Resident Manual

The below is meant to augment existing documents and clarify common questions that come up throughout the year.

Purpose Statement
The purpose of the PGY1 pharmacy residency program is to build on Doctor of Pharmacy (Pharm.D.) education and outcomes to contribute to the development of clinical pharmacists responsible for medication-related care of patients with a wide range of conditions, eligible for board certifications, and eligible for postgraduate year two (PGY2) pharmacy residency training.

Comp Time/Project

Comp Time: No comp time will be provided to residents.

Project Time: Project time will be granted at the discretion of the block preceptor and Residency Program Director (RPD). Residents are expected to work on projects after clinic hours and only miss rotations for activities that must take place during business hours such as meetings, job shadowing, etc.

Dismissal
Please refer to the dismissal and disciplinary policy on PharmAcademic.

Duty Hours
Please refer to the duty hours policy on PharmAcademic.

Evaluations
Residents will be evaluated and will complete rotation and preceptor evaluations throughout the year using PharmAcademic. Residents will be evaluated at the end of each block rotation and quarterly for all longitudinal rotations and are expected to meet with their preceptor to review their evaluation. Residents will submit rotation and preceptor evaluations are within 5 days of completion of the rotation regardless of the length of rotation.

Definition of ratings used in PharmAcademic:
- Needs improvement (NI): Unable to perform additional tasks satisfactorily and or independently. Requires regular significant direction from preceptor.
  - Qualitative written comments must accompany any designation of “needs improvement.”
- Satisfactory progress (SP): Able to perform foundational tasks independently and satisfactorily. Applies specialized knowledge and skill with occasional direction from preceptor required to further improve performance.
- Achieved (ACH): Able to apply specialized knowledge and skills with a high level of competence a majority of the time. Requires minimal or no direction from preceptor to perform with excellence.
Graduation Expectations (minimal)
Please refer to the disciplinary policy on PharmAcademic.

To help track your own progression during your residency year please see the “Graduation Checklist” at the end of this manual.

Involvement in Candidate Interviews
Residents have a role in the recruitment process. Residents will participate in the residency showcase at the ASHP Midyear Clinical Meeting and help with interview days. Resident feedback is provided to the Residency Program Director (RPD) using predetermined grading rubrics.

Journal Club
Pharmacy students will be in clinic throughout the year for 4th year rotations and will be participating in weekly journal club and chalk talk meetings. The residents will help facilitate the journal club meetings along with clinic team members. The residents will rotate in the role of lead resident running the journal club for each rotation block of students. The designated lead resident will be required to present a journal the first week of the rotation block, with subsequent journal clubs presented by students on rotation which will allow the students to see an example of how a journal club should be presented. Chalk talk will precede journal club and will be conducted by either the lead resident, clinic pharmacist, or student. The lead resident is responsible for creating the journal club/chalk talk schedule for their student block. The schedule must be approved by the teaching certificate preceptor prior to the start of the new student block.

The pharmacy students are to submit their journal article to the lead resident at least one week before presenting so the resident can review the journal and approve it for presentation. Alternately, the lead resident may assign the weekly journal article(s).

Once the resident and the students have presented their journals for that rotation block (typically about 4-5 journals) the resident will be responsible to present the highlights of each journal article at the following lunchtime clinic huddle and submit a recap for the biweekly newsletter.

Leave (outside of routine PTO)
Please refer to the extended and family medical leave policy.

Licensure
Please refer to the licensure policy on PharmAcademic

Longitudinal Project
Residents will meet with management to discuss project topics in July. Once each resident has decided upon a project, they will be assigned a preceptor to work closely with throughout the
year. Residents will meet with their preceptors at least once per month in order to continually move the project forward. Important due dates are as follows:

- Midyear abstract: Early October
- Midyear poster submission for printing: Mid-November
- Western States abstract: Late February
- Western States PowerPoint: Early May

**Moonlighting**

Please refer to the moonlighting policy on PharmAcademic.

**Organizational Structure**

The organizational chart for our clinic is based on an internal HR structure and will reflect residents reporting directly to the clinic director and indirectly to the RPD. This is shown on the organizational chart because of how resident employment is set up through HR and who will do internal reviews. In practice, residents will report directly to the RPD and the RPD will do all ASHP required leadership evaluations, reviews, monitoring of progression toward graduation, and lead any disciplinary actions in collaboration with the clinic and pharmacy directors.

**Paid Time Off (PTO)**

Residents receive 25 days of paid time off (PTO) for the PGY1 year. PTO must be used to cover holidays (Fourth of July, Labor Day, Thanksgiving, Christmas, New Year’s Day, and Memorial Day), sick days, medical appointments, etc. and cannot be used on staffing days. PTO must be discussed with and approved by the preceptor first then discussed with and approved by the RPD. The request to the RPD must be submitted in the form of an email with the preceptor cc’d. Residents are responsible for updating their Outlook calendar and either blocking their time off on StaffReady prior to the schedule posting (preferred method) or working with the operations manager to update StaffReady if the schedule has already posted. PTO cannot be used within 90 days of employment with exceptions being holidays that the clinic is closed and time to take licensing exams. PTO can only be taken in the amount that has been accrued and cannot be taken in advance with the exceptions being holidays that the clinic is closed and time to take licensing exams.

Residents are responsible for tracking and making sure they are attending at least 90% of each rotation in order to meet the attendance requirement to graduate.

**Precepting/Teaching Certificate**

Residents will be required to precept pharmacy students on rotation in clinic and take part in weekly journal club. Residents are expected to attend journal club, attend chalk talk/case presentations as available (at least 50% during the year), help precept students when on rotation with a student, and establish a collaborative role as a student preceptor based on the time of year, student ability, and resident interests.
Residents will complete a teaching certificate through Washington State University. There will opportunities throughout the year to present lectures and facilitate labs at the College of Pharmacy. Residents will keep track of everything they have done with the College of Pharmacy and will submit their teaching experiences to apply for the teaching certificate. Requirements for the teaching certificate can be found in the learning description for the teaching experience.

**Preceptor Sick**
Residents will only be asked to staff an entire shift in lieu of working as a resident due to extreme manpower shortage or emergency. This is very rare as every attempt will be made to back fill shifts with another pharmacist (supplemental or overtime). In the event it does happen, the RPD and clinic manager will determine resident ability based on time of year, etc. If assessed that the resident is able to cover the shift, the resident will be offered the shift. If the resident accepts the shift, an alternate preceptor will be available to the resident for questions and oversight. The resident will be compensated at a pharmacist wage for the covered shift. Short-term coverage (less than or equal to 2 hours) provided during weekdays will not be paid.

**Resident and Staff Well-Being**
Please refer to the resident and staff well-being policy on PharmAcademic.

**Rotations**
Rotations will begin after orientation and training has been completed (typically in July). Residents will meet with the RPD for a day long retreat in early July to allow the resident an opportunity to meet individually to discuss career goals and rotation preferences.

Rotation Descriptions are available in the Residency folder on SharePoint. Rotations are scheduled for either longitudinal or block experiences depending on the rotation. There is a week set aside for project time to prepare for Western States. Resident rotation schedules will be available on SharePoint as soon as the rotation schedule is determined (typically the end of July).

Rotation experiences are designed to promote resident growth and learning; every effort will be made to adhere to the posted rotation schedule. Accommodations will be made for extenuating circumstances.

Rotations are evaluated through the use of PharmAcademic. Residents will complete PharmAcademic assignments prior to the completion of a rotation as this will allow them to meet with their preceptor(s) face-to-face to talk about their performance throughout the rotation.

**SharePoint**
Throughout the year the resident will need to save documents to SharePoint for quick access by other members of the clinic and as rotation reference as they complete the residency year.
Documents can be saved on SharePoint by selecting SharePoint in the “save as” screen. All resident documents can be found on SharePoint in the “residency” folder.

**Staffing**
Staffing begins immediately following the Anticoagulation block rotation. Residents will divide to staff one clinic weekday each. If a resident needs a day off that they are scheduled to staff, the resident must switch shifts with another resident. When switching weekdays it is the resident’s responsibility to make sure they are remaining compliant with the duty hour policy and not missing more than 90% of any given learning experience. Requests must be made and approved by all preceptors involved and the RPD before the schedule posts. Requests to the RPD must come in email form with the appropriate preceptor(s) and resident(s) cc’d.

**Travel**
Travel is reimbursed for both ASHP Midyear and Western States. Residents will book flights through the Providence travel site and tickets will be paid directly through a Providence account.

The resident will receive reimbursement for conference registration, lodging, transportation to and from the conference, checked baggage fees, and up to $50 per day of food including tip. Residents will submit ITEMIZED, INDIVIDUAL receipts for items they want to submit for reimbursement. No alcoholic drinks will be reimbursed. A reimbursement form will be filled out and submitted by the resident along with ITEMIZED INDIVIDUAL receipts for reimbursement on their next paycheck.
Graduation Checklist

☐ “Achieve” 80% (27 out of 33) of all goals and objectives prior to the completion of the residency year

- R1.1.1 Interact effectively with health care teams to manage patients’ medication therapy
- R1.1.2 Interact effectively with patients, family members, and caregivers
- R1.1.3 Collect information on which to base safe and effective medication therapy
- R1.1.4 Analyze and assess information on which to base safe and effective medication therapy
- R1.1.5 Design or redesign safe and effective patient-centered therapeutic regimens and monitoring plans (care plans)
- R1.1.6 Ensure implementation of therapeutic regimens and monitoring plans (care plans) by taking appropriate follow-up actions
- R1.1.7 Document direct patient care activities appropriately in the medical record or where appropriate
- R1.1.8 Demonstrate responsibility to patients
- R1.2.1 Manage transitions of care effectively
- R1.3.1 Prepare and dispense medications following best practices and the organization’s policies and procedures
- R1.3.2 Manage aspects of the medication-use process related to formulary management
- R1.3.3 Manage aspects of the medication-use process related to oversight of dispensing
- R2.1.1 Prepare a drug class review, monograph, treatment guideline, or protocol
- R2.1.2 Participate in a medication-use evaluation
- R2.1.3 Identify opportunities for improvement of the medication-use system
- R2.1.4 Participate in medication event reporting and monitoring
- R2.2.1 Identify changes needed to improve patient care and/or the medication-use system
- R2.2.2 Develop a plan to improve patient care and/or the medication-use system
- R2.2.3 Implement changes to improve patient care and/or the medication-use system
- R2.2.4 Assess changes made to improve patient care or the medication-use system
- R2.2.5 Effectively develop and present, orally and in writing, a final project report
- R3.1.1 Demonstrate personal, interpersonal, and teamwork skills critical for effective leadership
- R3.1.2 Apply a process of on-going self-evaluation and personal performance improvement
- R3.2.1 Explain factors that influence departmental planning
- R3.2.2 Explain the elements of the pharmacy enterprise and their relationship to the health care system
- R3.2.3 Contribute to departmental management
- R3.2.4 Manages one’s own practice effectively
- R4.1.1 Design effective educational activities
- R4.1.2 Use effective presentation and teaching skills to deliver education
- R4.1.3 Use effective written communication to disseminate knowledge
- R4.1.4 Appropriately assess effectiveness of education
- R4.2.1 When engaged in teaching, select a preceptor role that meets learners’ educational needs
- R4.2.2 Effectively employ preceptor roles, as appropriate

☐ 90% attendance for each rotation
- Anticoagulation Triage: May miss a MAX of 2 days
  - Date missed: _____________
  - Date missed: _____________
- Anticoagulation: May miss a MAX of 2 days
  - Date missed: _____________
  - Date missed: _____________
- Disease State Management: May miss a MAX of 2 days
  - Date missed: _____________
  - Date missed: _____________
- Drug information: Will depend on length of elective
  - Date missed: _____________
- Management: May miss a MAX of 2 days
  - Date missed: _____________
- OB: May miss a MAX of 2 days
  - Date missed: _____________
  - Date missed: _____________
- Orientation: May miss a MAX of 2 days
  - Date missed: _____________
  - Date missed: _____________
- Outpatient: May miss a MAX of 2 days
  - Date missed: _____________
  - Date missed: _____________
- Primary Care: May miss a MAX of 2 days
  - Date missed: _____________
  - Date missed: _____________
- Providence VNA: May miss a MAX of 1 day
  - Date missed: _____________
- Transitions of Care: May miss a MAX of 2 days
- Date missed: _____________
  - Transplant: May miss a MAX of 2 days
    - Date missed: _____________
    - Date missed: _____________

☐ Reasonable progress of the quality improvement project as determined by the RPD
  - Project completion expectations ________________

☐ Completion and submission of a manuscript to the journal of the resident’s choice
  - Selected Journal ________________
  - Submission date ________________

☐ Successful completion of an administrative rotation with associated projects completed or passed on to the appropriate manager if completion of the project(s) was not anticipated by the preceptor
  - Project ________________ Completion expectations ________________
    - Completion date: ________________
  - Project ________________ Completion expectations ________________
    - Completion date: ________________
  - Project ________________ Completion expectations ________________
    - Completion date: ________________
  - Project ________________ Completion expectations ________________
    - Completion date: ________________

☐ Submission of completed teaching portfolio to Washington State University for approval and issuance of a teaching certificate
  - WSU residency workshop
  - Didactic lecture 1
  - Didactic lecture 2
  - 4 hours of small group/simulation teaching
  - APPE student
  - Residency reflection worksheet
  - ASHP poster presentation
  - Western States presentation
  - IPPE event
  - Attendance at 80 % of journal club/chalk talk activities in clinic (must attend 38 of the 47 days)
☐ Attend and present at ASHP Midyear and Western States
  o ASHP Midyear
  o Western States
☐ Attend Pharmacy Invitational Convergence on Antithrombotic Therapy (PICAT) and provide lunch and learns regarding material
  o Attend PICAT
  o Lunch and learns
☐ Complete at least 6 community outreach activities (1 every other month)
  o Camp STIX (June/July)
    o Activity 2 (Aug/Sept) ________________
    o Activity 3 (Oct/Nov) ________________
    o Activity 4 (Dec/Jan) ________________
    o Activity 5 (Feb/March) ________________
    o Activity 6 (April/May) ________________

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