

# MERCY MEDICAL CENTER

## REDDING

*PHARMACY SERVICES*

**2020-2021**

PGY1 Pharmacy

Residency Manual



Dignity Health Mercy Medical Center

Department of Pharmacy Services

Redding, California

## **Pharmacy Services**

### **Pharmacy Residency Purpose Statement:**

1. To build on a 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
2. To provide a safe, efficient and economical healthcare system and medication distribution system in the outpatient and inpatient settings.
3. To provide pharmaceutical services that meet the needs of the patients, in conjunction with the medical staff.
4. To develop pharmacists' clinical practice as an integral part of patient care.
5. To serve as drug information leaders to physicians, nurses, and patients.
6. To develop standards and systems for the delivery of pharmaceutical services that will become an integral part of the healthcare system's quality management and cost containment programs.
7. To provide in-service and other educational programs consistent with the needs of the healthcare system.
8. To serve as an educational site for pharmacy residents and add to the advancement of pharmacy practice.

### **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

## **Section A: Residency Program Structure**

**MMCR** uses three types of learning experiences for the PGY1 program. The types of learning experiences include both core and elective and longitudinal experiences throughout the year.

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

**Pharmacy Practice-** is an eight week core rotation and the first rotation that 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/Infectious Disease-** is a six week core rotation including one week of infectious disease focus that strives to produce tomorrow's leaders in critical care pharmacy. The resident will be integral members of the multi-disciplinary 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.

**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 residents, 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 six week core rotation which will help residents become familiar with the key skills utilized as a clinical pharmacist in the Emergency Department (ED). It will provide the resident with the opportunity to participate in the essential roles of the pharmacist in the ED; including optimization of medication use through interaction with the Emergency Medicine team; order review; medication reconciliation; drug therapy monitoring; participation in high-risk procedures including resuscitation and other time dependent emergencies; monitoring use

of high-risk medications; and medication procurement and preparation. The goal of this rotation is to provide a clinical pharmacy practice environment for resident to become familiar with the role of the pharmacist in the ED, obtain experience in working with an interdisciplinary team and to work to optimize pharmacotherapeutic management and improve patient care and safety through helping to provide the services listed above.

**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 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 including computerized prescriber order entry (CPOE) system, pharmacy order entry and verification 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

**Critical Access-** is a six week core rotation providing the resident with a look at pharmacy practice in a rural setting. Critical Access Hospitals (CAH) are licensed general acute care hospitals that are certified to receive cost-based reimbursement from Medicare. This reimbursement method is intended to improve the hospital's financial performance and, as a result, reduce hospital closures. CAHs must be located in a rural area and (1) over 35 miles from another hospital, or (2) 15 miles from another hospital in mountainous terrain (or area with only secondary roads). Staffing, administrative duties, warfarin clinic, pharmacy staff, physician, and nursing education, protocol development, OR observation, P&T and med safety, and informatics are areas the resident will be involved.

**Possible Electives:**

Pediatrics/NICU

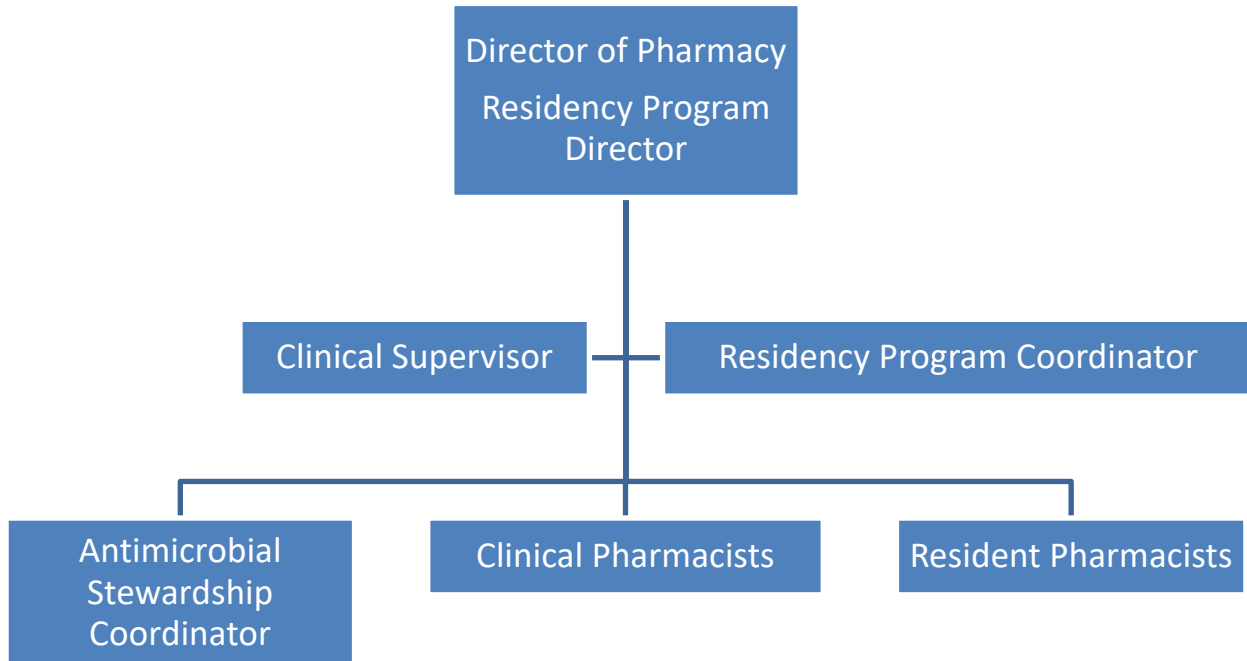
### **Longitudinal Experiences:**

**Administrative Longitudinal-** is a ten 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. This learning experience starts after the first core rotation and ends June 1st.

**Staffing Longitudinal-** is a twelve 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 a ten month required longitudinal experience. The research project that is assigned by the RPD will meet the ASHP accreditation standards as well as be designed to contain a financial metric for the hospital. The project will support the completion of the outcomes, goals, and objectives of the PGY-1 program.

## Pharmacy Organizational Chart



### **Rotation Preceptors**

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

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.

### **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.

The RAC is comprised 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 programs 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:**

**October**

**January**

**April**

**June** –annual end of year meeting with formal review of residency program, review of current years preceptor development needs identified through the assessment process (preceptors to fill out self-assessment & turn in by May 1<sup>st</sup>)

**July**- preceptor development plans due by RPD

### **Qualifications and Selection of the Preceptor:**

The RPD evaluates potential preceptors, selects, and re-evaluates current preceptors based on ASHP Accreditation Standard for PGY1 Pharmacy Residency programs established in Principle 4:

1. Pharmacist Preceptors' Eligibility: Pharmacist preceptors are 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 have 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
  
2. Preceptors' Qualifications: Preceptors demonstrate the ability to precept residents' learning experiences by meeting one or more qualifying characteristics in all of the following areas:
  - demonstrating the ability to precept residents' learning experiences by use of clinical teaching roles (i.e. instructing, modeling, coaching, facilitating) at the level required by residents;
  - the ability to assess residents' performance
  - recognition in the area of pharmacy practice for which they serve as preceptor;
  - an established, active practice in the area for which they serve as preceptor;
  - continuity of practice during the time of residents' learning experiences; and
  - ongoing professionalism, including a personal commitment to advancing the profession
  
3. Preceptors-in-Training: Pharmacists new to precepting who do not meet the qualifications for residency preceptors
  - are assigned an advisor or coach who is a qualified preceptor; and,
  - has a documented preceptor development plan to meet the qualifications for becoming a residency preceptor within two years

### **Preceptor Development Policy:**

MMCR 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 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- Assessment Form annually by May 1<sup>st</sup>



- RPD will review residents evaluations of preceptors and learning experiences annually to identify potential preceptor development needs
- RPD will solicit verbal feedback from residents annually

#### Development Process for Annual Preceptor Development Plan:

- Preceptor development needs identified through the assessment process will be discussed annually as part of the annual end-of-year RAC meeting in June
- The RPD and preceptors will come to a consensus on the areas of preceptor development to focus on during the upcoming year
- The RPD (or a designee) will develop a tentative preceptor development plan for the upcoming year with activities to address areas of need and a schedule of activities and will present to the RAC at the July or next scheduled RAC meeting
- The preceptor development plan will be publicized to all preceptors and will be documented as an attachment to the July RAC minutes (or the next scheduled RAC meeting)

#### Review of Effectiveness of Previous Year's Plan:

- Review of current Preceptor Development Plan will occur annually at the annual end-of-year RAC meeting in June and documented in the minutes. Effectiveness of the plan will be assessed as follows:
  - Review of current preceptor needs assessment results to determine if any needs addressed are still identified as top areas of need
  - Discussion with preceptors of the effectiveness of activities utilized on 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:

- The RPD will develop an individual plan designed to ensure Preceptor-In-Training meets all ASHP preceptor requirements within 2 years
- The RPD will be or appoint an advisor to mentor Preceptor-In-Training. Advisor will be required to cosign any summative evaluations completed by preceptor-in-training

#### Other Opportunities for Preceptor Development for MMCR Preceptors:

- Pharmacist Letter Preceptor Home: <http://pharmacistletter.com>
- American Society of Health- System Pharmacists (ASHP) [www.ashp.org](http://www.ashp.org)
- Those who attend meetings which provide education regarding training will share the information at the next RAC meeting or other forum as appropriate.

- Material for self-study will be circulated

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

## Preceptor Self-Assessment Form

Preceptor Name: \_\_\_\_\_

- New Preceptor Pre-Learning Experience Self –Assessment
- New Preceptor Post 1<sup>st</sup> Learning Experience Self-Assessment
- Existing Preceptor

1. How effective are you as a pharmacy practice role model?

1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
Not very effective				Very effective

2. How effective are you at giving feedback on a regular basis?

1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
Not very effective				Very effective

3. How effective is your feedback in helping the resident improve their performance?

1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
Not very effective				Very effective

4. How effective are you in arranging learning opportunities for your resident to meet their objectives?

1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
Not very effective				Very effective

5. How effective are you at giving clear explanations and answers to questions?

1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
Not very effective				Very effective

6. How effective are you at asking questions which cause the resident to do their own thinking?

1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
Not very effective				Very effective

7. Do you display interest in your resident?

1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
Not very effective			Very effective	

8. Do you display dedication to teaching?

1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
Not very effective			Very effective	

9. How effective are you at using the following preceptor roles?

Direct instruction

1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
Not very effective			Very effective	

Modeling

1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
Not very effective			Very effective	

Coaching

1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
Not very effective			Very effective	

Facilitating

1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
Not very effective			Very effective	

10. What barriers exist that prevent you from being a more effective preceptor?

11. What would you like to improve upon as a pharmacy resident preceptor in the next year?

## MMCR Preceptor Development Plan

(Documented in July RAC meeting minutes)

### MMCR Preceptor Development Plan for Year \_\_\_\_\_

Based on assessment completed at the June RAC meeting, the following areas have been identified as areas of focus for the upcoming year.

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

Previous Years Evaluation Status:

- Timeliness
- Resident Evaluation of Preceptor

Activities (addressing areas of need) and scheduling:

- Review year \_\_\_\_\_
  - July- Will be focus of preceptor development portion of RAC meeting.
  -
- Revision of \_\_\_\_\_
  
- Providing effective verbal and documented criteria-based feedback

Mercy Medical Center  
 Department of Pharmacy  
 Pre-Screening Residency Applicant Evaluation

Name of Applicant \_\_\_\_\_

Name of Pharmacy School \_\_\_\_\_

Review of Application

Item	Criteria	Points	Comments
Grade Point Average	3.6-4.0	10	
	3.3-3.5	8	
	2.5-3.2	6	
	<2.5	DNI	
Advanced Pharmacy Practice Experiences (APPE's)	Critical Care/ID	10	
	Peds/Onc/Surg	6	
	Amb Care	4	
	Neutral	DNI	
Letters of Recommendation	Highly Recommended	10	
	Recommended	6	
	Satisfactory	4	
	Neutral	DNI	
Related Pharmacy Work	Hospital Experience	10	
	Retail Experience	6	
	Not Pharmacy	4	
	Volunteer	DNI	
Essay Letter of Intent	Highly Motivating	10	
	Mod Motivating	6	
	Satisfactory	4	
	Neutral	DNI	
Curriculum Vitae (professional involvement)	Highly Involved	10	
	Involved	6	
	Satisfactory	4	
	Neutral	DNI	

## Qualifications and Selection of the Resident:

MMCR will evaluate the following applicant qualifications during pre-interview assessments, formal interview assessments, and after application requirements have been satisfied through Phorcas

### Pre-Interview Assessment

Criteria Category	Possible Score
A. Completion of all application requirements in PHORCAS	Pass/Fail
B. Completed or working towards a Doctor of Pharmacy degree from an accredited College of pharmacy.	Pass/Fail
C. Eligible for Licensure to practice pharmacy in the State of California	Pass/Fail
D. GPA	10
E. Advanced Pharmacy Practice Experiences (APPEs)	20
F. Letters of recommendation	20
G. Pharmacy related work and professional experience	20
H. Essay Letter of Intent	20
I. Curriculum Vitae	10

### Formal Onsite Interview Assessment

Criteria Category	Possible Score
J. Onsite Interview	40
K. Administrative Interview- will include review of PGY1 Resident job description, benefits, expectations, HR related items	Pass/Fail
L. Clinical Quiz	20
M. Case Study	20
N. First Impression/ Overall applicant- program fit	10
O. Disqualifications (discretion of the Director of Pharmacy, RPD, or Residency Coordinator)	Pass/Fail
P. Achievements	10

## SECTION A – RESIDENCY REQUIREMENTS

- ❖ Orientation Program and Residency meetings- A formal orientation program for all residents is scheduled in June of each year. Attendance is mandatory. The orientation is designed to introduce the incoming residents to Mercy Medical Center Redding (MMCR) Services and to outline the expectations of the residency year.
- ❖ Effective Communication- Residents are expected to effectively communicate with other health care professionals in all methods of communication (e.g. verbal, phone, written, fax). Residents are expected to write progress notes in the medical record if they cannot reach the health care provider. Residents must give preceptors a **minimum of 2 business** days (48 hours) 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 to enhance presentation skills. Other presentations include case presentations and journal club. A minimum of 2 education presentations per year is required.
- ❖ Teaching- Residents will be involved in various teaching activities, including in-services for the medical, nursing, and/or pharmacy staff, case presentations, precepting students, and providing continuing education lectures.
- ❖ 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 expected to complete a research project, during their residency year, designed to improve pharmacy practice. 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 Residency Program Director for approval. **All projects must include a financial component that must be monitored.** At least one preceptor must be chosen as a co-investigator for the project. All projects must be presented at the Western States Conference, presumed publishable in a peer reviewed journal, and a “Plan-Do-Study-Act” (PDSA) **is encouraged** to be submitted.



### Project selection / Scope of projects/ Approval

- Each year a list of potential projects will be generated and distributed to the residents for selection. This will allow all residents an opportunity to review all potential projects. Projects may be submitted by Pharmacy Services staff members, Clinical Pharmacists, Residents, and others, as appropriate.
- The Residency Preceptors will evaluate all project submissions for appropriateness and feasibility.
- Many of the projects will be conducted in support of the MMCR Department of Pharmacy Services. Residents participating in service projects originating in the Department of Pharmacy Services will follow the policies and procedures of the department.

### Project Completion

- The project will be considered complete when the stated objectives have been met. A description of the results (manuscript) of the project must be written and submitted no later than the final quarterly evaluation (**June 10<sup>th</sup>**) before the project is considered complete. A PowerPoint must also be completed by **June 10<sup>th</sup>**. Projects must be **reviewed** before submission by the preceptors / co-investigators. A residency certificate will not be awarded until the project is completed.
- ❖ 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. If a resident misses any days of the operations staffing component due to illness or time off, then they must make up the time. If making a switch, this must be conveyed to the inpatient supervisor, Residency Coordinator, and/or RPD, and ensure all ASHP duty hour requirements are upheld -see [www.ashp.org](http://www.ashp.org). The month of December (including ASHP Midyear) and the weekend of CSHP Seminar are excluded.
- ❖ Journal Club- Residents will present one Journal Club (JC) during each Core Clinical rotation. It is **mandatory** to attend all resident JC. Topics and format are up to 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. The topic of this manuscript will be determined by the resident and his/her Preceptor/RPD based on the resident's background, experience and goals. Editorial

assistance by a preceptor **is** required. Deadline is **June 10<sup>th</sup>** to email this to the RPD.

- ❖ Pharmacy Services Documentation- Each resident will document his/her daily interventions in Cerner. This is extremely important to the program to document a cost savings and improved patient care. A minimum requirement of (125) per inpatient clinical rotation is required.
- ❖ 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. Protonix and Zynox). This is also documented as an intervention in Cerner.
- ❖ Certification for Basic Life Support (BLS), Advanced Cardiovascular Life Support (ACLS), and Pediatric Advanced Life Support (PALS).
  - Each resident is expected to successfully complete the BLS, ACLS, and PALS curriculum within the first month of the residency. The goal is to ensure the resident is familiar with and capable of participating in emergency life support.
- ❖ Resident Meetings- Residents will attend mandatory scheduled resident meetings to discuss upcoming resident events, other issues pertaining to the residency program, and actions/recommendations made at preceptor meetings, etc. Meetings will be scheduled by the RPD on an approximately quarterly basis.
- ❖ Recruitment- Each resident will assist with the residency recruitment efforts of the department. Each resident is a valuable source of information and advice for potential candidates. RPD will determine who goes to each meeting. Western States Conference is mandatory for all residents.
  - **ASHP**: Each resident is required to spend time providing information to interested parties during the ASHP Midyear Clinical Meeting. Residents will staff the residency showcase.
  - **CSHP**: Same as above.
  - **Interviews**: Time will be scheduled during the interview process for interviewees to interact with current residents.
  - **Western States Conference**- Residents will help staff the recruitment table.

Pharmacy and Therapeutics (P&T)- Residents are required to attend monthly P&T (location may vary). Residents are required to **attend, write a monograph and present** at selected P&T meetings:

- If medication is added to formulary, develop a concise, written summary of the

monograph and final formulary decisions for inclusion in physician and pharmacy newsletters.

- If medication is added to formulary, assist with implementation of formulary recommendations. This may require development and follow-up of a medication use evaluation, protocol/order set development, pilot trial implementation, optimizing medical informatics and/or developing additional health care provider education.
- Contact the RPD with any questions.

1. Other Administrative Meetings- Residents are encouraged to attend all meetings that the current preceptor attends.

2. Newsletter Articles- Residents will participate in writing for the MMCR Pharmacy Newsletter. A minimum of **one** Newsletter per year is required. Resident will select topic, with advice from preceptors. Submissions and editing of the Pharmacy Newsletter articles are completed by the designated resident. Residents will each choose a separate month for submission and inform the RPD of the dates.

3. Overtime - is required to be conveyed to the RPD via email- with the reason why, as soon as it occurs. Please see RPD for more details.

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

- Residents are expected to satisfactorily complete all requirements of the MMCR Residency Program as listed above, adhere to the ASHP Accreditation Standards, and achieve all of the required educational Outcomes, Goals and Objectives. Residents who achieve and complete the residency requirements will receive their Residency Certificate as evidence of program completion.
- Evaluation of the resident's progress in completing the requirements is done as part of the rotation and quarterly evaluation tracking and review process.
- The Resident Preceptor, in combination with the Residency Program Director shall assess the ability of the resident to meet the requirements and work with the resident to assure their satisfactory completion.
- Completion of the Resident Research Project.
- Fulfillment of essential accountabilities as defined in the Pharmacist Resident Job Description under the Human Resources policy.

## Successful Completion of Residency Summary

1. Orientation
  - a. (ACLS, BLS, PALS certification)
  - b. MMCR new employee hire requirements
2. Effective Communication
3. Drug Information
4. Presentations (min. of 2 educational presentations required)
  - a. Western States
  - b. Grand Rounds
5. Teaching
  - a. In-services for pharmacy, nursing, & medical staff
  - b. Student Precepting
6. Research Project
  - a. Must include a cost savings component that is monitored
  - b. Must be presented at Western States
7. Operations/Staffing
  - a. Approx. 30hrs/month
8. Evaluations
9. Manuscript
10. Pharmacy Services Documentation
  - a. IV to PO
  - b. Aminoglycoside monitoring/dosing
  - c. Anticoagulation monitoring/dosing
  - d. Vancomycin monitoring/dosing
11. Recruitment/Conferences
  - a. CSHP, ASHP, Western States
12. Achievement of all required learning experiences, educational outcomes, goals, and objectives in adherence with the ASHP Accreditation Standards
13. Fulfillment of essential accountabilities as defined in the Pharmacist Resident Job Description under the Human Resources policy

## SECTION B – RESIDENCY PROGRAM GENERAL INFORMATION

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Residency Program Director (RPD): Pam Cruzan, RPh

Director of Pharmacy: Kathleen Ignac Delikowski, PharmD BCPS

Preceptor: Individual assigned to train, educate, and evaluate the resident in their practice area of expertise. Also may serve as a preceptor by lecturing or mentoring special projects.

### Teaching Responsibilities

#### Purpose

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.

#### Procedure

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.

### Residency Evaluation Policies and Procedures

#### Resident's Self-assessment Evaluation

- First self-evaluation will be completed prior to or during first week of orientation in the form of an entering interests form as well as the entering objective based self-evaluation in PharmAcademic.
- Each resident will assess his or her progress for the rotation by completing the assigned electronic Summative Evaluation form online at 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.

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

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

#### Preceptor's Evaluation of the Resident's Rotation Performance

- Each Preceptor will review and electronically "sign off" on the resident's SELF evaluation before completing their evaluation of the resident.
- Each Preceptor will complete a summative evaluation for each resident with mandatory **qualitative** comments (**How** can the resident improve?). The Preceptor will review and compare it to the resident's self-evaluation, electronically sign off on it within PharmAcademic, and then will discuss it with the resident to help improve their future performance.
- **After** this discussion, the preceptor will submit the evaluation.
- Residents will electronically "sign off" on the Preceptors' evaluation on their performance.
- Evaluations will be completed and submitted on PharmAcademic.

#### Quarterly Evaluations

##### Quarterly Longitudinal Evaluation Process for All Residents

- ❖ The following longitudinal activities will be evaluated at least once each quarter: Operational/Staffing Pharmacy Experience, Administrative, and Research. These are completed by the respective preceptors / evaluators.
- ❖ Completed electronic evaluations must be completed in PharmAcademic by the following dates: **October 10, January 10, April 10, and June 10**. By submitting the evaluation on these dates, the Residency Program Director (RPD) can incorporate these comments into the resident's quarterly evaluation.

##### Resident Quarterly Progress Report

- ❖ The quarterly development plan will summarize the resident's progress in the completion of a successful residency. Any comments the resident would like to make regarding their achievements toward these goals should also be included.
- ❖ Each resident is responsible for performing a self-evaluation on their Longitudinal Experiences in PharmAcademic. This includes the Staffing Pharmacy Experience, Administrative Experience, and Research Project Experience.
- ❖ The resident will submit the quarterly progress report to the RPD and the self-evaluations to PharmAcademic by the dates designated below, or as requested. The quarterly progress report will be reviewed by the RPD and applied towards the preparation of the resident's quarterly evaluation. The RPD has the option to add a summary of overall progress.

## Residency Program Director Quarterly Evaluations

- ❖ The RPD will evaluate the resident quarterly. This evaluation will also take into account the rotation evaluations from prior preceptors. This evaluation will be used to update the residents development plan quarterly to show the resident where he/she is in the completion of a successful residency.
  - The initial development plan will be created during the 2-week orientation period by the RPD or designee

### Resident Quarterly Evaluation Submission Dates

Quarter	Resident Evaluation Date
1st Qtr: July 1 - September 30	<b>October 10</b>
2nd Qtr: October 1 - December 31	<b>January 10</b>
3rd Qtr: January 1 - March 30	<b>April 10</b>
4th Qtr: April 1 - June 30	<b>June 10</b>

### 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 by the RPD.

## ASHP Standard Entering Interests Form

1. State your career goals, both short term (5 years) and long term (10-15 years).
2. Describe your current practice interests.
3. What are your strengths? This should include direct patient care skills as well as personal strengths.
4. List areas of weakness that you would like to improve on during the residency.
5. Given your listed career goals, interests, strengths, and weaknesses, list at least three (3) goals that you wish to accomplish during your residency.
6. Describe activities/experiences that have contributed to your skills in the following areas:
7. What areas of residency training would you like to concentrate on during the residency program?  
(List in order of importance.)
8. Describe the frequency and type of preceptor interaction you feel to be ideal. Where do you see the preceptor fitting into your professional development and maturity?
9. What is your personal strategy for life-long continuing education?
10. What role will professional organizations have in your career?



## RESIDENT DEVELOPMENT PLAN

Background Information				
<p>Interests:</p> <p>Career Goals: Short-term</p> <p>Long-Term</p>				
Personal Residency Goals	Initial Plan & Changes to Program Based on Residency Goals	1st Quarter Update: Effectiveness of initial Plan & Changes to Program Based on Residency Goals	2 <sup>nd</sup> Quarter Update; Effectiveness of Plan & Changes to Program Based on Residency Goals	3rd Quarter Update; Effectiveness of Plan & Changes to Program Based on Residency Goals
		Updated Interests (Q1)	Updated Interests (Q2)	Updated Interests (Q3)
		Updated Career Goals (Q1)	Updated Career Goals (Q2)	Updated Career Goals (Q2)
Entering Characteristics  Strengths:	Initial Plan & Changes to Program Based on Residents Initial Strengths:	1st Quarter Update: Effectiveness of initial Plan & Changes to Program Based on Residents Initial Strengths	2 <sup>nd</sup> Quarter Update; Effectiveness of Plan & Changes to Program Based on Residents Strengths	3 <sup>rd</sup> Quarter Update Effectiveness of Plan & Changes to Program Based on Residents Strengths
Areas for Improvement:	Initial Plan & Changes to Program to incorporate Residents Initial Areas of Improvement:	1st Quarter Update: Effectiveness of initial Plan & Changes to Program to Incorporate Residents Initial Areas of Improvement:	2 <sup>nd</sup> Quarter Update; Effectiveness of Plan & Changes to Program to Incorporate Residents Areas of Improvement	3 <sup>rd</sup> Quarter Update Effectiveness of Plan & Changes to Program to Incorporate Residents Areas of Improvement

Resident Progress Residency Check list: 1. Orientation <ul style="list-style-type: none"> <li>a. ACLS, BLS, PALS certification)</li> <li>b. HR new hire requirements</li> </ul> 2. Effective Communicators 3. Drug Information 4. Presentations 5. Teaching 6. Research Project 7. Operations/Staffing 8. Journal Club 9. Manuscript 10. Pharmacy Services Documentation <ul style="list-style-type: none"> <li>a. IV to PO</li> <li>b. Aminoglycoside monitoring/dosing</li> <li>c. Anticoagulation monitoring/dosing</li> </ul> 11. Recruitment <ul style="list-style-type: none"> <li>a. CSHP, ASHP, Western States</li> </ul> 12. Achievement of all required educational outcomes, goals, and objectives 13. Fulfillment of essential accountabilities as defined in the Pharmacist Resident Job Description under the Human Resources policy		(Q1)	(Q2)	(Q3)

## **Summary of Residency Evaluation Responsibilities**

### **Residents Submit all Electronically (PharmAcademic)**

1. Rotation Residency Learning Experiences-based self-assessment – Summative.
2. Rotation evaluation of the preceptor and rotation.
3. Quarterly Longitudinal Evaluations on Operations, Administrative, and Research Projects.

### **Preceptors (Submit all Electronically) (PharmAcademic):**

1. RLS-based resident rotation evaluations –Summative with qualitative commentary.
2. Case Presentations and Journal Club Evaluations - each preceptor that attends is individually responsible for completing this on PharmAcademic.
3. Quarterly longitudinal evaluations for those preceptors in: Administrative, Staffing, and Research

### **Residency Program Director**

1. Quarterly evaluation of resident, tracking progress of all educational goals and objectives.

## **Resident Disciplinary Action Summary**

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

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

- ❖ Does not follow policies and procedures of MMCR, 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
- ❖ Does not make adequate progress towards the completion of residency requirements (e.g. project, manuscript, lecture, seminar)
- ❖ Performs gross negligence

### **1. Resident Disciplinary Action Policies and Procedures**

- ❖ **Please see Human Resources Policies and Procedures**
  - Introductory Period Policy
  - Performance Evaluation

- Corrective Action Policy
- Employment Termination

Exempt employees have an introductory period of 90 days from the date of employment. Failure of an employee to meet acceptable standards of performance and/or behavior during the introductory period will result in termination. Employees in their introductory period are not eligible to utilize the grievance procedure.

Extended leave during the residency program due to the following:

1. Family and Medical Leave Act
2. Medical Leave of Absence
3. Pregnancy Leave of Absence

The time in the program will be extended for an equivalent amount of time (assuming it is due to a protected leave) so that the resident has an opportunity to fulfill their obligations to the program.

**Other related and pertinent policies and documents specific to the Residency Program are:**

Human Resources Leave of Absence – Pregnancy Policy

Human Resources Leave of Absence – Medical Policy

Human Resources Leave of Absence Policy (personal leave)

Human Resources Family and Medical Leave Act / California Family Rights Act Policy

Pharmacist Resident Job Description - regarding resident licensure

<b><u>Residency Timeline</u></b>	
June	<ol style="list-style-type: none"> <li>1. Attend orientation</li> <li>2. Make arrangements for NAPLEX and CPJE exams (if not done already).</li> </ol>
July	<ol style="list-style-type: none"> <li>1. Residents choose a research project from an approved list.</li> <li>2. The resident, in conjunction with his/her potential project preceptor(s), will identify a research project from the list of possible projects provided to the residents. A written summary of the project's goals, methods, and anticipated impact on services, signed by the project preceptor must be</li> </ol>

	submitted to the residency director by August 1st.
August	<ol style="list-style-type: none"> <li>1. Residents make final decision on residency projects by August 1.</li> <li>2. Choose dates for submission of Newsletter article, P&amp;T monograph submission and presentation to P&amp;T and communicate to the Clinical Coordinator and RPD.</li> </ol>
September	<ol style="list-style-type: none"> <li>1. Choose a topic, date and mentor for CE presentation</li> <li>2. Residents present the following information for research projects: Background information, Hypothesis, Methods, Objectives / Outcomes, Statistics, Data collection tools, Timeline for completion</li> <li>3. Start IRB submission forms if applicable</li> <li>4. <b>Deadline for IRB submission: Completed by September 15 for IRB review</b></li> </ol>
October	<ol style="list-style-type: none"> <li>1. <b>ASHP Abstract Deadline (Aug 15 to Oct 1)(optional)</b>(see <a href="http://www.ashp.org">www.ashp.org</a> for details)</li> <li>2. Topic and date for CE presentation due on October 1.</li> <li>3. <b>CSHP Seminar</b></li> </ol>
November	<ol style="list-style-type: none"> <li>1. Begin data collection following IRB approval.</li> <li>2. CE presentation documentation due <b>November 15</b>.</li> <li>3. Present poster to preceptors as a lunch seminar.</li> <li>4. Prepare and print poster for ASHP Clinical Midyear Meeting.</li> </ol>
December	<ol style="list-style-type: none"> <li>1. <b>Present posters at ASHP Clinical Midyear Meeting (optional).</b></li> <li>2. Continue data collection.</li> <li>3. Reminder to work on Grand Rounds Draft and discuss with a preceptor.</li> </ol>
February	<ol style="list-style-type: none"> <li>1. Abstracts due for Western States Conference.</li> <li>2. Start writing the manuscript of the Resident Research Project.</li> <li>3. Resident CE presented.</li> <li>4. Next residency class interviews</li> </ol>
April/May	<ol style="list-style-type: none"> <li>1. Finish data collection.</li> <li>2. Prepare statistical results.</li> <li>3. Present at Western States Conference</li> </ol>

	4. Prepare research manuscript.
June	1. Prepare for end of year. 2. <b>June 10</b> - Final submission of all required materials (Manuscript, PDSA ppt, PDSA poster etc.)

## Responsibilities and Expectations

### Professional Conduct

It is the responsibility of all residents of Mercy Medical Center Redding (MMCR) 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 present in the institution or attending any function as a representative of MMCR. Men are expected to wear a collared shirt. All residents are expected to wear a clean, white, full length lab coat when in patient care areas (except the Emergency Department). Open-toed shoes are not to be worn within MMCR facilities. **Attire should conform to the dress code stated in the MMCR policy and procedures.** Any specific problems with dress attire will be addressed by the resident's Preceptor or Residency Program Director.

### 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 (HIPPA) training during orientation and abide by HIPPA 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.
- ❖ If a resident is scheduled for operational pharmacy practice for a weekend shift and calls in sick, he/she **must** make up the absence by working an additional weekend, or switching with a co-resident.
- ❖ Residents are expected to complete all their work relating to patient care before leaving the facility. Residents are required to be on-site for a minimum of 8 hours per day.
- ❖ Days Off requests should be discussed in advance with the involved preceptor and the RPD at least 2 business days in advance to assure that residency responsibilities can be fulfilled.
- ❖ An excused absence is defined as a sick leave or professional leave. This must be discussed with and signed off by the rotation preceptor and RPD.
- ❖ Residents are encouraged to attend pharmacy student presentations, but are not mandatory.

#### **Notes in the Chart:**

Residents can leave progress notes in the patient chart, but it must be **reviewed by the preceptor before** placing in Cerner per the preceptor's discretion. If the resident is not a licensed pharmacist, the resident must communicate to the preceptor the intervention and the preceptor will copy this into a progress note.

#### **MMCR Employee Identification Cards**

- ❖ Identification of MMCR employees is necessary in order to promote recognition and communication among employees, students, patients and visitors.
- ❖ While at MMCR, all employees are required to wear identification cards in a manner such that name, picture, and department are clearly visible. The ID card issued by Human Resources 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 MMCR, and must be surrendered upon termination of employment.
- ❖ Residents are required to report the loss of their ID cards to Human Resources.
- ❖ Employee ID cards will be replaced by Human Resources at a nominal cost. This cost will be paid for by the resident losing the card.
- ❖ Any employee reporting to work at MMCR without his/her official ID card must clock out, go home, and acquire it.

Parking

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

#### Requests for Days Off

- ❖ Requests for days off must be **emailed** to the Preceptor and Residency Program Director 2 business days **in advance**, at minimum. **Both the Preceptor and RPD must approve.**
- ❖ In order to maximize your learning experience in each rotation, residents are limited **to 2 days off** per rotation, under the discretion of the preceptor or RPD (this includes sick or personal time off).

#### Sick Leave

- ❖ If a resident needs to take sick time, the resident must **speak** directly to the preceptor and notify the RPD **in writing (via email)**.
- ❖ If a resident is sick for 2 or more consecutive days, a doctor's note is required

#### Resident Holidays (8)

- ❖ The following are MMCR 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 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  
Independence Day  
Labor Day  
Thanksgiving Day  
Day after Thanksgiving  
Christmas Day

#### Photocopying

- ❖ Copies made are only for use in the residency program.
- ❖ Residents may use the Department of Pharmacy photocopy machines located at MMCR Pharmacy.

#### Pharmacy Licensure for Residents

- ❖ A California Intern Pharmacist License is required to begin residency, failure to obtain by Start of orientation will result in dismissal from the program.



- ❖ A California Pharmacist License will be obtained within 90 days of the residency start date, failure to obtain by October 1<sup>st</sup> will result in dismissal from the program unless the following scenario(s):
  - California State Board of Pharmacy has delayed licensing due to quality assure
  - Has passed the NAPLEX but failed first attempt of CJPE and is awaiting results of second attempt
  - Or any other delay that is not controllable by the resident
- ❖ At the discretion of the RPD and the Director of Pharmacy, a resident's contract may be extended to fully meet the objectives of the residency and to have practiced as a licensed pharmacist for a minimum of 9 months (outside of a waiver granted by ASHP).

### **Elective Rotation requests**

- ❖ Rotation requests for Electives, or request for changes must be requested **at least one month prior** to the start of the rotation. This is to allow adequate preparation by the preceptor to accommodate any requests or changes.

### **Office**

- ❖ Offices for residents are located at the main pharmacy

### **Outside Employment Policy (Moonlighting)**

- ❖ The residency program is considered **the primary priority** of each resident.
- ❖ Outside employment 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 or patient loads, or cross-coverage may all determine the hours of the residents' service.
- ❖ All scheduled duty hours must be recorded via TEAM and approved by the Residency Program Director.
- ❖ **You must comply with ASHP duty hours**  
**DUTY-HOUR REQUIREMENTS:** Residents, program directors, and preceptors have the professional responsibility to ensure they are fit to provide services that promote patient safety. The residency program director (RPD) must ensure that there is not excessive reliance on residents to fulfill service obligations that do not contribute to the educational value of the residency program or that may compromise their fitness for duty and endanger patient safety. Providing residents with a sound training program must be planned, scheduled and balanced with concerns for patients' safety and residents' well-being. Therefore, programs must comply with the following duty-hour requirements:

[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)

## **Phones**

- ❖ Residents will be held financially responsible for their assigned phone (in case of loss, damage due to neglect, etc.).