

**DIGNITY HEALTH MERCY MEDICAL  
CENTER REDDING  
ASHP ACCREDITED POSTGRADUATE YEAR ONE  
(PGY-1)**

**Pharmacy**

**Residency Manual**

**2024-2025**



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## **Pharmacy Services**

### **Pharmacy Residency Purpose Statement**

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

### **Pharmacy Vision Statement**

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

#### **Pharmacy Guiding Principles**

- Advocacy
- Education
- Safety

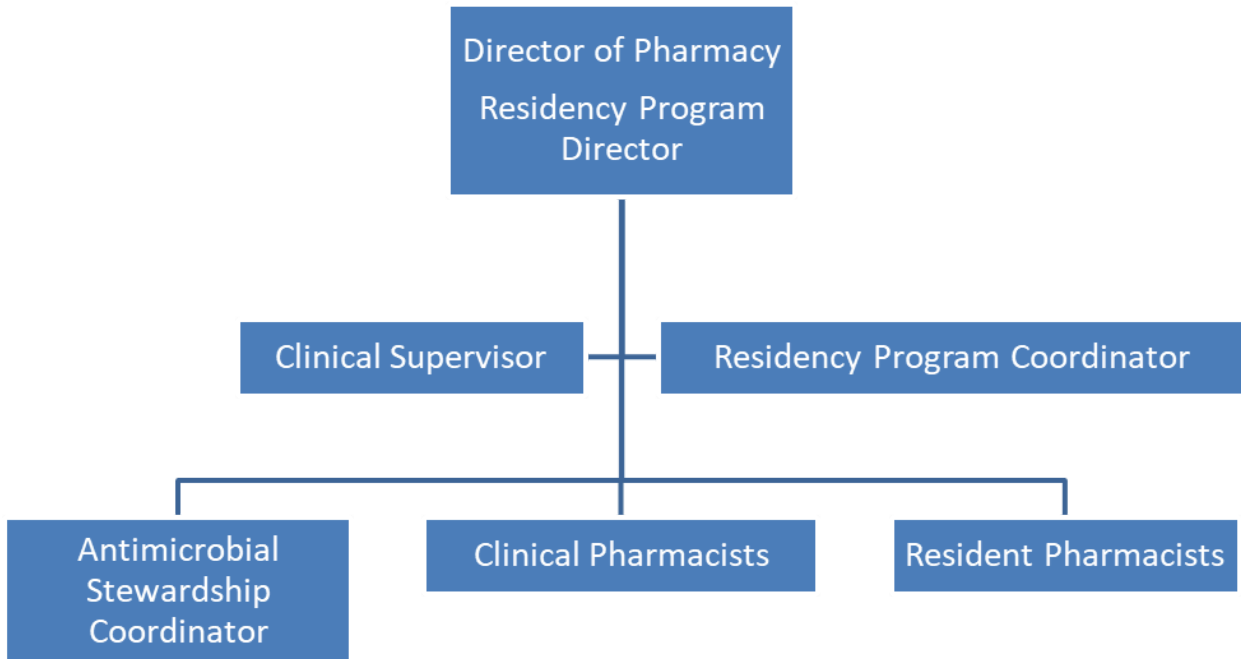
#### **Pharmacy Strategies**

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

### **Pharmacy Core Values**

- Compassion
- Inclusion
- Integrity
- Excellence
- Collaboration

## Pharmacy Organizational Chart



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

Director of Pharmacy: Kathleen Ignac Delikowski, PharmD BCPS

### Residency Program Structure

Dignity Health Mercy Medical Center Redding (DHMMCR) uses three types of learning experiences for the PGY1 program. The types of learning experiences include core and longitudinal experiences throughout the one year or 54 week program.

#### **Core Learning Experiences**

**Orientation-** is a two week onboarding process with the incoming new medical residents which includes: certification in BLS, ACLS, PALS, introduction to all areas of

the hospital, and electronic health record (EHR) training. Orientation will include review of the residency's purpose and practice environment, design of the residency program, discussion of elective learning experiences, evaluation process, residency manual review including policies, discussion on burnout syndrome and available resources to combat.

**Pharmacy Practice-** is a seven week core rotation and one of the first rotations the resident will experience. The resident will learn the day-to-day operations of the pharmacy from all aspects including drug acquisition, preparation, storage, utilization, and distribution. The resident will become familiar with hospital policies and procedures as well.

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

**Internal Medicine-**is a seven 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 seven 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; discharge antimicrobial culture review; participation in high-risk procedures including resuscitation and other time dependent emergencies; monitoring use of high-risk medications; and medication procurement and preparation. Residents will obtain experience working with an interdisciplinary team to optimize pharmacotherapeutic management while promoting patient care and safety.

**Oncology-** is a seven week core rotation with an outpatient perspective. This rotation will focus on providing concentrated training on the care of patients with cancer. Over

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

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

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

**Pediatrics (PEDS) Neonatal Intensive Care Unit (NICU)-** is a four week core rotation where the resident will be assigned to a physician-led PEDS\NICU medical team. This team consists of an attending PED/NICU physician and medical residents. Other healthcare disciplines may be consulted with or round with the team including but not limited to pharmacists, pharmacy residents, pharmacy students, nurses, dietitians, and respiratory therapists. The pharmacy resident will gain knowledge of pediatric disease states and the optimal drug treatment and monitoring necessary for this field of experience.

### **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 ten month learning opportunity for the resident to develop foundational practice skills in hospital pharmacy practice. The resident will work in the central pharmacy as well as the IV room. The resident will develop proficiency in automated as well as central distribution of meds, narcotic distribution and management, extemporaneous oral preparations, medication order processing, drug information, intravenous admixtures and TPN admixture. The resident will also develop an understanding of workflow processes in a department setting, staffing considerations, as well as medication safety monitoring.

**Residency Project-**is 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.

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

In conjunction with the RPD, the RAC supports the residency 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**

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

January

April

July

October

### **Selection of Preceptors**

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

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

### **Preceptor Eligibility**

PGY1 Preceptors must be licensed pharmacists who:

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

or



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

### **Preceptor Qualifications**

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

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

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

4.6.c Role modeling ongoing professional engagement.

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

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

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

Preceptors are appointed and reappointed by the RPD.

### **Preceptor Development Policy:**

DHMMCR will offer educational opportunities for preceptors to improve their precepting

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

### **Learning Experience Preceptors**

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

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

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

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

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

### **Selection of Residents**

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

### **Applicant Qualifications**

- All applicants must have completed or are working towards a Doctor of Pharmacy degree from a United States of America **ACPE** Accredited College of Pharmacy.
- All applicants must be eligible for Licensure to practice pharmacy in the State of California.
- Pursuant to federal requirements, employment is conditional upon authorization to work in the United States. Dignity Health does not offer visa sponsorship for

this position. Only permanent residents (AKA green card holders) or citizens of the United States of America are considered

### **Applicants Invited to Interview**

The RPD and/or designee will evaluate the qualifications of applicants submitted through PhORCAS, by the predetermined deadline date, using the Pre-Screening Residency Applicant Evaluation form. The applicants with the highest scores achieved on the evaluation form are invited to an interview.

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

- Grades
- Advanced Pharmacy Practice Experiences
- Letters of Recommendation
- Related Pharmacy Work
- Letter of Intent
- Professional Involvement
- Overall Program Fit

### **Interview & Ranking Process**

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

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

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

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

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

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

## Residency Competency Areas, Goals, and Objectives CAGOs

| <b>Patient Care R1</b> |  |   |  |
|------------------------|--|---|--|
| <b>Goal R1.1</b>       | <b>In collaboration with the health care team. Provide safe and effective patient care to a diverse range of patients, including those with multiple comorbidities, high risk medication regimens and multiple medications following a consistent patient care process</b> |   |  |
|                        | R1.1.1   | (Applying) Interact effectively with health care teams to manage patients' medication therapy.                                      |  |
|                        | R1.1.2   | (Applying) Interact effectively with patients, family members, and caregivers.  |  |
|                        | R1.1.3   | (Analyzing) Collect information on which to base safe and effective medication therapy.   |  |
|                        | R1.1.4   | (Analyzing) Analyze and assess information on which to base safe and effective medication therapy.                                  |  |
|                        | R1.1.5   | (Creating) Design or redesign safe and effective patient-centered therapeutic regimens and monitoring plans (care plans).           |  |
|                        | R1.1.6   | (Applying) Ensure implementation of therapeutic regimens and monitoring plans (care plans) by taking appropriate follow-up actions. |  |
|                        | R1.1.7   | (Applying) Document direct patient care activities appropriately in the medical record or where appropriate.                        |  |
|                        | R1.1.8   | (Applying) Demonstrate responsibility to patients.  |  |
| <b>Goal R1.2</b>       | <b>Ensure continuity of care during patient transitions between care settings</b>  |   |  |
|                        | R1.2.1   | (Applying) Manage transitions of care effectively.  |  |
| <b>Goal R1.3</b>       | <b>Prepare, dispense, and manage medications to support safe and effective drug therapy for patients</b>   |   |  |
|                        | R1.3.1   | (Applying) Prepare and dispense medications following best practices and the organization's policies and procedures.                |  |

|   |  |   |  |
|---|--|---|--|
|   | R1.3.2   | (Applying) Manage aspects of the medication-use process related to formulary management.                          |  |
|   | R1.3.3   | (Applying) Manage aspects of the medication-use process related to oversight of dispensing.                       |  |
| <b>Advancing Practice and Improving Patient Care-R2</b> |  |   |  |
| <b>Goal R2.1</b>  | <b>Demonstrate ability to manage formulary and medication-use processes, as applicable to the organization.</b>  |   |  |
|   | R2.1.1   | (Creating) Prepare a drug class review, monograph, treatment guideline, or protocol.                              |  |
|   | R2.1.2   | (Applying) Participate in a medication-use evaluation.  |  |
|   | R2.1.3   | (Analyzing) Identify opportunities for improvement of the medication-use system.                                  |  |
|   | R2.1.4   | (Applying) Participate in medication event reporting and monitoring.  |  |
| <b>Goal R2.2</b>  | <b>Demonstrate ability to evaluate and investigate practice, review data, and assimilate scientific evidence to improve patient care and/or the medication-use system.</b> |   |  |
|   | R2.2.1   | (Analyzing) Identify changes needed to improve patient care and/or the medication use system                      |  |
|   | R2.2.2   | (Creating) Develop a plan to improve patient care and/or the medication-use system.                               |  |
|   | R2.2.3   | (Applying) Implement changes to improve patient care and/or the medication-use system.                            |  |
|   | R2.2.4   | (Evaluating) Assess changes made to improve patient care or the medication-use system.                            |  |
|   | R2.2.5   | (Creating) Effectively develop and present, orally and in writing, a final project report.                        |  |
| <b>Leadership and Management- R3</b>                    |  |   |  |
| <b>Goal R3.1</b>  | <b>Demonstrate leadership skills.</b>  |   |  |
|   | R3.1.1   | (Applying) Demonstrate personal, interpersonal, and teamwork skills critical for effective leadership.            |  |
|   | R3.1.2   | (Applying) Apply a process of ongoing self-evaluation and personal performance improvement.                       |  |
| <b>R3.2</b>   | <b>Demonstrate management skills.</b>  |   |  |
|   | R3.2.1   | (Understanding) Explain factors that influence departmental planning.   |  |
|   | R3.2.2   | (Understanding) Explain the elements of the pharmacy enterprise and their relationship to the health care system. |  |
|   | R3.2.3   | (Applying) Contribute to departmental management.   |  |

|   |   |  |  |
|---|---|--|--|
|   | R3.2.4  | (Applying) Manage one's own practice effectively.  |  |
| <b>Teaching, Education and Dissemination of Knowledge- R4</b> |   |  |  |
| <b>Goal R4.1</b>  | <b>Provide effective medication and practice-related education to patients, caregivers, health care professionals, students, and the public (individuals and groups).</b> |  |  |
|   | R4.1.1  | (Applying) Design effective educational activities.  |  |
|   | R4.1.2  | (Applying) Use effective presentation and teaching skills to deliver education.(                     |  |
|   | R4.1.3  | (Applying) Use effective written communication to disseminate knowledge.                             |  |
|   | R4.1.4  | (Applying) Appropriately assess the effectiveness of education.                                      |  |
| <b>Goal R4.2</b>  | <b>Effectively employ appropriate preceptor roles when engaged in teaching students, pharmacy technicians, or fellow health care professionals.</b>                       |  |  |
|   | R4.2.1  | (Analyzing) When engaged in teaching, select a preceptor role that meets learners' educational needs |  |
|   | R4.2.2  | (Applying) Effectively employ preceptor roles, as appropriate.                                       |  |

## **RESIDENCY REQUIREMENTS FOR SUCCESSFUL COMPLETION OF THE PROGRAM**

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

- **Presentations-** Residents will participate in Western States, and Grand Rounds (or equivalent) to enhance presentation skills. Other presentations include case presentations, topic discussions, and journal club. A minimum of (2) major educational presentations (Western States, Grand Rounds) per year is required. **Residents must allow adequate time for RPD, DOP, and Preceptor review.**
- **Teaching-** Residents will participate in the teaching activities of the Department of Pharmacy Services. The purpose of such activities is to develop and refine the resident's communication skills, to build confidence, and to promote the effectiveness of the resident as a teacher. Teaching responsibilities may include clinical and didactic teaching for pharmacy students, medical staff and residents, hospital personnel, and pharmacy departmental staff. All residents act as co-preceptors for UOP, or other schools of pharmacy students APPE's (pharmacy student rotations). In addition, teaching activities may involve formal lectures, in-service presentations, or discussion sessions. Specific responsibilities will vary by service. The residents will be offered to participate in a Teaching Certificate at the beginning of the residency year. **Choosing to participate in the Teaching Certificate at the beginning of the year will then become a mandatory requirement for successful completion of residency.**
- **Precept Pharmacy Students-** Residents will serve as co-preceptors with faculty members for the University of Pacific or other schools of pharmacy students.
- **Residency Research Project-** Each resident is required to complete a research project and present at Western States during their residency year. A list of potential research projects will be provided to the residents. The residents can pick a project from the list, or discuss one directly with a preceptor, and submit his/her research proposal to the 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 and presumed publishable in a peer reviewed journal. Projects must meet all requirements and deadlines published by Western States Conference. Projects must be **reviewed and approved before submission** by the preceptors / co-investigators/ RPD.
- **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 followed.

- **Journal Club-** Residents will present one Journal Club (JC) during each Core Clinical Learning Experience. It is **mandatory** to attend all resident JCs. Topics and format are at the discretion of the preceptor.
- **Manuscript for Publication-** Residents are highly encouraged to prepare a manuscript of their Research Project in a format acceptable for publication in a peer reviewed journal.
- **Drug Monograph-** Each resident will participate in a drug monograph assigned by the corporate P&T Committee.
- **Medication Use Evaluation-** Each resident will complete (2) Medication Use Evaluations (MUEs) assigned by the DOP or RPD.
- **Pharmacy Services Documentation-** Each resident will document his/her daily interventions in the EHR. This is extremely important to the program to document cost savings and improved patient care.
  - IV-to-PO Conversion- Residents are responsible for evaluating patients for possible conversion of IV medications to PO, in accordance with the IV-to-PO conversion policies and procedures (e.g. Protonix and Zynox). This is also documented as an intervention in the EHR.
  - Aminoglycoside Monitoring
  - Anticoagulation Monitoring
  - Vancomycin Monitoring
  - Renal Report
  - Antibiotic Stewardship
  - Pharmacy Code Response
  - Culture Review
  - Medication Reconciliation
- **Certification for Basic Life Support (BLS), Advanced Cardiovascular Life Support (ACLS), and Pediatric Advanced Life Support (PALS)-** Each resident will successfully complete BLS, ACLS, and PALS certification during **Orientation**. The goal is to ensure the resident is familiar with and capable of participating in emergency life support.
- **Certification for Sterile Compounding-** Each resident will obtain a Critical Point Certificate or equivalent education assigned by the RPD before supervising in the IV Room.
- **Certification for Emergency Neurological Life Support (ENLS)-** Each resident must successfully complete ENLS certification as soon as pharmacist licensure is gained and before the Emergency Medicine Learning Experience.
- **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.

- **Evaluations-** Each resident is expected to deliver evaluations by the due date assigned in Pharmacademic. Not completing evaluations in a timely manner may result in disciplinary action.
- **Recruitment-**Each resident will assist with the residency recruitment efforts of the program and is a valuable source of information for potential candidates. Recruitment will occur at CSHP Seminar and/or ASHP Midyear. The RPD will determine who goes to each meeting. Western States Conference is mandatory for all residents. **Financial support will cover professional meetings' fees and must be pre-approved by the RPD/DOP.**
  - **ASHP-** Each resident in attendance is required to spend time providing information to interested parties during the ASHP Midyear Clinical Meeting. Residents will staff the residency showcase booth.
  - **CSHP-** Each resident in attendance is required to spend time providing information to interested parties during the CSHP Seminar Meeting. Residents will staff the residency showcase booth.
  - **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.

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

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

## RESIDENCY PROGRAM GENERAL INFORMATION

### Residency Evaluation Policies and Procedures

#### Residency Evaluation Rating Scale Definition

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

### Resident Self-Evaluation

- The Entering Self-Assessment form found in Pharmacademic will be the first resident self-evaluation and will be completed prior to or during the first week of Orientation.
- Each resident will assess their progress for each Learning Experience by

completing the assigned electronic (Midpoint and End) Summative Evaluation form in PharmAcademic, **3 days prior to the scheduled evaluation meeting with the preceptor**. Examples of how the objectives were met with **qualitative** comments (how you can improve) are mandatory. This teaches the art of self-reflection and self-assessment.

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

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

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

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

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

### **Resident Development Plan**

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

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

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

## **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 DHMMCR, Department of Pharmacy, or Residency Program
- Does not present him/herself in a professional manner
- Does not earn satisfactory progress on any of the residency goals or objectives
- Does not make adequate progress towards the completion of residency requirements resulting in a failure to progress (e.g. project, manuscript, lecture, seminar)
- Performs gross negligence

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

- **Please see Human Resources Policies and Procedures**
  - **Introductory Period Policy** -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:**
    - Family and Medical Leave Act
    - Medical Leave of Absence
    - Pregnancy Leave of Absence

### **Other related and pertinent policies, benefits, 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

## **Pharmacist Resident Pay- Approximately \$62,500**

### **Responsibilities and Expectations**

#### **Professional Conduct**

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

#### **Time Management**

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

#### **Dress Code**

All residents are expected to dress in appropriate professional attire when attending any function as a representative of DHMMCR. All residents are expected to wear a clean, white, full length lab coat when in patient care areas. Open-toed shoes are not to be worn within DHMMCR facilities. Attire should conform to the dress code stated in the DHMMCR facility policy and procedures.

Any specific problems with dress attire will be addressed by the resident's Preceptor and brought to the attention of the Residency Program Director and/or the Director of Pharmacy.

#### **Patient Confidentiality**

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

#### **Attendance**

- Residents are expected to attend all functions as required by the Residency Program, the RPD, and preceptors. The residents are responsible for their assigned operational pharmacy practice duties, and for assuring that these commitments are met in the event of an absence.

- 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.
- Time away from the residency program will not exceed a combined total of the greater of 37 days per 52-week training period. If a resident exceeds 37 days an extension may be granted. In conjunction with Human Resources, the RPD, and the DOP, the residency may be extended as necessary beyond the 52 week time frame to make sure all ASHP program requirements are met: however, the maximum duration of residency program extension is not to exceed 12 weeks. **Residents must complete all requirements for completion during the program extension to receive a certificate of completion.** Pay and other benefit eligibility during this leave will follow facility policy.

### Notes in the Chart:

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

### Employee Identification Cards

- Identification of DHMMCR employees is necessary in order to promote recognition and communication among employees, students, patients and visitors.
- While at DHMMCR, all employees are required to wear identification cards (IDs) in a manner such that name, picture, and department are clearly visible. The ID card issued by Human Resources is the official ID card for all employees, and the employee is the only individual authorized to wear his/her ID card.
- It is the responsibility of an employee who has lost his/her ID to have it replaced. The ID card is the property of DHMMCR, and must be surrendered upon termination of employment.
- Residents are required to report the loss of their ID cards to Human Resources and/or Security.
- Employee ID cards will be replaced by Human Resources and/or Security at a nominal cost. This cost will be paid for by the resident losing the card.
- Any employee reporting to work at DHMMCR 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 DHMMCR parking lot. Do not park 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.

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

New Year's Day  
President's Day  
Memorial Day  
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 DHMMCR Pharmacy.

### **Office**

- Office/designated area for residents is located in the main pharmacy

### **Phones**

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

### Pharmacy Licensure for Residents

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

### External and Internal Employment Policy (Moonlighting)

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

### ASHP DUTY-HOUR REQUIREMENTS

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

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

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