Post Graduate Year 1 Pharmacy Residency Manual

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Ephraim McDowell Health At-A-Glance

Ephraim McDowell Health is a nonprofit integrated health care delivery system that serves more than 119,000 residents from six counties in central Kentucky.

At the core of Ephraim McDowell Health is Ephraim McDowell Regional Medical Center, a nonprofit, 222-bed licensed hospital that serves Boyle and the surrounding counties. The health care system also includes Ephraim McDowell Fort Logan Hospital, a 25-bed critical access hospital that serves Lincoln and the surrounding counties, and Ephraim McDowell James B. Haggin Hospital, a 25-bed critical access hospital that serves Mercer and the surrounding counties.

Other components of the Ephraim McDowell Health system include:

- Ten walk-in and primary care centers that are staffed by primary care physicians and advanced practice providers with lab and X-ray services on-site at most locations
- Two off-site diagnostic centers in addition to diagnostic imaging services offered at each hospital
- Ephraim McDowell Bariatric Center
- Ephraim McDowell Central Kentucky Surgeons (in Danville)
- Ephraim McDowell Commonwealth Care Center
- Ephraim McDowell Ear, Nose & Throat
- Ephraim McDowell Eye & Vision Center, including a retail optical shop
- Ephraim McDowell Gastroenterology
- Ephraim McDowell Heart & Vascular Institute
- Ephraim McDowell Lung Center
- Ephraim McDowell Podiatry
- Ephraim McDowell Sleep Disorders Center
- Ephraim McDowell Urology
- Ephraim McDowell Behavioral Health, offering outpatient services
- Ephraim McDowell Rehabilitation offering physical therapy, occupational therapy and speech/language therapy
- Ephraim McDowell Kids Can Do Pediatric Therapy Center
- Ephraim McDowell MedSource, durable medical equipment
- Central Kentucky Surgery Center, outpatient surgery
- Ephraim McDowell Home Health
- Ephraim McDowell Women’s Breast & Health Center
- Ephraim McDowell Wound Healing Center
- McDowell Place of Danville, an independent, assisted living and personal care community serving 98 residents
- McDowell Wellness Center, a membership-based fitness club featuring an indoor pool, strength training, aerobics areas, a large outdoor walking/running track and child care services
- Pain Management Center at Ephraim McDowell Regional Medical Center
- Ephraim McDowell Mobile Medical

Residency Purpose Statement

PGY1 pharmacy residency programs build on Doctor of Pharmacy (PharmD) education and outcomes to contribute to the development of clinical pharmacists responsible for medication related care of patients with a wide range of conditions, eligible for board certification, and eligible for postgraduate year two (PGY2) pharmacy residency training.

Pharmacy Department Mission Statement

The mission of the Ephraim McDowell Regional Medical Center Pharmacy Department is to provide comprehensive quality services in a collaborative practice model employing the best people and practices to support Ephraim McDowell Health's mission of helping people live healthier through quality health care, trusting relationships, and providing value to the people we serve.

General Description of our Residency Program

The PGY1 Pharmacy Residency program prepares the graduate to function as a clinical pharmacist within a community hospital setting.

The resident will rotate through a broad area of pharmacy practice experiences including infectious disease, internal medicine, practice management, critical care, hospital practice, pediatrics, emergency medicine, and cardiology. Other elective learning experiences are available including clinical informatics and ambulatory care.

Residents will have the opportunity to complete the Teaching Certificate Program, in affiliation with the University of Kentucky College of Pharmacy, to teach small group and didactic lectures, and precept student pharmacists.

Residents will conduct research, which includes presenting project results in a podium presentation format and developing a manuscript for submission to a journal.

General Residency Program Information

Start dates: Hospital orientation on June 12, 2023 (one day only); Pharmacy orientation begins June 19, 2023

End date: June 28, 2024

Yearly Stipend: $48,000 for 54-week program

Standard Benefits: Health and Prescription, Life & AD&D insurance, retirement with up to 8% employer match

Optional Benefits: Dental, Vision, Flexible Spending, Long Term Disability

Additional benefits and discounts based on hospital affiliations (e.g. Verizon Wireless, etc.)

No on-call; 24/7 pharmacy operations

Hospital Provided: BLS, ACLS, and PALS certification

Travel expenses covered in full: KSHP Fall meeting, ASHP Midyear, and Great Lakes Pharmacy Residency Conference

Laptops are provided.

Access to Lexicomp, Johns Hopkins ABX Guide, Sanford guide, TheraDoc, Handtevy, and PubMed

Free Onsite Parking

Discounts: meals in cafeteria, outpatient pharmacy and OTC med discounts

Typical schedule:

- Five 10-hour shifts per week
- One office day per week
- Staff every third weekend with comp day the week before and the week after

Social events: The RPD or designee organizes periodic outings for the department; each resident is responsible for planning an event as well

Employee Assistance Program: Free access to LifeServices EAP confidential counseling service

Affiliated with University of Kentucky College of Pharmacy

Paid Time Off (PTO) Summary

Ephraim McDowell Regional Medical Center (EMRMC) PGY1 Residency program offers residents 10 days (2 weeks) of paid vacation time and four paid holidays that may be used throughout the contracted residency term. Any PTO that is remaining at the end of that term will be lost. Residents are expected to work 10-hour days, five days per week. Shift start times vary from 7 a.m. to 11 a.m. each day of the week. The schedule includes rotating weekend shifts every third weekend. The week of scheduled weekend shifts, a day during the week prior to the weekend and a day during the week after the weekend will be scheduled off for the resident.

Holidays

Summer Holidays - Independence Day, Labor Day, Memorial Day
Residents will not be scheduled to work on Independence Day. One paid holiday will be used for this scheduled holiday. Residents will be scheduled to work either Labor Day or Memorial Day and a paid holiday will be used for the other holiday. For example, the resident scheduled to work Labor Day will be scheduled off on Memorial Day, but must use holiday pay for Memorial Day.
Winter Holidays - Thanksgiving, Christmas Eve, Christmas, New Year's Day
Residents will be required to work two of the four winter holidays. This decision will be made on a yearly basis balancing the needs of the department and the preference of the residents. Two paid holidays will be used to cover the holidays not worked.

Professional Meeting Time

All professional meetings required for the residents to attend by the program will be paid as regular professional time, including travel time as approved by RPD (i.e. ASHP Midyear, KSHP Fall meeting, etc.). Any other professional activities that are participated in with the intent to fulfill program requirements are also paid as regular professional time and are included in the 50-hour per week expectation as hours worked (i.e. teaching certificate, KPRN events, recruiting showcases, LE activities off-site, etc.).

Shoulder to Shoulder Mission Trips

Shoulder to Shoulder Global is a University of Kentucky Global Health Initiatives organization that integrates academic and community partners to improve the health and well-being of an underserved community in Santo Domingo, Ecuador. Shoulder to Shoulder has multiple brigades annually. Brigade participants engage in a variety of cultural and service-learning opportunities while providing services such as basic medical and dental care, health education, school health screenings, women's health, home visits and community-based learning. If residents are interested in this opportunity, they can use PTO to participate. For more information or to speak to someone with firsthand brigade experience, contact Brett Vickey (bvickey@emhealth.org).

Expectations of the Resident

Licensure:
Residents should sit for applicable licensure exams as soon as possible but no later than by July 31st. The goal is to ensure their training is optimized during the orientation month. Residents are required to become a registered pharmacist in the state of Kentucky by October 15 of the residency year. Failure to acquire licensure by the October 15 deadline will result in dismissal from the program.

Development Plans: At the beginning of the year, each resident will work with the Residency Program Director to develop their initial development plan for the year. This will customize the residency program for the residents based upon the resident's entering knowledge, skills, attitudes, abilities, and interests. There must be at least, but not limited to, three goals included in the resident's development plan. Goals should be specific, measurable, and include activities that will be used to assess completion. Development plans will be revisited every three months during a quarterly evaluation. Residents will be responsible for documenting progress toward their goals at least 48 hours prior to the quarterly scheduled meeting. Both the original plan and any updates will be shared with all preceptors during the monthly RaPP meeting.

Staffing requirements: The residents are required to staff every third weekend. The weekend rotation will be shared with residents within the first two weeks of Orientation. The residents will also staff one weekday shift every three weeks. This day will often be the Friday before their weekend but might be moved around to accommodate other schedule requests or to help with continuity of their current LE.

Dress Code: Residents shall adhere to the EMH system-wide policy Professionalism/Identification/Dress Code Standards (EMH SW AG 3.0), which can be accessed via Compliance 360.

Attendance and tardiness: Residents are subject to the EMH System-wide policy Attendance System (EMH SW CG 2.0), which can be accessed via Compliance 360. Additionally, residents are expected to notify (via phone or text) the appropriate parties as far in advance as possible of their inability to work as scheduled:

- Monday-Friday: Resident must contact RPD/designee and LE preceptor directly (call or text).
- Saturday-Sunday: Resident must contact Inpatient pharmacy manager and a pharmacist staffing in central pharmacy.

Electronic Residency Folder: Residents are required to maintain a record of residency documents for the duration of the residency. A flash drive will be given to you at the beginning of the residency year and will be retained by the residency program at the completion of the program. All paper forms (such as evaluation forms) should be scanned and uploaded to the folders. Folders should be updated monthly throughout the residency year. The following documents are required to be uploaded:

- Curriculum Vitae
- Quarterly Development Plans of the Resident
- Completed assignments and presentations throughout the year (Seminar presentations, Poster presentations, Manuscript, etc.) and any documents that highlight the learning experience of the residents
- Teaching certificate portfolio
- Evaluation forms from presentations

Ephraim McDowell Regional Medical Center PGY1 Pharmacy Residency Criteria for Certificate

Residency Requirements	Date Achieved
Licensed by October 15	
Achieve >80% of all residency goals and objectives as ACHR & all NI have been resolved as SP or ACH	
Successful completion of all learning experiences	
Conduct pharmacy research: -Obtain IRB approval -Conduct research -Submit poster to peer-reviewed event such as ASHP Midyear -Present results via podium presentation at live or virtual peer-reviewed conference -Submit acceptable manuscript	
Attend a state and national pharmacy association meeting *This requirement may be waived with RPD's approval if the meetings are canceled or travel is not approved for safety or budgetary reasons.	
Complete Orientation Checklist	
Successful completion of a Teaching Certificate Program	
Complete MUE	
Develop CE presentation	
Development plans - July, September, December, March	
Change management project (narrative with outcomes)	
P&T Committee agenda, packet, minutes with formulary monograph	
Mercedes Committee agenda, packet, minutes	
Medication Safety event investigation/response simulation	
Joint Commission Standards update (Mercedes presentation)	
Associate Medication Safety focused survey (LASA or High Risk medications)	
Inventory management modules	
Supervisory Skills quarterly self-assessments	
Business plan outline	
Policy and Procedure creation or review	
Order Set/protocol creation or review	
Pediatric patient case presentation	
Lead mock code presentation	
Precept LEEP students as assigned by UK	
Mentor student on MUE	
Mentor student on drug monograph	
Mentor student on policy or order set review	
Mentor student on journal club	
Plan at least one social outing for the department	

Timeline for Residents

(Dates are subject to change based on goals/assigned tasks; list may not be inclusive)

June (last two weeks)	Hospital Orientation
	Residency Program Orientation starts
	Pass-Off from outgoing residents (research, precepting, general)
	Residency Banquet
	Research Project #1 is assigned
July	Complete Initial Development Plan
	Attend Kentucky Pharmacy Residency Network annual meeting
	Start weekend staffing
	Start University of Kentucky CoP Teaching Certificate Program
	Finish Orientation
August	Begin Longitudinal Experiences
	Set tentative elective schedule
September	Complete data collection for research project #1
	Quarterly Development Plan Update
October	ASHP poster submission
	KSHP Fall meeting
	KSHP recruitment event
November	Research Brainstorming Session with Preceptors
December	Attend ASHP Midyear (poster and recruitment events)
	Quarterly Development Plan Update
	Finalize Elective Learning Experiences
January	Participate in Residency candidate interviews
February	Great Lakes Pharmacy Residency Conference (GLPRC) abstract submission
	Participate in Rank Order Residency Candidate Process
March	Quarterly Development Plan Update
	GLPRC slide deck submission
April	Attend and present at GLRPC
	Complete Resident Exit Survey
May	Submit Teaching Certificate Program
	Manuscript submission
June	Quarterly Development Plan Update
	Pass-Off to incoming residents
	Residency Banquet

Resident Schedule Information

"R" Days: Residents are assigned an office day one day a week, typically on Mondays. Office days consist of longitudinal learning experience topic discussions, scheduled meetings, and project time. It is expected that residents continue to work 10 hours per day and report to the hospital no later than 0900 daily on these office days.

Typical Week: Residents will be scheduled five 10-hour shifts per week. Residents are expected to be present at EMRMC for the full 10-hour shift, understanding that longer shifts may be required to complete all responsibilities. Prior to each scheduling deadline, residents are responsible for notifying RPD and Inpatient Manager of scheduling requests (meetings, teaching opportunities, etc.).

- Office day on Mondays (projects, meetings, and longitudinal topic discussions)
- 3-4 days on scheduled Learning Experience (LE)
- Staffing requirement: Friday through Sunday every third weekend
- Days off: Thursday before scheduled weekend and Tuesday after, but may vary

Example Typical Weekly Schedule						
Sunday	**Monday**	**Tuesday**	**Wednesday**	**Thursday**	**Friday**	**Saturday**
OFF	**R Day**	**LE**	**LE**	**LE**	**LE**	**OFF**
OFF	**R Day**	**LE**	**LE**	**OFF**	**Staffing**	**Staffing**
Staffing	**R Day**	**OFF**	**LE**	**LE**	**LE**	**OFF**

EMRMC PGY1 Pharmacy Residency Program Structure

Required Rotational Learning Experiences (6 weeks)

- Cardiology
- Critical Care
- Emergency Medicine
- Infectious Disease
- Internal Medicine

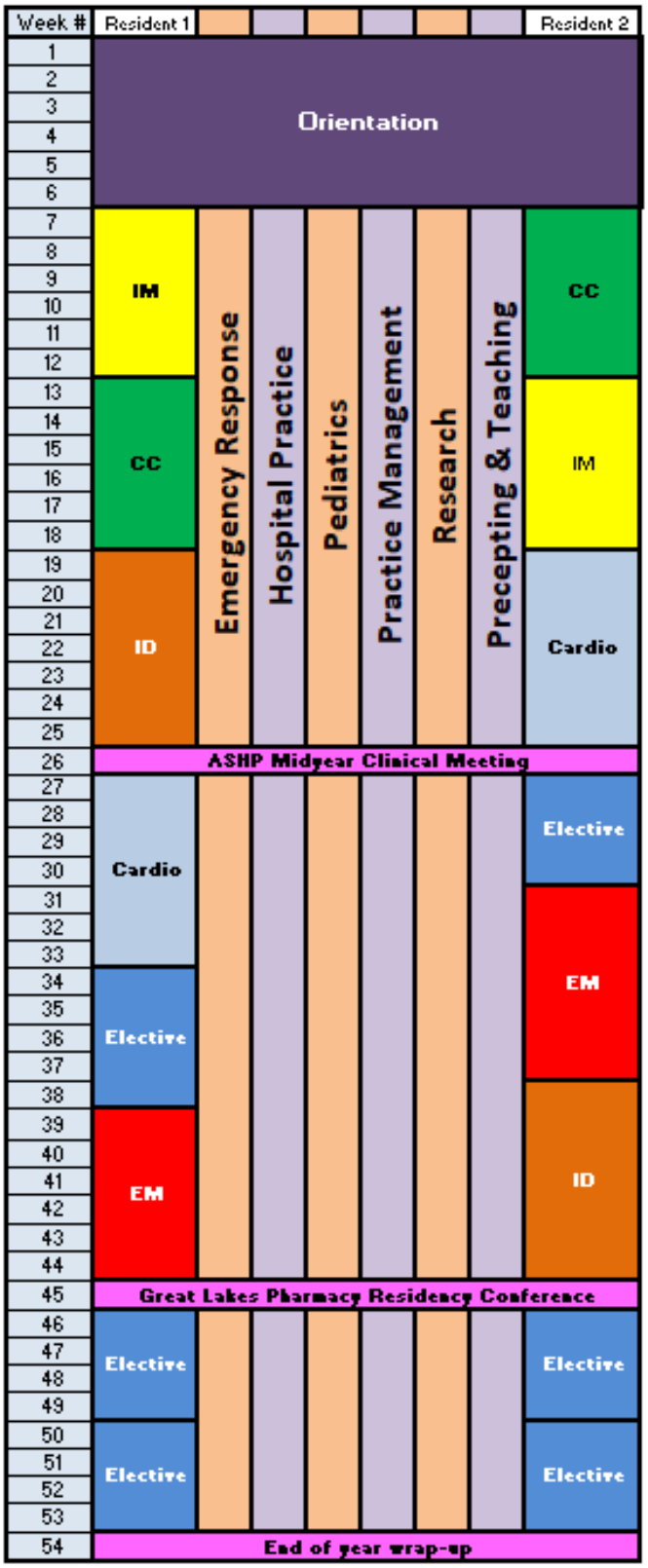
Required Longitudinal Learning Experiences

- Emergency Response
- Hospital Pharmacy Practice
- Pediatrics
- Practice Management
- Research Projects
- Student Precepting and Teaching Certificate Program

Elective Learning Experiences: Each elective rotation is 4 weeks; residents have the option to choose 3.

- Clinical Informatics – strongly encouraged
- Advanced Cardiology
- Advanced Critical Care
- Advanced Emergency Medicine
- Ambulatory Care
- Oncology
- 340B Management and Compliance

Example Program Layout



Required Rotations 6 weeks
Cardiology
Critical Care
Emergency Medicine
Infectious Disease
Internal Medicine

Required Rotations Longitudinal
Emergency Response
Hospital Practice
Pediatrics
Practice Management
Research
Precepting & Teaching Certificate

Elective Rotations 4 weeks (Choose 3)
Clinical Informatics
Advanced Cardiology
Advanced Critical Care
Advanced Emergency Medicine
Ambulatory Care
Oncology
340B Management and Compliance

Typical Week
Office day on Mondays
3-4 days on Learning Experience
Staffing: Fri-Sun every third weekend
Off Thur before and Tues after weekend worked

Brief Description of Learning Experiences

Required Rotational Learning Experiences - 6 weeks long

Internal Medicine: The Internal Medicine rotation is a learning experience designed to serve as an introduction to clinical practice and provide an overview of disease states commonly encountered on internal medicine units of a community hospital. During this rotation the resident will focus on units (primarily 3T or 5T) that consist of a mix of medical, surgical, hospice, oncologic and pediatric patients. **Disease states:** Neurology (Parkinson's disease, epilepsy, pain), Infectious diseases (UTI, pneumonia, common pathogen coverage), Cardiology (heart failure, hypertension, atrial fibrillation), Chronic renal failure, Diabetes Mellitus, Thyroid disorders, Anticoagulation (DVT/PE protocol, VTE assessment), GI (Cirrhosis, C diff, hepatic encephalopathy), Fluids, electrolytes, Oncology (Chemotherapy dose checks and preparation), Chronic obstructive pulmonary disease, Asthma.

Infectious Disease: The Infectious Disease/Antimicrobial Stewardship rotation is a learning experience that will focus on the prevention and treatment of infectious diseases. Residents will collaborate with pharmacists, physicians, infection control professionals, nurses, bacteriologists, and other health care professionals to improve patient outcomes through medication therapy and infection control interventions with emphasis on evidence-based medicine practices. **Disease states:** Sepsis, Urinary tract infections, Diabetic foot ulcers, Osteomyelitis, Endocarditis, Pneumonia, Septic arthritis, Intra-abdominal infections, Abscesses, Cellulitis, Viral infections, Fungal infections, Clostridium difficile infection, Multiple-drug resistant organisms (MDROs).

Critical Care: The Critical Care rotation is a learning experience that will focus on disease states commonly managed in a community hospital Critical Care Unit (CCU). EMRMC has a 12-bed Critical Care Unit. Pharmacy residents will collaborate with physicians, nurses and other health professionals to improve patient outcomes through medication therapy interventions with emphasis on evidence-based medicine. **Disease states:** Acid/Base disorders, fluid electrolyte management, Respiratory failure, ARDS/mechanical ventilation, Sedation, analgesia, delirium and therapeutic paralysis, Shock and sepsis, Advance Cardiac Life Support, Stress ulcer and VTE prophylaxis, Atrial fibrillation, other arrhythmias, Acute management of diabetic ketoacidosis, Pneumonia (VAP), Acute decompensated heart failure, Stroke and pulmonary embolism, Drug overdose, Hypertensive crisis, Alcohol withdrawal, Myocardial Infarction (focus on pre/post cardiac cath), Acute Renal Failure, CRRT, renal transplant, Pulmonary Arterial Hypertension, Intracranial Hemorrhage (ICH), Nutrition in Critical Care.

Cardiology: Cardiology is a learning experience that offers the resident an opportunity to gain, improve and practice patient management skills in the cardiovascular unit and intensive care. Typically, patient load ranges from 20-25 on CVU. The resident will function as an active and fluid member of a cardiology multidisciplinary team providing drug information to team members, assisting in the development of treatment plans, and facilitating of transitions of care. Throughout the rotation the resident will be expected to demonstrate sound pharmacological judgment as well as his or her knowledge of cardiovascular pharmacology and therapeutic drug monitoring, including but not limited to, the formulary at EMRMC. The resident will also reconceive a basic understanding of cardiovascular anatomy and physiology. He or she should understand and consistently promote applicable cardiovascular guidelines. Throughout the rotation basic diagnostic techniques, non-invasive and invasive, employed by the cardiologists at EMRMC will be introduced and opportunities for in-services during cardiac stress tests, cardioversions, and cardiac catheterizations will be made available when applicable and feasible. The resident will be expected to maintain patient profiles and

present patient workups during arranged discussion times. Each resident will also be expected to review current literature and expand his or her knowledge base on a relevant case-by-case basis and be prepared to present pertinent information as requested in an organized and clear manner.

Emergency Medicine: The Emergency Medicine rotation is a learning experience that will focus on the management of medical emergencies commonly encountered in a community hospital setting. Residents will collaborate with physicians, nurses, and other health care professionals to improve patient outcomes through medication therapy interventions, with an emphasis on evidence-based medicine. Routine responsibilities include: reconciling medications prior to admission, antimicrobial consults, microbiology culture review, and participation in emergencies house wide (Condition Blue, Trauma, Stroke Alert, Chest Pain Alert, OB Hemorrhage, and Rapid Response). Medical emergencies and medication management related to such emergencies will be discussed related to specific patients whenever possible. **Disease states:** ACLS, PALS, therapeutic hypothermia, chest pain, STEMI/MI, HTN, bradycardia, tachycardia, pulmonary embolism, allergic reactions, anaphylaxis, overdose, drowning, hypothermia, hyperthermia, traumas, electric shock and lightning, headache, hemorrhage, seizures, TBI, sympathetic storming, stroke (use of tPA), procedural sedations, rapid sequence intubation, asthma, anti-venom, animal/human bites and meningitis, sepsis, post-exposure prophylaxis, GI bleeding, sexual assault and STIs, psychiatric issues, diabetic ketoacidosis, burns, bleeding/lacerations, toxicology, and rhabdomyolysis.

Required Longitudinal Learning Experiences

Orientation: Orientation is a required 6 week learning experience at Ephraim McDowell Regional Medical Center. The residents will spend the majority of the learning experience in Central Pharmacy, covering floors not staffed by decentralized pharmacists. The resident will be trained as all entering pharmacists in department policy and procedures, order entry, intervention documentation, basic informatics use, and overall practice model of the central pharmacy. The resident will have the opportunity to complete training for medical emergencies through ACLS and PALS certification. The resident will be instructed on EMRMC pharmacy department policies and protocols with regards to dosing, monitoring, follow-up, and documentation of pharmacy consults. During this time the resident will have the opportunity to work with their future preceptors, begin establishing professional relationships with health care team members, and establish elective interests. The resident will be introduced to the residency program layout and evaluation tools (PharmAcademic) that will be used throughout the program year. Longitudinal learning experiences will be presented, reviewed, and initiated during the orientation phase. At the completion of orientation the resident along with the RPD will map out their residency plan for the year. The resident will have the opportunity to adjust elective selections until December.

Emergency Response: Emergency Response is a required longitudinal learning experience for residents at Ephraim McDowell Regional Medical Center. The objective of this experience is to develop and advance skills needed to participate in emergencies that pharmacists respond to, which include: Code Blue, Trauma, Stroke Alerts, Rapid Response, Rapid Sequence Intubation, Chest Pain Alert, Acute Bleeding Reversal, OB Hemorrhage, and Sepsis Alerts. Skills obtained, developed, and enhanced during the Emergency Response Learning Experience include safe and effective medication dosing and preparation at bedside, handling and preparing sterile medications in a non-sterile environment for immediate-use using aseptic technique, applying clinical knowledge in emergency situations, and communicating effectively as a team member in emergencies.

Pediatrics: Pediatrics is a learning experience in which residents will be responsible for clinical and operational tasks to provide safe and effective care for pediatric patients. EMRMC includes a Level I Nursery with 14 beds and a Level II Nursery with 4 beds. Additionally, pediatric patients may be admitted to 3T or may receive care in the Surgical Services areas or Emergency Department. The clinical staff pharmacist providing pediatric patient care is responsible for checking all pediatric medication doses for appropriateness of dose based on indication as well as safety. Additionally, the pharmacist is required to obtain Pediatric Advanced Life Support certification and to respond to any pediatric emergency situations for medication preparation and dosing/administration recommendations. **Disease states/Discussion topics:** Sepsis/Meningitis, Neonatal Abstinence Syndrome, Otitis Media, Skin and Soft Tissue Infection, Status Epilepticus and Seizure Disorder, RSV/Pneumonia, Asthma, Neonatology, Fluids/Electrolytes, Medication Safety, Immunizations, Toxicology, GI Issues.

Practice Management: Hospital practice management is a longitudinal experience where residents will be responsible for developing leadership and management skills to effectively lead the inpatient pharmacy team and provide direction for our performance across all four organizational pillars: operational effectiveness, clinical effectiveness, safety and relationships. Residents may collaborate with the System Director of Pharmacy, pharmacy managers and Associates, clinical and medical staff, Human Resource Representative, Clinical Managers and Department Directors, VP over Pharmacy Services and other members of the Senior Leadership Team during the learning experience. Residents will attend and participate on assigned teams, Committees and projects to promote the experiential learning process for hospital pharmacy management and leadership.

Hospital Pharmacy Practice: The purpose of the Hospital Practice Learning Experience (HPE) is to advance the PGY1 resident in the skills needed to perform in the capacity of a clinical staff pharmacist in central pharmacy, mastering both the clinical and distributive roles of the pharmacist. The central pharmacist performs electronic order entry and/or review, oversight of preparation and dispensing of all medications to be distributed directly to patient care floors and/or automated dispensing cabinets, and answers all drug information requests/consults. Central pharmacists also participate in the management of medical emergencies in the ED and on those units that do not have de-centralized services during the week and on all units on the weekends. The central pharmacists are also responsible for clinical pharmacy services for patients residing on units in the facility that do not currently have decentralized services, and for direct/indirect supervision of certified pharmacy technicians. Skills obtained or enhanced during the Hospital Practice Experience (HPE) include medication preparation and checking of unit dose and intravenous dosage forms, controlled substance distribution, handling and preparing hazardous medications, knowledge and utilization of USP 797, 795, and 800 requirements for medication preparation, requirements for medication storage and handling, medication procurement processes, directing functions associated with automated dispensing machines and other technology used in the pharmacy, medication formulary management, regulatory requirements governing the practice of pharmacy, in addition to skills in supervisory roles, crisis management and management of drug information consults.

Research Project: The resident is required to participate in practice-related research during the residency year at Ephraim McDowell Regional Medical Center. Ephraim utilizes a flipped

research model. The residents will be given a project that has already been approved by IRB and is in the data collection or project implementation phase (referred to as project #1). They will complete this first project and report its results. The resident will be required to submit their research project #1 abstract for poster presentation at a national pharmacy conference, usually ASHP Midyear Clinical Meeting in December. The research project #1 will also be submitted for oral presentation at a podium conference of the program's choice, usually the Great Lakes Pharmacy Resident conference in April. The resident's oral research presentation uses effective communication and presentation skills and tools (e.g., handouts, slides) to convey points successfully. They will then identify and develop a second research project and take it through IRB (referred to as project #2). This project is then handed off to the incoming residents. The resident conducts the research design, data collection and analysis independently or under the supervision of a research or clinical mentor. The resident, as principal investigator, may delegate research-related tasks to other pharmacists or pharmacy students and serve as supervisor for such work. For project #1, the resident is required to prepare a final research project report in an accepted manuscript style suitable for publication in the professional literature. The final research project report should include implications for changes to or improvement in pharmacy practice.

Student Precepting and Teaching Certificate Program: This learning experience encompasses the student precepting requirements as well as the required teaching certificate program. Residents will be responsible for UK LEEP students in the fall and spring. The residents will orient them to the site, develop a syllabus for the learning experience, develop a schedule for the student, and complete a formal endpoint evaluation of the student. The evaluation must be discussed in person and submitted in CORE ELMS. Additionally, the residents will have the opportunity to participate in a layered learning model with other student learners. The University Of Kentucky College Of Pharmacy Teaching Certificate Program is offered in a joint collaborative effort with American Society for Health-System Pharmacists (ASHP). The program is designed to prepare participants for future roles as clinician-educators by increasing their knowledge of contemporary health professions and pharmacy education issues and providing them a venue to gain teaching experience. The program is designed to introduce contemporary pharmacy/health professions education issues, teaching styles, and philosophies. Through engagement in online seminars, documentation of formal teaching experiences, and development of a teaching portfolio, participants can document their participation and experience while earning an ASHP professional certificate and 15 hours of continuing education (CE) credit. Residents will develop and present CE presentations for multidisciplinary groups.

Elective Learning Experiences:
Each elective rotation is 4 weeks long; residents choose 3.

Clinical Informatics: This rotation is strongly encouraged for residents as it is essential to understand the information systems related to pharmacy distribution and clinical services in an ever-increasing technology dependent world. It is automatically added to resident's schedules, but can be changed if the rotation does not align with the resident's long term goals or interests. Informatics is a learning experience in which the resident will be exposed to various technologies within the community hospital practice setting. The resident will work alongside the Information Systems pharmacist to provide pharmacy IS support for Ephraim McDowell Health, including Ephraim McDowell Regional Medical Center, Ephraim McDowell Fort Logan Hospital, Ephraim McDowell Commonwealth Cancer Center, and Ephraim McDowell clinics. The pharmacist

maintains medication databases, incorporates patient/medication safety features, and generates reports for pharmacy applications. Additionally, the IS pharmacist manages the implementation of new pharmacy technologies and assists with policy/procedure review pertaining to information systems. **Informatics Concepts:** Pharmacy Information System (Meditech), Automated Dispensing Cabinet (Omnicell), Smart Pump Technology (Alaris/Guardrails), Computerized Physician Order Entry (Meditech), Bedside Barcode Medication Scanning (Meditech), IV Workflow Management Technology (MedKeeper), Meditech Unit Dose Packager (Medical Packaging – Auto-Print), Clinical Decision Support (TheraDoc), Medication Safety, Meaningful Use, ePrescribing, Reporting and Analytics.

Ambulatory Care: The ambulatory care rotation is an elective learning experience that will focus on disease states commonly managed in an outpatient community setting. The rotation will include work in the following areas: a). Anticoagulation Clinic - an outpatient pharmacist-managed anticoagulation clinic that collaborates with providers to manage warfarin and enoxaparin bridge therapy. B). Medication Therapy Management - a pharmacist-managed online MTM clinic that educates patients on their medication therapy and works with providers to improve patient outcomes. Residents will have the opportunity to perform patient assessments, perform medication histories, vaccination administration per protocol, and collaborate with providers to develop drug therapy plans, provide patient education and monitor patients' medication regimens for outcomes. Residents will also have the ability to practice under the new Kentucky Board of Pharmacy approved protocols for streptococcal pharyngitis and influenza testing. Residents will have the opportunity to precept students when available. **Disease states:** Hypertension, heart failure, atrial fibrillation, stroke, hyperlipidemia, hypercoaguable disorders: COPD, asthma, GERD, PUD, Diabetes mellitus, thyroid disorders, osteoporosis, UTI, pneumonia, skin and soft tissue infections.

Oncology: The oncology learning experience is designed to serve as an introduction to clinical pharmacy practice at an ambulatory oncology center within the Ephraim McDowell Health system. The rotation takes place at the off-site Ephraim McDowell Commonwealth Cancer Center. During this rotation, the resident will focus on hematology/oncology patients seen at the cancer center. The pharmacy resident will collaborate with physicians, nurses, and other health care providers to identify and resolve medication therapy issues and provide pharmaceutical services (ie. medication reconciliation, medication education) as necessary or instructed. The resident will participate in sterile preparation of patient specific medications, including hazardous products. The resident will help in writing and reviewing patient treatment plans for compliance with evidence-based guidelines and ensure prior approval is obtained prior to preparation and dispensing. Residents will have the opportunity to prepare and deliver education to other members of the healthcare team, review policies and procedures specific to the Cancer Center, and precept pharmacy students. **Disease states:** Varying types of cancer, including risk reduction and screenings. Common cancer treatment regimens, including anti-emetic medications. Oncologic emergencies, pain management, cancer and/or chemotherapeutic complications (i.e. anemia, fatigue, infection, venous thromboembolism, neutropenia, etc.).

Advanced Critical Care: The Advanced Critical Care learning experience (LE) will focus on the care of the critically ill patient in a community hospital Critical Care Unit (CCU). This LE may also emphasize the areas of cardiology and pulmonology issues in the CCU. Residents will

collaborate with physicians, nurses and other health professionals to improve patient outcomes through medication therapy interventions with emphasis on evidence-based medicine. **Disease states:** Respiratory failure, ARDS/mechanical ventilation, Shock and sepsis (emphasis on hemodynamic parameters/monitoring), Advanced Cardiac Life Support, Management of acute arrhythmias, Acute decompensated heart failure, Hypertensive crisis, Myocardial Infarction (focus on post-intervention care), Acute Renal Failure, Cerebral Vascular Accident, Post return of spontaneous circulation care (ROSC), Cardiogenic Shock.

Advanced Emergency Medicine: EMRMC is a Level III Trauma Emergency Department; the Advanced Emergency Medicine elective is a learning experience that will focus on the management of medical emergencies commonly encountered in a community hospital setting, with emphasis on resident independence and autonomy in this practice setting. Residents will collaborate with physicians, nurses, and other health care professionals to improve patient outcomes through medication therapy interventions, with an emphasis on evidence-based medicine. Residents will have the option to experience other areas of emergency medicine outside of the hospital such as shadowing EMS, Poison Control Center, or riding along with a flight crew if interested. **Disease states:** Continued from Emergency Medicine rotation based on individual resident goals and patient flow in the Emergency Department.

Advanced Cardiology: Advanced cardiology will build on principles learned on the Cardiology and Critical Care required rotations. This rotation will focus strongly on the primary literature supporting the pharmacotherapy modalities used in the following topic areas: ACS (STEMI, NSTE-MI), heart failure (HFpEF, HFrEF, acute decompensated), arrhythmias, anticoagulation, and ACLS and post cardiac arrest management. Attention will also be paid to reviewing clinical biostatistics concepts in order to enhance the examination of relevant literature. Patient care experiences will occur in the EMRMC cardiovascular and critical care units. Additional experiences will occur in the cardiac catheterization lab and with the emergency response team.

340B Management and Compliance: The 340B Management and Compliance elective is a learning experience that will focus on functionality, compliance, and impact of the 340B Drug Program on both disproportionate share hospitals and critical access hospitals. During this rotation the resident will have the opportunity to perform monthly audits, work alongside the inventory technician and 340B Program Coordinator to maintain effective and efficient purchasing, map NDC/CDMs in administrative software, update policies and procedures related to the 340B Program as well as review and monitor 340B legislation and news that will impact the program. Residents may also be asked to determine financial impact/potential savings of the 340B Program and report to Pharmacy Managers/340B Program Coordinator. Completion of a HRSA Mock Audit and development of corrective action plan will also be included in this rotation. Residents will have the chance to participate in the 340B University program produced by Apexus, Corporate Compliance quarterly meetings (calendar dependent), and Resident & Pharmacy Management (RPM) meetings. **340B Concepts:** Inventory Management and Replenishment Model, 340B Legislation (including the role of HRSA, Apexus, 340B Health), Compliance Audits, Contract Pharmacy Partnerships and Contract Review, Split Billing Software and Administrative Platforms (Sentry, Wellpartner, Walgreens), Medicaid Duplicate Discounts, Mapping for NDC, CDM, Locations, and Payers, Medicaid Cost Reports, Drug Dictionary Management.

Preceptor	Credentials	Certifications	Learning Experiences		Position
Megan Curtis mnballard@emhealth.org	PharmD/MBA	BCPS	340B Management and Compliance	Emergency Medicine	340B Program Coordinator
Amanda Burton aburton@emhealth.org	PharmD	BCPS	Pediatrics	Clinical Informatics	IS Pharmacist
Mary Covell mbcovell@emhealth.org	PharmD/ MPH	BCCP, BCPS	Critical Care	Advanced Cardiology	Clinical Coordinator
Michelle Fraley mfraley@emhealth.org	PharmD	BCPS	Oncology		Cancer Center Director
Joan Haltom jhaltom@emhealth.org	PharmD		Practice Management		System Director of Pharmacy
Angie Hatter ahatter@emhealth.org	PharmD	BCIDP, BCPS	Infectious Disease		Co-Antimicrobial Stewardship Coordinator
Megan Hull mnhull@emhealth.org	PharmD	BCPS	Critical Care		Advanced Clinical Pharmacist
Tara Neitzel tneitzel@emhealth.org	PharmD	BCPS	Orientation	Research	Residency Program Director
Heather Ratliff hdeatley@emhealth.org	PharmD	BCPS	Emergency Medicine	Advanced Emergency Medicine	Advanced Clinical Staff Pharmacist
Kourtney Shewmaker kshewmaker@emhealth.org	PharmD/ MBA	BCPS	Hospital Practice	Orientation	Inpatient Pharmacy Manager
Courtney Sides ccwaldrop@emhealth.org	PharmD		Internal Medicine	Emergency Medicine	Clinical Staff Pharmacist
Chelsea Stamper cestamper@emhealth.org	PharmD		Internal Medicine	Ambulatory Care	Clinical Staff Pharmacist
Brett Vickey bvickey@emhealth.org	PharmD, MSF	BCCP, BCPS	Cardiology		Advanced Clinical Staff Pharmacist
Sarah Vickey svickey@emhealth.org	PharmD	BCACP	Ambulatory Care		Outpatient Pharmacy Manager
Monica Wesley mdwesley@emhealth.org	PharmD	BCIDP	Infectious Disease		Co-Antimicrobial Stewardship Coordinator
Allison Williams awilliams@emhealth.org	PharmD	BCPS	Critical Care	Advanced Critical Care	Advanced Clinical Staff Pharmacist

Assessment Strategy

The following terms and definitions will be utilized for assessment purposes on **summative** evaluations.

NI	*Needs Improvement* - Falls short or is an inconsistent performer or inadequate exposure to evaluate competency.
SP	*Satisfactory Progress* - towards or meets basic competency with support.
ACH	*Achieved* - Proficient independent performer with occasional support. Demonstrates initiative to facilitate improvements and educate coworkers and/or students.
ACHR	*Achieved for Residency* - Proficient independent performer. Demonstrates initiative to facilitate improvements and educate coworkers and/or students.
NA	*Not Assessed*

Preceptor Evaluation of Residents' Attainment of Goals and Objectives

- Only those goals listed in the program design and those that might be added for an individual resident will be included in the written summative evaluation.
- Preceptors will provide appropriate orientation to the learning experience, including a review of the educational goals and objectives chosen, learning activities, expectations, and evaluation schedule.
- Preceptors will provide ongoing, criteria-based feedback throughout each learning experience to assist the resident's skill developmental processes. No fixed schedule of feedback has been established, but a reasonable expectation is 2-3 times weekly, or more often as needed. Preceptors are encouraged to document verbal and written feedback in PharmAcademic.
- Summative evaluations will be completed by preceptors no later than within 7 days of the learning experience end date or every 90 days for longitudinal learning experiences. They must be discussed with the resident in person. If learning experience is precepted by multiple preceptors, all preceptors provide criteria based feedback. This should be noted in the comment section of the summative evaluation or the preceptors should use the team-based summative evaluation option in PharmAcademic.
- Preceptors will check the appropriate rating to indicate resident progress and provide narrative commentary for any goal. Narrative comments should relate to criteria developed for achievement of that goal. Please do not provide quantitative commentary – it is not helpful to assist in skill development.
    - Criteria scored "NI - Needs Improvement" must include narrative comment specifically addressing concern and a goal attainment strategy going forward.
    - Criteria scored "SP - Satisfactory Progress" must include narrative comment specifically addressing what the resident might do to improve to successful achievement of the criteria.
    - Criteria scored "ACH - Achieved" must include narrative comment specifically addressing why the goal attainment criteria are scored as achieved.

- An objective will be marked Achieved for Residency (ACHR) at the discretion of the Residency Director and preceptors. Typically, this will be considered when a resident has scored two or more ACH throughout the residency year.
- Throughout the program, at least quarterly, and at the end of the residency year, residents' progress and ultimate achievement of the program's educational goals and objectives using all assessment and tracking information available will be assessed during monthly RaPP meeting. At the same time the resident's development plan will also be reviewed and adjusted to reflect what goals will be focused on in the next quarter.

Residents' Evaluation of the Preceptor and Learning Experience

- Residents will complete the program's evaluation form no later than within 7 days of the last day of each learning experience or quarterly for longitudinal learning experiences.
- Completed evaluations will be discussed with preceptors face-to-face.
- Completed, signed evaluations will be cosigned by the residency program director for review.

ASHP Required Competency Areas, Goals, and Objectives for PGY1 Pharmacy Residencies

Introduction

The competency areas, goals, and objectives are for use with the *ASHP Accreditation Standard for Postgraduate Year One (PGY1) Pharmacy Residency Programs.* The first four competency areas are required and the others are elective.

The required competency areas, including all of the goals and objectives falling under them, must be included in all programs. Programs may add one or more additional competency areas. Programs selecting an additional competency area are not required to include all of the goals and objectives in that competency area. In addition to the potential additional competency areas contained in this document, programs are free to create their own additional competency areas with associated goals and objectives. Each of the goals falling under the program's selection of program competency areas (required and additional) must be evaluated at least once during the residency year. In addition, elective competency areas may be selected for specific residents only.

Each of the document's objectives has been classified according to educational taxonomy (cognitive, affective, or psychomotor) and level of learning. An explanation of the taxonomies is available elsewhere.[1]

Competency Area: Categories of the residency graduates' capabilities.

Competency areas fall into one of three categories:

- *Required*: Four competency areas are required (all programs must include them and all their associated goals and objectives).
- *Additional*: Competency area(s) other than the four areas required for all program that programs may select to add as required for their specific residency program.
- *Elective*: Competency area(s) selected optionally for specific resident(s).

Educational Goals (Goal): Broad statement of abilities.

Educational Objective: Observable, measurable statement describing what residents will be able to do as a result of participating in the residency program.

Criteria: Examples intended to help preceptors and residents identify specific areas of successful skill development or needed improvement in residents' work.

[1] Nimmo, CM. Developing training materials and programs: creating educational objectives and assessing their attainment. In: Nimmo CM, Guerrero R, Greene SA, Taylor JT, eds. Staff development for pharmacy practice. Bethesda, MD: ASHP; 2000.

Required Competency Areas

Competency Area R1: Patient Care

Goal R1.1: In collaboration with the health care team, provide safe and effective patient care to a diverse range of patients, including those with multiple co-morbidities, high-risk medication regimens, and multiple medications following a consistent patient care process.

Objective R1.1.1: (Applying) Interact effectively with health care teams to manage patients' medication therapy.

Objective R1.1.2: (Applying) Interact effectively with patients, family members, and caregivers.

Objective R1.1.3: (Analyzing) Collect information on which to base safe and effective medication therapy.

Objective R1.1.4: (Analyzing) Analyze and assess information on which to base safe and effective medication therapy.

Objective R1.1.5: (Creating) Design or redesign safe and effective patient-centered therapeutic regimens and monitoring plans (care plans).

Objective R1.1.6: (Applying) Ensure implementation of therapeutic regimens and monitoring plans (care plans) by taking appropriate follow-up actions.

Objective R1.1.7: (Applying) Document direct patient care activities appropriately in the medical record or where appropriate.

Objective R1.1.8: (Applying) Demonstrate responsibility to patients.

Goal R1.2: Ensure continuity of care during patient transitions between care settings.

Objective R1.2.1: (Applying) Manage transitions of care effectively.

Goal R1.3: Prepare, dispense, and manage medications to support safe and effective drug therapy for patients.

Objective R1.3.1: (Applying) Prepare and dispense medications following best practices and the organization's policies and procedures**.**

Objective R1.3.2: (Applying) Manage aspects of the medication-use process related to formulary management.

Objective R1.3.3: (Applying) Manage aspects of the medication-use process related to oversight of dispensing.

Competency Area R2: Advancing Practice and Improving Patient Care

Goal R2.1: Demonstrate ability to manage formulary and medication-use processes, as applicable to the organization.

Objective R2.1.1: (Creating) Prepare a drug class review, monograph, treatment guideline, or protocol.

Objective R2.1.2: (Applying) Participate in a medication-use evaluation.

Objective R2.1.3: (Analyzing) Identify opportunities for improvement of the medication-use system.

Objective R2.1.4: (Applying) Participate in medication event reporting and monitoring.

Goal R2.2: Demonstrate ability to evaluate and investigate practice, review data, and assimilate scientific evidence to improve patient care and/or the medication use system.

Objective R2.2.1: (Analyzing) Identify changes needed to improve patient care and/or the medication-use systems.

Objective R2.2.2: (Creating) Develop a plan to improve the patient care and/or medication-use system.

Objective R2.2.3: (Applying) Implement changes to improve patient care and/or the medication-use system.

Objective R2.2.4: (Evaluating) Assess changes made to improve patient care or the medication-use system.

Objective R2.2.5: (Creating) Effectively develop and present, orally and in writing, a final project report.

Competency Area R3: Leadership and Management

Goal R3.1: Demonstrate leadership skills.

Objective R3.1.1: (Applying) Demonstrate personal, interpersonal, and teamwork skills critical for effective leadership.

Objective R3.1.2: (Applying) Apply a process of on-going self-evaluation and personal performance improvement.

Goal R3.2: Demonstrate management skills.

Objective R3.2.1: (Understanding) Explain factors that influence departmental planning.

Objective R3.2.2: (Understanding) Explain the elements of the pharmacy enterprise and their relationship to the health care system.

Objective R3.2.3: (Applying) Contribute to departmental management.

Objective R3.2.4: (Applying) Manage one's own practice effectively.

Competency Area R4: Teaching, Education, and Dissemination of Knowledge

Goal R4.1: Provide effective medication and practice-related education to patients, caregivers, health care professionals, students, and the public (individuals and groups).

Objective R4.1.1: (Applying) Design effective educational activities.

Objective R4.1.2: (Applying) Use effective presentation and teaching skills to deliver education.

Objective R4.1.3: (Applying) Use effective written communication to disseminate knowledge.

Objective R4.1.4: (Applying) Appropriately assess effectiveness of education.

Goal R4.2: Effectively employ appropriate preceptors' roles when engaged in teaching (e.g., students, pharmacy technicians, or other health care professionals).

Objective R4.2.1: (Analyzing) When engaged in teaching, select a preceptors' role that meets learners' educational needs.

Elective Competency Areas

Competency Area E1: Pharmacy Research

Goal E1.1 Conduct and analyze results of pharmacy research.

Objective E1.1.1: (Creating) Design, execute, and report results of investigations of pharmacy-related issues.

Competency Area E5: Management of Medical Emergencies

Goal E5.1 Participate in the management of medical emergencies.

Objective E5.1.1: (Applying) Exercise skill as a team member in the management of medical emergencies according to the organization's policies and procedures.

Competency Area E6: Teaching and Learning

Goal E6.1 Demonstrate foundational knowledge of teaching, learning, and assessment in health care education.

Objective E6.1.1: (Understanding) Explain strategies and interventions for teaching, learning, and assessment in health care education.

Objective E6.1.2: (Understanding) Explain academic roles and associated issues.

Goal E6.2 Develop and practice a philosophy of teaching.

Objective E6.2.1: (Creating) Develop a teaching philosophy statement.

Objective E6.2.2: (Creating) Prepare a practice-based teaching activity.

Objective E6.2.3: (Applying) Deliver a practice-based educational activity, including didactic or experiential teaching, or facilitation.

Objective E6.2.4: (Creating) Effectively document one's teaching philosophy, skills, and experiences in a teaching portfolio.

Approved by the Commission on Credentialing of the American Society of Health-System Pharmacists on March 8, 2015. This is the document referenced in the *ASHP Accreditation Standard for Postgraduate Year One (PGY1) Pharmacy Residency Programs* approved on September 19, 2014, and is intended to be used in conjunction with that Standard.

EMRMC Flipped Research Timeline

JUNE	• Project pass-off from outgoing resident
JULY/ AUGUST/ SEPTEMBER	• Develop project timeline • Data Collection
OCTOBER	• ASHP poster abstract due • Send data to statistician
NOVEMBER	• Manuscript draft #1 due • Brainstorming for project #2
DECEMBER	• Great Lakes abstract draft
JANUARY	• Great Lakes slides draft due • Finalize project #2 idea
FEBRUARY	• Great Lakes abstract final due • Manuscript draft #2 due
MARCH	• Great Lakes presentation final due • Report project #1/submit project #2 to Research Council • Practice Great Lakes presentations
APRIL	• Report project #1/submit project #2 to IRB • Attend Great Lakes conference to present project #1
MAY	• Final Manuscript due
JUNE	• Pass-off project #2 to incoming resident

EMH DEPARTMENTAL POLICY		**Policy #: EMH PHA 080**
DEPARTMENT/UNIT: Pharmacy		
TITLE: Pharmacy Residency Dismissal and Discipline		
APPROVAL SIGNATURES: **Department Director:**		
Origination Date:	**02/2017**	**Approval Date: 10/2022**

PURPOSE: The intention of this policy is to help a resident succeed in the residency program and to clearly redirect the resident so that success can be achieved. To provide a positive system of corrective action for pharmacy residents who violate the pharmacy department's standards, expectations or policy.

RESPONSIBILITY: Pharmacy Residents, Residency Program Director

POLICY: There are certain standards of behavior that are expected at EMH. Included is professional conduct at work, acting in accordance with the Mission and Values of EMH, and compliance with federal and state laws and compliance with required licenses, certifications, and Associate Health required for position eligibility.

PROCEDURE:

A. Mandatory Standards:

1. Each resident must meet minimum standards to complete certain tasks in order to remain in the program. The following standards and skills must be met by applicable deadlines:
    a. Kentucky Licensure received no later than October 15th. If the resident does not obtain licensure within the designated time, the resident will be dismissed from the program.
    b. Completion of hospital and departmental orientation checklist (excluding rotation specific tasks) by 90 days from start date.

B. Unsatisfactory Advancement:

1. Achieving 80% of assigned goals and objectives is a requirement for completing residency program. Progress of achieving goals and objectives will be assessed throughout residency year, specifically at the least during quarterly development plan review. Unsatisfactory advancement towards achieving goals and objectives is defined as follows:
    a. Delay in Licensure after July 31st

b. 50% of Goals and Objectives are marked "Needs Improvement" by preceptors at 1st and 2nd Quarter development plan review
c. 25% of Goal and Objectives are marked "Needs Improvement" by preceptors at 3rd Quarter development plan review
d. Failure to make satisfactory progress towards the completion of a residency requirement (research project, manuscript, teaching certificate etc.)
e. Any of the R1.1 objectives are marked "Needs Improvement" after January 1st.

2. If a resident fails to make satisfactory advancement in any aspect of the residency program the following steps shall be taken by the RPD and relevant preceptor if applicable:
    a. Discuss progress with the resident.
    b. In conjunction with the resident, develop an action plan to include:
        i. Solution to rectify the deficiency
        ii. A monitoring process or follow-up plan
        iii. Specific Goal (what must be demonstrated or achieved to be deemed satisfactory progress)
        iv. Timeline for reassessment of improvement or satisfactory progress
        v. Outline of next steps if immediate improvement is not seen
    c. The action plan will be downloaded to PharmAcademic by RPD.
    d. RaPP committee will be notified of the resident's deficiency and will be asked to provide feedback on additional, ongoing, future concerns to the RPD.

3. If the action plan does not yield satisfactory results as described and agreed upon the resident will move to disciplinary action as outlined in C.2. below.

4. Specific to PharmAcademic Objective R3.2.4 Manages one's own practice effectively:
    a. All LE's will have the following activities associated with R3.2.4:
        i. time management to meet deadlines for assigned clinical workload
        ii. time management to meet deadlines for assigned deliverables/projects
        iii. allows adequate time to solicit review & incorporate feedback from peer or preceptor
        iv. caliber of work meets expectations of PGY1 or higher (minimal edits/no spelling or grammatical errors, appropriate reference citations, complete for intended objectives of the project/assignment, appropriateness of data or evidence to support work, appropriate analysis and conclusion)
    b. Each preceptor will select the key elements that they are expecting timely delivery on. The above criteria will be used only for "deliverables" that are defined by the preceptor at orientation to the LE. If a resident scores NI on this metric for more than 2 LE, they move to disciplinary action as outlined in B.2. above.

C. <u>Disciplinary Action:</u>

1. Disciplinary action will be initiated if a resident:
    a. Does not follow policies and procedures of the EMRMC Department of Pharmacy Services or Residency Program
    b. Does not present themselves in a professional manner (including plagiarism)
    c. Does not make satisfactory progress on any of the residency goals or objectives

d. Does not make adequate progress towards the completion of residency requirements (e.g. residency project, rotation requirements, longitudinal activities service requirements, etc.)
e. Does not comply with Attendance Policy

2. In the event of the identification of need for disciplinary action of a resident, the following disciplinary steps shall be taken:
    a. The first step in helping to correct a problem is the issuance of the First Step – Corrective Action. The Residency Program Director (RPD) will discuss the incident with the resident and the resident will be given an opportunity to explain the event. The resident may be required to develop an Action Plan and he/she will review it with the RPD. If acceptable, the RPD will sign the plan to eliminate recurrence. A copy of the Corrective Action document and Action Plan, if required, is to be forwarded to the Human Resources Department and will be placed in the Associate's personnel file as part of his/her record. Corrective action documented will also be uploaded to PharmAcademic.
    b. In the event the problem is not corrected or additional incidents/behavior issues occur, the Associate will receive a Second Step – Corrective Action for the next offense. The purpose of this document is to let the resident know that the problem has not been corrected and that a further recurrence will result in a Final Reminder or separation of employment.
    c. In the event of a further occurrence, the resident will receive a Final Step – Corrective Action or may be separated based on the severity of the infraction. In the event the Associate returns to work and does not change his/her behavior, the result will be separation of employment. A Final Reminder or Letter of Separation will be reviewed with the Human Resources Department prior to discussion with the Associate. A Human Resources Manager or Representative will be present for the issuance of a Final Reminder or separation of employment.

D. Miscellaneous:

1. Specific to delay in licensure:
    a. Residents should sit for applicable licensure exams by July 31st. If this deadline cannot be accommodated, extension may be made by RPD.
    b. If residents are not licensed by the end of orientation, required learning experiences will be delayed or modified to a non-independent elective rotation.
    c. As stated in A.1.a, if the resident does not obtain licensure by October 15th, the resident will be dismissed from the program.

2. If deemed necessary, an extension of the resident's 54 week contract (up to 8 weeks) can be made if this extension can be accommodated by the program and approved by RaPP committee.

3. Based on the number, severity, or seriousness of a resident's deficiency, behavior or action, at any time the RaPP Committee can be convened to consider a recommendation put forth by RPD up to and including dismissal from the Residency Program.

Signing indicates receipt and understanding of the Dismissal and Discipline Policy.

Resident:_____ Date:_____

RPD:_____ Date:_____

EMH DEPARTMENTAL POLICY		**Policy #: EMH PHA 082**
DEPARTMENT/UNIT: Pharmacy		
TITLE: Pharmacy Residency duty hours and moonlighting		
APPROVAL SIGNATURES: **Department Director:**		
Origination Date:	**02/2017**	**Approval Date: 10/2022**

PURPOSE: To provide guidelines regarding duty hours and moonlighting for pharmacy residents and to outline the associated required documentation.

RESPONSIBILITY: Residents, Residency program director (RPD), Residency preceptors

POLICY: Residents, RPD, and preceptors have the professional obligation to ensure they are fit to provide services that promote patient safety. The 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 capability 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, the EMRMC PGY1 Pharmacy Residency Program (the Program) will comply with the ASHP Accreditation Standards for duty hours and moonlighting which can be found at:

https://www.ashp.org/-/media/assets/professional-development/residencies/docs/duty-hour-requirements.pdf

PROCEDURE:

A. DEFINITION OF TERMS:

1. **Duty Hours:** Defined as all hours spent on scheduled clinical and academic activities, regardless of setting, related to the pharmacy residency program that are required to meet the educational goals and objectives of the program. Includes inpatient and outpatient patient care (resident providing care within a facility, a patient's home, or from the resident's home when activities are assigned to be completed virtually); staffing/service commitment; in-house call; administrative duties; work from home activities (i.e., taking calls from home and utilizing electronic health record related to at-home call program); and scheduled and assigned activities, such as conferences, committee meetings, classroom time associated with a master's degree for applicable programs or other required teaching activities and health and wellness events that are required to meet the goals and objectives of the

residency program. Duty hours **excludes** reading, studying, and academic preparation time (e.g. presentations, journal clubs, closing knowledge gaps); travel time (e.g., to and from work, conferences); and hours that are not scheduled by the residency program director or a preceptor.

2. **Moonlighting**: Any voluntary, compensated, work performed outside the organization (external), or within the organization where the resident is in training (internal). These are compensated hours beyond the resident's salary and are not part of the scheduled duty periods of the residency program.
3. **Continuous Duty**: Assigned duty periods without breaks for strategic napping or resting to reduce fatigue or sleep deprivation.
4. **Strategic napping**: Short sleep periods, taken as a component of fatigue management, which can mitigate the adverse effects of sleep loss.

B. General requirements

1. Residents will be introduced to this Policy and Procedure alongside the supporting ASHP Duty-Hour Requirements document during the interview process and orientation period.
2. Unlicensed residents shall be supervised by licensed pharmacists. Licensed pharmacists are available 24 hours per day at EMRMC.
3. Duty hours must be limited to no more than 80 hours per week, averaged over a four-week period, inclusive of internal and external moonlighting.
4. Moonlighting (internal and external) must not interfere with the ability of the resident to achieve educational goals and objectives of the Program.
    a. All moonlighting must be pre-approved by the RPD through the outlined process in Procedure Section B: External Moonlighting Approval.
    b. All moonlighting hours must be counted towards the clinical experience and educational work 80-hour maximum weekly hour limit averaged over a four-week period and included in the tracking of hours.
    c. All moonlighting hours (internal and external) must be limited to 10 hours per week averaged over a one month period.
    d. A monthly attestation statement must be electronically signed and submitted through PharmAcademic and include the type and number of total work hours averaged over the past four-week period.
    e. Duty hours will be reviewed monthly by RPD through PharmAcademic.
    f. The RPD and preceptors will evaluate the resident's judgment and overall performance while on scheduled duty periods. If there is concern that a resident's ability to achieve Program goals and provide safe patient care is being compromised by moonlighting activities, the RPD reserves the right to cancel any moonlighting agreements at any time. If the resident does not comply, further disciplinary action may be pursued, including dismissal of the resident from the Program.
5. Residents will have a minimum of one day in seven days free of duty (when averaged over four weeks). At-home call cannot be assigned on these free days.
6. Residents should have 10 hours free of duty between scheduled duty hours.
7. Residents must have at a minimum of 8 hours between scheduled duty periods.
8. Continuous duty periods of residents will not exceed 16 hours.

C. External moonlighting approval
    1. The resident must request approval from the RPD prior to any moonlighting activities at any internal or external site using Appendix A. This written request must outline which hours and days of the week that the resident is requesting to moonlight.
    2. The RPD will provide verbal or written permission for the resident to moonlight at any internal or external site.
        i. The Director of Pharmacy, Inpatient Pharmacy Manager, and any preceptor deemed to be affected by the moonlighting will be notified by the RPD.
    3. The resident is responsible for logging all moonlighting hours at both internal and external sites following the general procedure guidelines delineated above.
        i. The resident will provide verbal or written notification to the RPD of any week in which he/she exceeded 15 hours of moonlighting, unless it is part of an approved agreement.
        ii. Failure to submit a log of moonlighting hours as outlined above may lead to the cancellation of any current agreement in place. The resident will be required to submit a new request for any future moonlighting activities.
    4. The RPD has the ability to cancel any moonlighting agreement at any time if they feel that the moonlighting is having a negative impact on the resident's responsibilities to the Program.

Signing indicates receipt and understanding of the Duty Hours and Moonlighting Policy.

Resident:_____ Date:_____

RPD:_____ Date:_____

APPENDIX A

Ephraim McDowell Regional Medical Center

PGY1 Residency Program

Moonlighting Approval Form

Resident Name _____

Moonlighting Employer _____

Street Address _____

_____

Manager _____

Phone Number _____

Planned number of working hours per week _____

Planned working days of the week _____

_____

I understand that my primary responsibility is to the EMRMC PGY1 Pharmacy Residency Program and that internal or external moonlighting should not interfere with this responsibility. I understand that I must inform the RPD and preceptor(s) of any hours I work in addition to my residency duty hours. If the RPD or preceptor deem that moonlighting activities interfere with my Program responsibilities, the RPD reserves the right to cancel any moonlighting agreements at any time. If I do not comply, further disciplinary action may be pursued, including dismissal from the Program.

_____ _____

Resident Signature Date

_____ _____

Residency Program Director Signature Date

EMH DEPARTMENTAL POLICY		**Policy #: EMH PHA 081**
DEPARTMENT/UNIT: Pharmacy		
TITLE: Pharmacy Residency Leave of Absence		
APPROVAL SIGNATURES: **Department Director:**		
Origination Date:	**02/2017**	**Approval Date: 10/2022**

PURPOSE: To explain the process for granting Leave(s) of Absence and completing the residency requirements following Leave(s) of Absence.

RESPONSIBILITY: A Leave of Absence may be approved for EMRMC Pharmacy Practice Residents who have completed their initial orientation period.

POLICY: A Leave of Absence (medical, family, parental, general or bereavement) is defined as time without working in excess of one week, and is approved at the discretion of the Residency Program Director. A leave of absence request of 1 week to 8 weeks may be requested by the Resident to the Residency Program Director (RPD).

PROCEDURE:

A. Allowances for time off
   1. Paid time off (PTO): The residency program offers residents 10 days of paid time off. Any unused PTO will not be paid out at the end of the residency year.
   2. Paid holidays: The residency program offers four paid holidays (two summer and two winter holidays).
      a. Summer Holidays - Residents will not be scheduled to work on Independence Day. One paid holiday will be used for this scheduled holiday. Residents will be scheduled to work either Labor Day or Memorial Day and a paid holiday will be used for the other holiday. For example, the resident scheduled to work Labor Day will be scheduled off on Memorial Day, but must use holiday pay for Memorial Day.
      b. Winter Holidays - Thanksgiving, Christmas Eve, Christmas, New Year's Day. Residents will be required to work two of the four winter holidays. This decision will be made on a yearly basis balancing the needs of the department and the preference of the residents. Two paid holidays will be used to cover the holidays not worked.

c. Professional Meeting Time - All professional meetings required for the residents to attend by the program will be paid as regular professional time, including travel time as approved by RPD (i.e. ASHP Midyear, KSHP Fall meeting, etc.). Any other professional activities that are participated in with the intent to fulfill program requirements are also paid as regular professional time and are included in the 50-hour per week expectation as hours worked (i.e. teaching certificate, KPRN events, recruiting showcases, LE activities off-site, etc.).

B. Extension of Training
   1. Training will be extended to make up any absences that exceed the allotted time and will be equivalent in competencies and time missed. The extension of training period may be accomplished by either extending the Resident's appointment year (by no more than 8 weeks) to match the lost days, or by reappointing the Resident for a time period to match the lost days. All decisions related to extensions will be made on a case-by-case basis and cannot be guaranteed.
   2. In the event that the resident is completing a PGY2 and an extension is necessary, the resident will need to meet with both programs to determine a course of action. This course of action will need to be agreed upon by both programs and approved by RaPP.
   3. Alternatively a RPD may require a Resident to extend his or her training in order to complete all previously outlined clinical experiences and training.
   4. If extension of training is not approved by the RPD, the resident will not receive a certificate of completion.

C. Stipend for extension of training
   1. The Resident's stipend is fixed for 54 weeks. Residents taking a Leave of Absence can use any available Paid Time Off (PTO). If PTO is not available, any remaining leave of absence will be unpaid. If extension of the residency year is approved due to a leave of absence, the stipend (and benefits if applicable) will be extended and paid at the same rate as agreed upon in the Residency agreement. If extension is granted to complete residency requirements, the stipend and benefits will not exceed original 54 weeks.

D. Notification
   1. Prior to the extension of the program, the Resident will receive written notification from the RPD indicating the required length of additional training and the time period over which it will occur. It is the responsibility of the RPD to notify ASHP accordingly.

Signing indicates receipt and understanding of the Leave of Absence Policy.

Resident:_____ Date:_____

RPD:_____ Date:_____

NOTES: _____

NOTES: _____

NOTES: _____

NOTES: _____


Ephraim McDowell
Regional Medical Center