility for errors or poor performance
 - Demonstration of inappropriate workplace behaviors including being overly critical and/or verbally abusive in a professional environment
 - Repeated demonstration of behaviors that have the potential to negatively impact patient care (e.g. arrogance, poor communication, failure to follow-up and follow-through, etc.)
 - Noticeable lack of empathy toward patients, caregivers, providers, and/or peers
 - Repeated failure to provide optimal patient care or honor the values of the patient
 - Failure to productively function within a multidisciplinary health care team
 - Failure to make satisfactory progress towards completion of longitudinal projects, goals, or objectives; and/or failure to meet expectations as outlined in the Residency Manual

The Residency Program Director 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. As detailed later in these guidelines, certain serious violations may result in an employee being immediately placed on a Final Written Warning or may result in termination of employment.

Coaching

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

Verbal Warning

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

Written Warning Document

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 employee to acknowledge receipt. If the employee refuses to sign the Written Warning Document, the employee's refusal to sign will be noted on the document and the document will be sent to Human Resources.

Final Written Warning Document

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 employee to acknowledge receipt. If the employee refuses to sign the Final Written Warning Document, the employee's refusal to sign will be noted on the document and the document will be sent to Human Resources.

Termination of Employment

An employee who fails to improve his or her 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 next-level management (Pharmacy Director) and Human Resources.

There are certain behaviors and/or performance issues that are so serious that following each step of the corrective action process is not appropriate, and in rare cases the employee's immediate termination is deemed warranted.

Residents are referred to Arizona Division HR Policy HR4.003/50403 for further information.

Leave of Absence and Time Off

Residents are given a total of 23 days paid time off (PTO). PTO includes time to be used for vacation, holidays, personal needs, including scheduled interviews, and short-term illness. Additional educational days may be allotted by pharmacy manager and/or Residency Program Director for training or professional meetings, such as for ASHP Midyear.

Formal time off requests must be submitted in writing and approved for any type of leave in excess of 3 hours. The resident must email both the Clinical Pharmacy Manager and Residency Program Director to notify of the anticipated absence no less than 30 days prior to scheduled time off. The time off request should include the date, total amount of hours requested off, and total cumulative hours/days already approved for the residency year. Residents must request leave approval from all preceptors involved in training, including the current rotation preceptor, RPD, and Clinical Manager, for all requested time off. Failure to receive approvals may result in negative criteria-based or summative evaluations and may lead to progressive disciplinary action.

Unscheduled time off, due to illness or personal reasons, requires that the preceptor and the Clinical Pharmacy Manager be called or emailed directly for notification and timekeeping. The Residency Program Director should also be notified.

In the event of an extenuating circumstance or illness requiring an extended leave (2 weeks or greater), the resident will be required to repeat a rotation and extend the residency program. In the event that a resident misses two weeks or more of a rotation, the rotation must be repeated. The resident must complete a 12 month program in order to receive a certificate.

If the residency program must be extended beyond the required year based on absence or illness, a bridge agreement will be created to outline particular objectives needing to be fulfilled during the extension period. This program extension must be fulfilled to obtain the certificate of completion for the residency program.

Civic Duty Leave: Absence for jury duty shall be permitted with pay when a resident is called to serve on any jury duty (municipal, county, state or federal) during regularly-scheduled work hours. See Dignity Health Corporate Jury Duty and Court Appearances Policy. The resident must notify the Clinical Manager, preceptor, and Residency Program Director notifying of the summons in advance of the performance of this duty. The resident will be required to submit verification of jury duty.

Leave without Pay may be granted once all Paid Time Off has been used at the discretion of the scheduled preceptor(s), manager and the Residency Program Director. The resident/preceptor/RPD will decide on how such time off will be made up by the resident and any additional projects that may be required of the resident.

Residents with a no call/no show absence may be subjected to immediate dismissal. Residents determined to have an established pattern or trend of absenteeism may be subject to dismissal.

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 SJHMC, Dignity Health, or CommonSpirit Health beyond residency.

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

PGY1 Residency Manual Acknowledgement

I _____ 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 Residency Program and agree to abide by them to their fullest extent.

Signature: _____

Date: _____