

Steward Carney Hospital

2023 – 2024



PGY-1 Pharmacy Residency Handbook

Residency Program Director:

Melissa Tu, PharmD, BCPS
Pharmacy Clinical Coordinator

Director of Pharmacy:

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WELCOME!

Welcome to Steward Carney Hospital! We are pleased that you have chosen to participate in our pharmacy residency program.

At Steward Carney Hospital, we pride ourselves in providing a unique and innovative pharmaceutical care program. Patients are our primary customers, and we strive to ensure all patients receive the right medication at the right dose at the right time while simultaneously establishing a trusting pharmacist-patient relationship whenever possible. You will find all our pharmacists and technical staff are committed to providing good customer service for every one of our patients.

For the resident, we offer an opportunity to participate in an active pharmacy practice in a number of clinical settings. Members of our staff are committed to supporting the residency program and assisting residents throughout the residency year. It is a year for tremendous learning! Please do not hesitate to ask any staff members for assistance.

We hope you will enjoy your residency year at Steward Carney Hospital. We look forward to your many contributions to our program!

Melissa Tu, PharmD, BCPS
Pharmacy Clinical Coordinator
PGY1 Residency Program Director

RESIDENTS

PGY1 Pharmacy Residents (PGY1) at Carney Hospital

2022-2023 Alexis Miller, PharmD (Ohio Northern University, 2022)

PGY1 Pharmacy Residents (PGY1) at Norwood Hospital

2020-2021 Nancy Adindu, PharmD (Husson University, 2020)
Hussain Alali, PharmD (The University of California, San Diego, 2020)

2019 – 2020 Sydney Sakr, PharmD (MCPHS, 2019)

2018 – 2019 Robert McGee, PharmD (MCPHS, 2018)
Ethar Makhseed, PharmD (MCPHS, 2018)

2017 - 2018 Abdulaziz Alqarni, PharmD (MCPHS, 2017)
Emily Huynh, PharmD (MCPHS, 2017)

CARNEY HOSPITAL

Carney Hospital is a full-service, 159-bed community hospital in Dorchester, MA. Carney Hospital provides Dorchester and the surrounding Boston communities with convenient, local access to quality primary care, emergency medicine, and a range of specialties including critical care, family medicine, cardiology, and adolescent, adult, and geriatric psychiatry. An affiliate of Tufts University School of Medicine, Carney Hospital is a teaching hospital, training physicians in internal medicine. Steward Carney Hospital was designated Top Hospital for 2014, 2015, and 2017 by the Leapfrog Group. Carney Hospital is conveniently located in Dorchester, a neighborhood in Boston, MA.

Carney Hospital is part of the Steward Health Care System LLC. Additional information is available at www.carneyhospital.org



STEWARD HEALTHCARE

Steward Health Care is the nation's largest private, for profit physician led health care network in the United States. Headquartered in Dallas, Texas, Steward operates 44 hospitals in the United States and the country of Malta that regularly receive top awards for quality and safety. The company employs approximately 43,000 health care professionals who care for approximately 12.3 million patients annually. The Steward network includes multiple urgent care centers and skilled nursing facilities, substantial behavioral health services, over 7,900 beds under management, and approximately 2.2 million full risk covered lives through the company's managed care and health insurance services. The Steward Health Care Network includes more than 5500 providers across 800 communities.

PHARMACY SERVICES

Pharmacy Mission Statement

The mission of the Department of Pharmacy is to utilize the Department's unique body of knowledge of medications and medications systems to support and enhance the patient care experience.

This includes:

- Assuring that patients at our institution for whom medication therapy is indicated receive the most appropriate therapy to maximize the desired therapeutic outcomes, while minimizing negative outcomes, in a cost-effective manner.
- Serving as a resource of drug information and education for the institution.
- Being responsible for the acquisition, distribution, and control of all drugs on premises according to applicable laws and regulations.

Pharmacy Scope of Services

The Department of Pharmacy Services provides comprehensive pharmaceutical care to all inpatients and outpatients at Carney Hospital.

SERVICES OVERVIEW

1. Carney Hospital Pharmacy Department provides medication management and pharmaceutical care services for all inpatients and outpatients. Medication compounding/dispensing, drug information and clinical support services are provided to physicians and ancillary professional staff. Clinical services include medication monitoring for: appropriateness of therapy; drug interactions; patient allergies; appropriateness of dosing; formulary compliance and the clarification of any medication changes. All medication orders will be reviewed by the Pharmacy Department prospective to administration in accordance with best practices.
2. The Pharmacy Department implements changes to the formulary and medication management processes approved by the Pharmacy & Therapeutics Committee and reported by the Medical Executive Committee.
3. Members of the Pharmacy Department actively participate in all committees with business pertaining to medication therapy and medication management.
4. The Pharmacy Department procures/orders required medication, provides safe and secure storage and completes all required documentation. All required inventory control and disposition records related to controlled substances are completed and appropriately stored. Medications are dispensed as unit dose through automated dispensing machines, whenever possible.
5. The Pharmacy Department supports internal systems designed to achieve accurate and complete billing.
6. The Pharmacy Department is staffed from 6:30am – 11:30pm, every day of the year. Overnight remote services are provided by St. Anne's Pharmacy in Fall River, MA.
7. The Pharmacy Department provides medication distribution services and monitors medication storage for patient care areas within the hospital.
8. The Pharmacy Department monitors and measure quality standards associated with medication management processes.

CRITERIA FOR ADMISSION TO SERVICES

1. Pharmacy services are available to all inpatients admitted to the hospital, emergency department and outpatient surgical areas.
2. Individual medication orders are reviewed and implemented upon the receipt of the physician orders.
3. Pharmacists ensure the safe and effective delivery of medication therapy in a manner which meets regulatory requirements.

DEPARTMENT OBJECTIVES

The Department ensures:

- Appropriate quantities of required medications are properly stored and available for use.
- Medication preparation is completed accurately and efficiently.
- Patients do not receive any medication which is contraindicated.
- Adverse medication outcomes are prevented.
- Administration and billing documentation is complete and accurate.
- Quality improvement activities related to medication therapy and process/procedure/system review is ongoing.
- All regulatory requirements related to safe and effective medication management are met.

STAFF QUALIFICATIONS/COMPETENCIES

1. Registered Pharmacists complete 20 hours annually of mandatory continuing education to retain registration as defined by the Massachusetts Board of Pharmacy regulations.
2. Ongoing training/education is disseminated through one-on-one educational sessions, ASHP elearning, and Steward University.
3. Pharmacy Technicians require achievement of Registration as described by the Massachusetts Board of Pharmacy.
4. Competency assessments are achieved on an ongoing and annual basis for Pharmacists and Pharmacy Technicians through observation and didactic exams.

COMMUNICATION

1. Communication to the Pharmacy Department is accomplished via telephone, fax machine, the Hospital Information System platform, ADM scanning system, network servers, pagers, email and paper. All of these systems are crucial to communication and continuity of medication therapy.
2. Communication within the Pharmacy Department is accomplished via email, papers, department daily huddle meetings, and verbal and written inter-shift communication.

CARNEY HOSPITAL PHARMACY STAFF

Pharmacy Administration

Beth Leney, RPh, MSBA – Senior Director, Pharmacy Services, ext. 4828

Melissa Tu, PharmD, BCPS - Clinical Coordinator, Pharmacy, ext. 5241

Residency Program Director

Melissa Tu, PharmD, BCPS - Clinical Coordinator, Pharmacy, ext. 5241

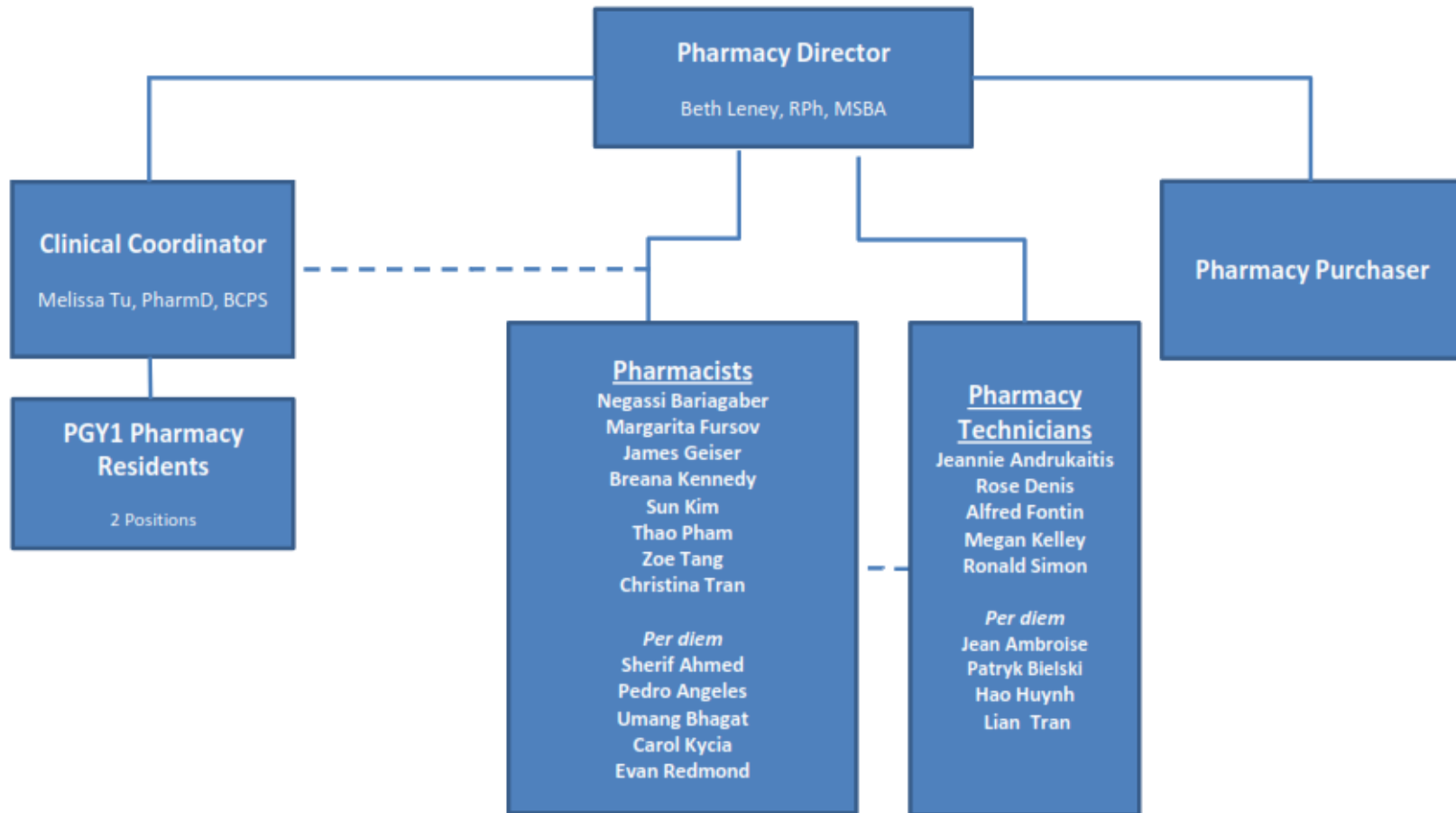
School of Pharmacy Contact for International Residents:

Kathy Zaiken, PharmD – Professor of Pharmacy Practice 617-732-2740

Massachusetts College of Pharmacy and Health Sciences University

Carney Hospital

A STEWARD FAMILY HOSPITAL



Carney Hospital Committees and Pharmacy Involvement

Pharmacy actively participates or is a standing member of the following hospital committees:

- Antimicrobial Stewardship Program (System and local)
- Clinical Pharmacy Enterprise (System)
- Critical Care Committee
- Code Blue Committee
- Frontline Leadership
- Infection Control Committee
- Pain Management Stewardship Program (System and local)
- Patient Safety Triage Team
- Pharmacy and Therapeutics (P&T) Committee (System and local)
- Policy Committee
- Quality Management Committee

CARNEY HOSPITAL RESIDENCY PROGRAM OVERVIEW

Residency Program Purpose

PGY1 pharmacy residency programs build on Doctor of Pharmacy education and outcomes to contribute to the development of clinical pharmacists responsible for medication-related care of patients with a wide range of conditions.

Our PGY1 Pharmacy Residency at Carney Hospital is intended to develop pharmacists into well-rounded, competent clinical practitioners, emphasizing evidence-based medicine and providing compassionate patient care as integral members of the multidisciplinary team. Upon completion, our resident(s) is/are qualified to practice independently or pursue specialized training with the capability and flexibility to adapt to future changes in healthcare. This includes eligibility for board certification and/or for postgraduate year 2 (PGY2) pharmacy residency training.

Program Outcome

The PGY1 Pharmacy Residency Program at Carney Hospital is intended to be a broad-based learning and practice experience. Upon completion it is expected that the resident will be a confident and capable practitioner who will be able to function in a variety of practice settings. The setting is largely inpatient acute care, with some learning experiences in ambulatory/managed care and long-term acute care, all as part of an interdisciplinary healthcare team. The program is designed to be broad in scope so as to allow the resident the opportunity to gain the skills necessary to function in these practice settings. The residency is also designed to allow the residents to develop strong communication skills that will allow them to educate other healthcare professionals, patients and the community. The acquisition of these skills should also afford them the opportunity to further enhance their knowledge through specialized training in a PGY2 residency or fellowship.

Pharmacy Residency Program: Accreditation & History

The Pharmacy Service offers a PGY1 Pharmacy Residency. Melissa Tu, PharmD, BCPS is the Residency Program Director. The program has been granted full accreditation status with the American Society of Health-System Pharmacists as of August 2010 under Steward Norwood Hospital.

In June 2020, Steward Norwood Hospital suffered catastrophic flooding which caused the hospital to temporarily close. ASHP has granted permission to move the residency program from Steward Norwood Hospital to Steward Carney Hospital until 2024 or until Norwood Hospital reopens.

Qualifications/Requirements of the Residency Program Director

The Residency Program Director (RPD) is appointed by the Director of Pharmacy to oversee the residency program; however, the Director of Pharmacy has ultimate responsibility for the program. The RPD has demonstrated sustained contribution and commitment to pharmacy practice, maintains high professional ideals, has distinguished herself in practice and has the desire and aptitude to teach. The RPD earned an advanced pharmacy degree and is also a Board Certified Pharmacotherapy Specialist.

The RPD will:

- Evaluate potential preceptors based on their desire and aptitude for teaching
- Appoint and re-appoint preceptors depending on the criteria described below
- Maintain a plan for assessing and improving the quality of preceptor skills and provide opportunities for improvement
- Meet with each preceptor to discuss resident evaluations at least as often as needed
- Annually review evaluations and make changes to the program

Preceptor Selection Criteria

Each rotation is assigned a qualified preceptor. Preceptors are selected based on their demonstrated competence in their respective area of practice, professional education and experience and desire and aptitude for teaching.

Procedure for Appointment of Preceptors:

- Preceptors will need to express their interest to the RPD and complete the required academic and professional record (APR) form
- Preceptor must meet criteria for sections 4.6, 4.7, 4.8. Based upon their record, the RPD will determine if they meet ASHP standards for qualifications of a residency preceptor. If they do not meet the standards, they will be considered a preceptor-in-training while attaining the required qualifications.
- All preceptors-in-training will be assigned a mentor. A documented preceptor development plan must be completed yearly with the plan to meet qualifications within two years.
- Preceptors must submit one quality improvement project proposal for RAC review per residency year.
- Preceptors must precept one resident rotation per residency year.
- Preceptors must attend at least one preceptor development session per year.
- Preceptors must attend at least 50% of all Residency Advisory Committee meetings

Procedure for Reappointment of Preceptors:

- RPD will complete a Preceptor Report Card annually. This will be reviewed with each individual preceptor in July. Preceptors will be graded as exceeds expectations, meets expectations, or needs improvement. The preceptor report card includes:
 - Five requirements of preceptors (annual APR, quality improvement project proposal, precepting one rotation, attendance at one preceptor development session, attendance at 50% of Residency Advisory Committee meetings)
 - RPD review of Pharmacademic resident evaluations of the preceptor
 - RPD overall comments
- Preceptors with any “needs improvement” on the Report Card will have a development plan for improvement put in place. This will be reviewed with the preceptor, RPD, and director of pharmacy.
- Preceptors who do not meet the standards/criteria as outlined above will not be reappointed.

Applicant Selection and Ranking Process

Application Requirements/Qualifications:

Eligibility:

- United States citizen or resident alien
- PharmD degree from a school of pharmacy accredited by the Accreditation Council for Pharmacy Education (ACPE)
- Licensed or eligible for licensure in Massachusetts on July 1st
- International applicants must have completed a pharmacy education or international training program and be a part of a Massachusetts College of Pharmacy and Health Sciences (MCPHS) affiliate agreement which requires sponsorship from the Saudi Arabia Cultural Mission (SACM), in addition to the above requirements.

How to Apply:

- Residency candidates should complete an electronic residency application using ASHP PhORCAS, which will include:
 - Letter of intent
 - Curriculum Vitae (CV)
 - Pharmacy school transcripts
 - Three (3) letters of recommendation including one from a faculty member and one from an employer

Complete applications must be received by the pre-determined due date listed in PhORCAS.

Timeline of Selection Process:

- **September:** RPD will register the program for the Match
- **October:** RPD will update ASHP Directory and residency website with any changes and deadlines for application submission
- **November:** RPD will update grading criteria in PhORCAS and add preceptors to WebAdMIT if needed
- **January:** Applications will be due within the first 4-5 days of the month.
 - By January 7th, the RPD will assign candidate applications to preceptors for review
 - By January 14th, all candidate applications must be reviewed and scores entered into WebAdMIT
 - By January 21st, candidates will be invited for interviews
- **February:** Candidate interviews
- **March:** Ranking submitted to the Match
 - If the program does not match a candidate and moves to Phase II, the RPD will review all Phase II applications, submit scores, and interview candidates.
- **April:** RPD will finalize and submit Phase II ranking (if needed).
 - If the program does not match a candidate and moves to the Post-Match, the RPD will review all Post-Match applications, submit scores, and interview candidates. An offer will be made to the candidate by the timeline specified by ASHP and the Match.

Application Review Process:

Review of applications and scoring will be conducted through the Pharmacy Online Residency Centralized Application Service (WebAdMIT program)

1. All completed applications will be reviewed by the residency program director and one preceptor. The residency program director will assign the preceptor(s) applications to review based on preceptor schedules and availability.
 - a. Each will score the applicant based on the pre-determined scoring rubric (see next section). Scores will be entered into WebAdMIT. Each score (preceptor score and RPD score) is added together for a final score.

Application Scoring:

1. *Letter of Intent* (clarity of career goals and the compatibility between goals and the residency program)

2. *CV* (rotation experiences in clinical pharmacy practice settings, involvement in organizations, leadership positions, posters/presentations)
3. *Letters of Recommendation* (knowledge base, professionalism, rotation experiences)
4. *Transcript/GPA* (grades in core pharmacotherapy courses, overall GPA)
5. *Work Experience* (experience in hospital pharmacy practice or other work experience during school)

Determining Invitation for Interview:

The residency program director will list each applicant with their corresponding score. The three highest ranking applicants for each position (PGY1 Traditional and PGY1 International) will be invited for an interview by the RPD. If time and schedules allow, it is the RPD’s discretion to invite more applicants for an interview.

Interview Scoring of Candidates:

Candidates will be scored on the following domains and interviewed by the following individuals:

DOMAIN	INTERVIEWER
Personality, manner, attitude and impression	Residency Program Director
Motivation	Resident(s)
Professional goals	Director of Pharmacy
Human relations	Director of Pharmacy
Decision-making skills and judgment	Preceptor(s)

Each domain is scored based on a 4 point scale, with criteria specific for each domain:

- 1-Poor
- 2-Acceptable
- 3-Very Good
- 4-Outstanding

Candidates will receive a score for each domain and an overall impression score from each interviewing pharmacist. These scores will be tallied and summed to create an overall score.

Ranking of Candidates:

An initial Rank Order List will be developed based on these overall scores. The Residency Advisory Committee will meet to review all scores, candidate comments, and overall impressions. The Residency Advisory Committee will develop a finalized rank list by the end of this meeting. If a consensus is not able to be reached by the Residency Advisory Committee, the RPD will finalize the Rank Order List. The RPD will enter the Rank Order List into the Match website by the due date.

Phase II Match Process:

The program will participate in the Phase II Match, if necessary. The process above will be followed, however it will be abbreviated based on the short timeline. The RPD will review all Phase II applications, submit scores, interview candidates, and submit the final rank list. The program seeks to fill all open residency positions each year.

Post-Match Process:

The program will participate in the Post-Match, if necessary. The process above will be followed, however it will be abbreviated based on the short timeline. The RPD will review all Post-Match applications, submit scores, and interview candidates. An offer will be made to the candidate by the timeline specified by ASHP and the Match. The program seeks to fill all open residency positions each year.

Communication to Matched Residents:

Upon successfully matching, the RPD will send an official letter of acceptance to the incoming resident(s). This letter will include the following:

- Information on the pre-employment requirements (e.g. licensure within 90 days of hire and human resources requirements such as drug testing, criminal record check) and other relevant information (e.g. benefits and stipend)
- Instructions for applying for the position within the organization
- Start date of residency
- Requirements for successful completion of the residency

The Residency Handbook will also be sent to the matched residents.

After completing the application for employment within the organization, the resident will receive an official Job Offer of which they must accept and send back within the time specified by Human Resources.

Residency Program Functions and Responsibilities

Director, Department of Pharmacy

The Director of the Department of Pharmacy has ultimate responsibility for the residency program and has appointed the Residency Program Director who provides the coordination and oversight for the residency program. In the absence of the Residency Program Director, the Director of Pharmacy will be the primary point of contact.

Residency Program Director

The Residency Program Director is appointed by the Director of Pharmacy, to coordinate and oversee their respective residency program. The Residency Program Director is a member and Chair of the Residency Advisory Committee. The RPD is accountable to the Director and is responsible for ensuring that:

1. Residents are adequately oriented to the residency and Pharmacy Services
2. Overall program goals and specific learning objectives are met
3. Training schedules are maintained
4. Appropriate preceptorship for each rotation is provided
5. Resident evaluations based on the pre-established learning objectives are routinely conducted
6. The residency program meets all standards set by ASHP
7. Communication with residents is maintained throughout the program to ensure an optimal experience and to resolve problems or difficulties
8. All resident requirements are completed prior to recommendation for certification

Quality Improvement Preceptors

The quality improvement preceptor(s) will be assigned to each resident. The preceptor(s) responsibilities include:

1. Advising the resident in defining a project that will be completed within the residency allotted time
2. Assisting the resident in developing the plan, do, study, act (PDSA) cycles.
3. Assisting the resident in obtaining any approvals (i.e., Institutional Review Board or IRB) if necessary
4. Ensuring that the resident maintains progress on the project according to the timetable
5. Guides the resident on data collection, data analysis, and summary of results
6. Assists the resident in preparation of the poster at the ASHP Midyear Convention.
7. Assists the resident in preparation of the platform presentation at the Eastern States Conference for Residents, Fellows, and Preceptors
8. Ensures that the resident's quality improvement project is written in manuscript form suitable for publication as required by the residency requirements

Rotation Preceptors

Each rotational experience is directed by a pharmacy preceptor who is responsible for:

1. Developing rotational goals and specific learning objectives for the rotation, in conjunction with the RPD
2. Reviewing the rotational goals and specific learning objectives with the resident at the beginning of the rotation
3. Introducing the resident to the general work area and people with whom he/she will be working
4. Describing the daily activities and work flow patterns involved in the rotation, including useful information such as frequently used phone numbers and where to find form
5. Meeting with the resident on a regularly scheduled basis;
6. Helping the resident achieve the rotation objectives by providing direction to the appropriate resources;
7. Providing a midpoint and final evaluation of progress toward rotation learning objectives which is discussed with the resident (verbal and/or written feedback throughout the rotation; final evaluation must be written and documented within PharmAcademic)

Resident Responsibilities and Expectations

Residents will actively participate in the provision of pharmaceutical care, the decision-making process of providing patient services, and will attain the knowledge, skills, and understanding to participate in these activities. The resident's assignments, rotations and other planned activities will contribute to the resident's management of priorities, time, resources and activities external to the residency. The resident will be expected to:

- Follow all Carney Hospital rules and codes of conduct in accordance with professional, respectful, courteous and confidential behavior
- Be in prompt attendance for all assigned rotations, scheduled meetings, conferences and seminars
- Professional attire always: **NO** casual, revealing, trendy attire
- Complete projects within deadline or give reasonable notification of delays
- Perform within guidelines provided by the hospital's and pharmacy service's policies and procedures
- Notify rotation preceptor one week in advance of each new rotation
- Solicit constructive verbal and documented feedback (e.g., evaluations) from their preceptor prior to the completion of each rotation
- Maintain a Resident Folder on the pharmacy share drive which will include, but not be limited to (*Resident may choose to upload all items listed below in Pharmacademic*):
 - Resident Development Plan, Duty hour log, Resident Self-Evaluations, MUEs, in-service presentations, CEs, final evaluation of program/preceptors/RPD, and quality improvement project (abstracts, poster, platform presentation, manuscript).
- Provide rotation and preceptor evaluations at the completion of each assigned rotation. This must be completed within 7 days of the completion of the rotation.
- Notify the RPD and preceptor of any absence due to illness
- Submit all leave requests to the Director of Pharmacy **AND** RPD as soon as possible
- Complete all residency requirements within the residency year

Residency Advisory Committee (RAC)

The Residency Advisory Committee is established in accordance with the American Society of Health-System Pharmacists (ASHP) Accreditation Standards for Residency Programs.

A. Purpose

The purpose of the RAC is to guide the overall pharmacy residency program(s) at Steward Carney Hospital with respect to the established ASHP Accreditation Standards. This includes maintaining standards with respect to qualifications of the training site, residency program directors and preceptors, and resident selections, as well as the residency training program and pharmacy service, resident and program evaluations, and certification. The executive committee serves as the decision-making body with regards to the program and represents the advisory board in their decisions.

B. Responsibilities and Functions

In conjunction with the residency program director:

1. Reviews, maintains and assures that the residency program is in compliance with current ASHP accreditation standards.
2. Maintains, reviews, and approves the annual Residency Program Handbook.
3. Annually reviews the qualifications of the Residency Program Director(s) and 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 and selection of the resident.

6. Reviews, maintains and updates the educational and experiential learning experiences of the residency program(s) which will also be consistent with the current ASHP guidelines.
7. Annually reviews the incoming resident's individualized plan for residency, training schedule and learning objectives and quarterly reviews the resident's progress in the residency.
8. Reviews potential residency quality improvement proposals for feasibility, design and unique contribution to the department/hospital.
9. Conducts corrective actions and dismissals as necessary, under the advisement of the Residency Program Director.

C. **Membership**

The RAC is comprised of all preceptors involved in the PGY1 residency program, Director of Pharmacy and Residency Program Director.

D. **Meetings and Minutes**

The RAC will meet at least quarterly and will maintain a permanent record of its proceedings and actions. Minutes of each meeting will be prepared by a designated member and be maintained by the RPD.

PHARMACY RESIDENT JOB DESCRIPTION

PGY-1 PHARMACY RESIDENT AT CARNEY HOSPITAL (12-month trainee appointment)

EXPERIENCE AND TRAINING: The applicant must be a graduate from an ACPE-accredited Doctor of Pharmacy (Pharm.D.) program. The applicant must be a citizen of the U.S.A., or hold a visa allowing for the completion of the residency year. Carney Hospital cannot sponsor your visa. The applicant must desire to be a highly motivated pharmacist wanting advanced education and training that leads to an enhanced level of professional pharmacy practice.

International applicants must have completed a pharmacy education or international training program from the Massachusetts College of Pharmacy and Health Sciences University (MCPHSU) or be part of a MCPHSU affiliate agreement.

SPECIAL/MANDATORY REQUIREMENTS: Residents in this program may be required to travel. The resident must be licensed to work as a registered pharmacist in the State of Massachusetts no later than 90 days after the start date of the residency year, or the resident will be terminated from employment. The resident must adhere to the rules of the resident matching program (RMP) process, and utilize the PhORCAS system for the application process.

PREFERRED EXPERIENCE: Preference for interview invitations will be given to those applicants with hospital pharmacy experience, knowledge of the principles and practices of pharmacy and pharmacology and their application to the operation of a hospital pharmacy or outpatient facility, knowledge of relevant Federal and State laws, considerable interpersonal skills, oral and written communication skills, ability to maintain records, demonstrable teaching ability, a documented history of research and/or publication experience, a history of presentations to a multidisciplinary and/or professional meeting audience, leadership in professional organizations, and those with awards/honors within pharmacy and community service.

WORKING CONDITIONS: Residents in this program may have significant exposure to communicable and/or infectious diseases and risk of injury from assaultive and/or abusive patients, may be exposed to disagreeable conditions and may be required to do some lifting. The employee must also be able and willing to be mobile across the Carney Hospital campus on a regular basis and to be able to walk and stand during working hours.

SUPERVISION RECEIVED: Works independently, but in accordance of and under the supervision of the Residency Program Director (RPD).

EXAMPLES OF DUTIES: The resident will be a self-directed, independent, motivated learner guided by the RPD and the appropriate preceptor(s) for each learning experience. In addition to learning experience rotations, the resident will serve as a staff pharmacist one evening every other week and one weekend per month (Saturday and Sunday, 8-hour workday shifts) and is accountable for the preparation and distribution of all medications to patient care areas and providing clinical pharmacy services to both inpatient and outpatient physicians and other hospital personnel. In this capacity, a resident: provides prescription services to inpatients; checks unit dose medication for appropriate drug, dose, quantity and packaging integrity; facilitates availability of first doses and specialty items; maintains adequate medication supplies; completes monthly controlled substances audits and quality assessment rounds; maintains and enforces the documentation and security of narcotic supplies; checks medication orders for therapeutic appropriateness; checks transcription of medication orders; updates medications on administrative records; provides pharmacokinetic monitoring of patients receiving specific drugs and ensures that serum concentrations are drawn; observes for adverse drug reactions; documents all medication incident reports; provides medication counseling to patients upon request; provides drug information to physicians, nurses, patients and other health care professionals; documents interventions with health care personnel related to drug therapy; oversees deliveries to patient care floors; compounds IV medication; performs drug utilization evaluations on medications; participates in patient care rounds; attends departmental staff meetings and

educational seminars; provides in service education to hospital health care professionals; maintains patient confidentiality; performs related duties as required. The resident will be required to attend Pharmacy and Therapeutics (P&T) Committee meetings with the Clinical Coordinator and RPD. The resident will be required to complete PharmAcademic evaluations in a timely manner, both for the learning experience(s) and preceptor(s). The resident will be required to complete a Teaching and Learning Seminar during the residency year. The resident will be required to successfully design, complete IRB submission for approval/exemption, carry out, and develop a manuscript of a major project to be determined within the first two months of the residency start date. The objective is to present a poster at the ASHP Midyear Clinical Meeting and the results at the Eastern States Residency Conference. A manuscript suitable for publication will be developed and completed by the end of the residency year, and publication is strongly encouraged, though not required.

SCHEDULE: This is a salaried position. In accordance with ASHP Accreditation Standards, the resident will be limited to 80 hours per week, averaged over a four-week period, inclusive of all in-house activities. The resident shall be required to staff as described above.

FULL TIME EQUIVALENT MINIMUM SALARY AND BENEFITS: \$50,000 paid on a biweekly basis, with health insurance, 10 days of paid vacation, and reimbursed for travel expenses to the ASHP Midyear Clinical Meeting and Eastern States Regional Residency Conference.

APPLICATIONS: Must be received via PhORCAS by January 4. The following items are required to have a complete application and be considered for an on-site interview:

1. Letter of intent
2. Official transcript
3. Curriculum vitae
4. Three letters of recommendation, preferably from:
 - a. Employer
 - b. Preceptor / faculty
 - c. Applicant's choice

Selected candidates will be required to conduct an on-site interview (at their own expense). At the discretion of the RPD and DOP, international track candidates may be invited to conduct a video conference interview in lieu of an on-site interview where travel to the site is not feasible in the selected timeframe. In accordance with Carney Hospital policy and procedures, all appointments are subject to clearance of a criminal background and federal sanctions check and a pre-employment physical. Continuation is contingent upon successful completion of a probationary period (orientation experience), satisfactory employment performance, adherence to all applicable Carney Hospital policies and compliance regulations, and obtaining your Massachusetts pharmacist licensure no later than 90 days after start date.

RESIDENCY POSITION INFORMATION

Pay and Benefits

Period of Appointment: 12 months, from beginning of July through end of June

Salary: \$50,000/year

Benefits: 10 days (two working weeks) Paid Time off (PTO or vacation), 4 holidays (Memorial Day or Labor Day, July 4th, Thanksgiving Day or Christmas Day, and New Years Day), and Authorized Absence (leave with pay) to attend selected professional meetings. Medical and dental insurance is available. 5 sick days are available, prior to use of vacation days being used for illness.

Licensure

A pharmacy resident must be a licensed pharmacist in Massachusetts within 90 days from the start of the residency program. Failure to obtain pharmacist licensure in Massachusetts within 90 days from the start of the residency program will result in dismissal from the program. See **Licensure Policy** on page 23.

Leave

Leave must be requested in advance, preferably 4 weeks, and approved before being taken. Request for paid time off is carried out by a request in writing/email to the RPD and Director of Pharmacy for review. The resident will make every reasonable effort to schedule the leave so as not to burden the program. In the case of a planned leave, such as for the birth of a child, the resident should notify the RPD as far in advance as possible in order for the program to facilitate appropriate scheduling.

- 1. Paid Time Off (PTO, vacation)** is given as 10 working days. Paid time off can be used for rest, relaxation, and recreation as well as time off for personal business (e.g., licensure examinations, job interview) and emergency purposes (e.g., auto repair). Since residents cannot miss more than **10 days** in any rotational experience, those planning vacations greater than **1 week** need to schedule the vacation across two rotations. Once approved by the RPD, the resident should discuss all Paid Time Off days with the preceptor of the rotation they will be absent from in advance.
- 2. Sick leave (SL)** is granted as 5 days per residency year and can be used for illness and injury as well as medical, dental, optical and other medically-related appointments or procedures. Unplanned sick leave must be reported as soon as you determine you will not be able to come to work and preferably at or prior to the beginning of your scheduled duty. It is the resident's responsibility to directly notify the immediate supervisor and preceptor of their rotational area and the Residency Program Director of the absence (voice messages and emails are not acceptable). **The resident must call in sick for each consecutive day of illness. If you require sick leave for more than 3 consecutive work days, you must furnish medical certification by a physician attesting to the need for sick leave during the period of absence.** Residents cannot miss more than **10 days** in any 1 month rotational experience (due to annual, sick, or authorized leave) and need to plan accordingly. Sick leave may also be used for family care, adoption-related purposes, or bereavement for a family member.
- 3. Additional leave** is if your request for sick leave exceeds the amount of granted sick leave hours, paid time off will be used. If paid time off hours are exhausted, the resident must take Extended Leave. See the **Extended Leave** policy on page 22.
- 4. Authorized absence (AA, leave with pay)** is granted when you are conducting Carney Hospital related activities at a location other than Carney Hospital, or pursuing professional ventures outside the immediate Carney Hospital area. Conventions and training seminars are examples that require authorized absence. Authorized absences must be requested in advance, preferably 4 weeks or more, in writing/email to the RPD and Director. A justification (including city and state of the training) for the AA should be noted in the request.
- 5. Court Leave** during your residency program is discouraged due to the high demands of the program within a limited

training period. Residents are encouraged to request deferment of jury duty requests; however, should you wish to participate, you must notify the RPD as early as possible.

6. **Extended Leave** is granted on a case-by-case basis and must follow the Carney Hospital requirement for FMLA leave. This includes maternity and paternity leave. All Carney Hospital HR policies must be followed including HR 28 Leave of Absence Policy. If extended leave is used, the residency program will be extended equal to the time away from the program. Any absence resulting in greater than 12 weeks away from the residency program will result in dismissal from the residency. See ***Extended Leave Policy*** on page 22.

Licensure Policy

PGY1 Pharmacy Residency Program *Licensure Policy*

PURPOSE: To establish policy and procedures for pharmacist licensure

POLICY: A pharmacy resident must be a licensed pharmacist in Massachusetts within 90 days from the start of the residency program. Failure to obtain pharmacist licensure in Massachusetts within 90 days from the start of the residency program will result in dismissal from the program.

PHARMACIST LICENSURE:

Proof of Licensure: Required upon entry into the residency program. If pharmacist licensure is not available, pharmacy intern license is sufficient in the interim, but must be currently valid from the state of Massachusetts for the duration of time in which the resident is not licensed as a pharmacist. All pharmacist activities, however, will require direct supervision until proof of pharmacist licensure is provided. Documentation of intern license and/or pharmacist license must be provided to the RPD at the start of the residency program. The RPD is responsible for verifying this by visiting the Massachusetts Health Care Safety & Quality License Verification Site.

Computer Access: Computer access will be restricted to that appropriate for a pharmacist trainee until the resident can provide proof of pharmacist licensure. These menus require preceptor review and co-signature. Access to computer menus appropriate for pharmacists will be assigned to residents when proof of pharmacist licensure is provided.

Service Commitment: Service commitment responsibilities will not be scheduled until the resident has provided proof of pharmacist licensing. Proper training will be provided prior to service commitment. All service commitment requirements must be met to satisfy the completion of the residency program.

Extended Leave Policy

PGY1 Pharmacy Residency Program *Extended Leave Policy*

PURPOSE: To establish policy and procedures for extended leave due to extenuating circumstances during the residency year

POLICY: A pharmacy resident may encounter extenuating circumstances during the year that would require the use of extended leave. In the event that a resident would request/require extended leave the following policy would be utilized:

Extended Medical Leave/Personal Leave

The residency program is a minimum of 52 weeks in duration, with approximately the first 6 weeks as orientation/training. In the event of a serious medical or personal condition requiring extended leave, residents may take any accumulated vacation and sick time, and still complete the residency program on schedule.

If the resident needs additional time off, they must follow the Carney Hospital requirement for Family Medical Leave Act (FMLA leave) in HR policy, HR 28 Leave of Absence Policy. Any additional required time off will result in extending the program equal to the time away from the program. Each extension is reviewed on a case-by-case basis by the RPD and Director of Pharmacy, but may not exceed more than 12 weeks in total. Dismissal from the program will occur if the extended leave is greater than 12 weeks.

A proposed plan for the individual resident will be developed by the Residency Program Director to assure that requirements for the residency are successfully met and that the individual resident and all other residents are treated fairly. This plan will be developed in conjunction with the Residency Advisory Committee. If the extended leave will result in the individual resident extending his/her residency program, all program requirements, including the requirement for a minimum of 12 months of training, must still be met by the end of the residency year.

Disciplinary and Dismissal Policy

PGY1 Pharmacy Residency Program *Disciplinary and Dismissal Policy*

1. Probationary period:
 - a) probationary period is in affect during the first ninety (90) days of employment
 - b) probationary period may be extended in writing for an additional 30 days

2. Mandatory standards: 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) Optimally, Massachusetts licensure should be received by July 1st. If the resident does not obtain licensure within the first 90 days, the resident will be dismissed from the program.
 - b) Completion of hospital and departmental orientation and all accompanying material by week six, as outlined in the Orientation Learning Experience.
 - c) Demonstrate proficiency in preparation and distribution of medications by week six

3. Disciplinary policy: If it is determined through documentation that the resident is not meeting the program criteria, the following actions may be taken:
 - a) Written notification provided to the resident detailing the disciplinary issue against the resident with a corrective action plan
 - b) A meeting arranged with the Director of Pharmacy, Residency Program Director and the resident to discuss the issue
 - c) The corrective action plan and specific goals for monitoring progress will be agreed upon by the resident, Residency Program Director, and the Director of Pharmacy.
 - a. The plan will be implemented which affords the resident an opportunity to demonstrate improvement. Benchmark(s) to demonstrate improvement will be provided to the resident in writing.
 - d) Corrective actions will be evaluated before the next scheduled quarterly evaluation, within a time specified by the RPD.
 - e) Upon evaluation of the issue, an outcome will be decided which includes one of the following:
 - a. If the resident demonstrates satisfactory improvement, the resident may continue the program.
 - i. If the resident does not demonstrate improvement, a second written warning with corrective action plan will be given to the resident. This plan will include specific goals for monitoring progress.
 - a. Corrective actions for the second written warning will be evaluated before the next scheduled quarterly evaluation, within a time specified by the RPD.
 - i. If the resident demonstrates satisfactory improvement, the resident may continue the program.
 - ii. Failure to meet the requirements outlined in the second corrective plan within a time specified by the RPD and Director of Pharmacy will result in dismissal from the program.

RESIDENCY REQUIREMENTS OVERVIEW

Professional Commitment

The resident's primary professional commitment must be to our residency program. The resident must be committed to:

1. The mission of the Carney Hospital Department of Pharmacy
2. Completing the goals and objectives for training established by our residency program
3. Making active use of the constructive feedback provided by our residency program preceptors and to actively seek constructive verbal and documented feedback that directs their learning

Time Commitment

A residency is a full-time obligation. It provides an exceptional learning opportunity that demands considerable time commitment from the resident to meet the residency requirements for certification. The resident must manage his/her activities external to the residency so as not to interfere with the program. It is anticipated that a minimum of 2100 hours will be required to successfully complete the program. Some of the program activities and the estimated time requirements are listed below.

Residents are expected to spend the majority of their time in patient care related activity generally including a minimum of eight (8) hours per day on patient care activities. Time spent attending scheduled meetings, case presentations, etc. will be considered patient care activities. Preparation for these scheduled meetings will not be considered patient care activities. Should scheduling conflicts arise between patient care and non-patient care related activities, contact the Residency Program Director. Additional time dedicated to presentations, assignments and the residency quality improvement project will be required. This time will vary throughout the year.

Duty Hours

The pharmacy residency program complies with the ASHP duty-hour minimum standards for pharmacy residents. These standards have been established for the benefit of patient safety, provision of fair labor practices (treatment of the residents) and minimization of risks of sleep deprivation.

Residents must complete the Resident Duty Hours monthly in PharmAcademic. The resident must comply with duty hour regulations as outlined below:

- **Scheduled duty periods:** Assigned duties regardless of setting are required to meet the educational goals and objective of the residency program and it should meet the standards established by the Accreditation Standard for Pharmacy Residencies. <https://www.ashp.org/-/media/assets/professional-development/residencies/docs/duty-hour-requirements.pdf>
- **Maximum hours of work per week and Duty-free time:** Duty hours are limited to 80 hours per week, averaged over a four-week period, inclusive of all in-house activities. Residents must be scheduled for a minimum of one day (i.e. 24 continuous hours) of seven days free of duty (all educational, clinical and administrative responsibilities), averaged over a four-week period. Duty hours do *not* include reading and preparation time spent away from the duty site. Additionally, residents should have 10 hours between scheduled duty, but **MUST** have 8 hours minimum between duty periods (e.g., if the resident completes evening staffing at 10p, they cannot report for duty until after 6a the next day).
- **Maximum Duty-Period Length:** Continuous duty periods of residents should not exceed 16 hours.

Outside Employment During Residency Program (Moonlighting)

Definition: Voluntary, compensated, pharmacy-related work performed outside the organization (external), or within the organization where the resident is training (internal), or at any of its related participating sites. These are compensated hours beyond the resident's salary and are not part of the scheduled duty periods of the residency program.

The resident's primary professional commitment must be to the residency program. A residency is a full-time obligation. It provides an exceptional learning opportunity that demands considerable time commitment from the resident to meet the residency requirements for certification. The resident must manage his/her activities external to the residency so as not to interfere with the program. For this reason, **moonlighting or outside employment of any kind is not permitted during the residency year.**

Professional Conduct

Residents are expected to conduct themselves in a professional manner consistent with the Carney Hospital mission, vision and values and in a manner reflecting credit upon themselves and Carney Hospital. Residents are expected to abide by the hospital's conduct regulations as delineated in the Carney Hospital employee Handbook and policies including, but not limited to general standards of conduct, conflict of interest, outside employment, use of state government property, treatment of patients, patient confidentiality, HIPAA Privacy rules, ethical behavior and prevention of sexual harassment.

In return, residents can expect fair and considerate treatment, favorable working conditions, and a sincere concern on the part of Carney Hospital for them as individuals. Although few residents have to face disciplinary actions, the resident can be assured that such actions will be in accordance with Carney Hospital policy and may be in the form of admonishment and reprimand which could ultimately result in removal from the residency program.

Residents will actively participate in the provision of pharmaceutical care, the decision-making process of providing patient services, and will attain the knowledge, skills, and understanding to participate in these activities. The resident's assignments, rotations and other planned activities will contribute to the resident's management of priorities, time, resources and activities external to the residency.

Professional Attire

All employees are to dress in neat, appropriate professional attire. Lab coats may be worn to protect clothing. Pharmacy management will determine what constitutes appropriate and professional attire.

The following list includes, but is not limited to the type of dress considered inappropriate:

- T-shirts with sayings
- Shorts
- Flip flops
- Midriff tops
- Ragged jeans
- Halter tops
- Sweat suits
- Form-fitting pants
- Sunglasses (except for medical reasons)
- Hats (except for religious or medical reasons)

Residents will be expected to abide by established Carney Hospital dress code at all times within the facility. Professional appearance and proper attire is of concern to the extent that we provide services to patients, nurses, and medical staff. The following are expected of pharmacy staff, pharmacy residents and pharmacy students:

1. Attire should reflect a professional appearance, be neat and in good repair, clean, free of holes, stains and significant fading and should be safe for the function of the assignment
2. Clothing will not be revealing or sexually provocative. Attire that reveals the chest or exposes the bare midriff, bodice or abdomen is prohibited.

3. Clothing, such as excessively baggy trousers, pants that drag the floor, shorts and skirts shorter than mid-thigh, belly shirts are also prohibited. Undergarment style T-shirts, or shirts with slogans or pictures will be deemed as unacceptable.
4. Employees will wear footwear that is conducive to a quiet and safe medical center environment. Footwear that has cleats or is otherwise excessively noisy is considered inappropriate. All footwear should be kept neat and clean. Sneakers may be worn when appropriate for the business setting. Unsafe shoes like flip flops, open-toed shoes and slipper-like shoes are considered inappropriate and are not conducive to safety standards.
5. Hair should be neat, clean, and appropriately styled for the work setting. Facial hair, such as mustaches, beards, and/or sideburns must be clean and neatly trimmed.
6. Carney Hospital-issued Photo Identification badges will be worn at all times while at Carney Hospital.

Professional Self-Responsibility

Residents are expected to take self-responsibility for their professional behavior during all aspects of the residency program. Residents are expected to perform within the guidelines provided by the hospital and pharmacy service's policies and procedures. Residents are expected to strive for good time management and as such, to be in prompt attendance for all assigned rotations, scheduled meetings, conferences, and seminars. Residents should complete projects within the stated deadline or give a reasonable notification of delays to those in expectation of the project.

For each rotational experience, residents are expected to notify their rotation preceptor 1 week in advance of rotation starting date. Residents must take it upon themselves to solicit constructive verbal and documented feedback (e.g., evaluations) from their preceptor prior to the completion of each rotation. This includes reminding preceptors for feedback throughout the rotation (verbal), at the midpoint (optional), and at the completion of the rotation (required). In turn, each resident is required to provide rotation and preceptor evaluations at the completion of each assigned rotation.

Service Commitment Requirements of the Residency Program

Service commitment (a.k.a. staffing) will not be scheduled until the resident has evidence of ability to work closely under the supervision of a licensed staff member or as a licensed pharmacist him/herself. Proper training will be provided prior to staffing. Staffing requirements will be discussed during orientation and may be subject to change during the residency year. At the start of the residency year, the resident will begin staffing every fourth weekend, Saturday and Sunday, 8-hour workday shifts (e.g., 7:00a – 3:30p). Beginning on/after September 1 of the residency year, the resident will also staff one evening shift every other week (e.g., 1:30p – 10p). Careful attention to ASHP Duty Hours will be made by the resident and monitored through Pharmacademic. The resident is responsible for staffing one major holiday (either Thanksgiving Day or Christmas Day) and one minor holiday (either Labor Day or Memorial Day).

Satisfactory Completion of All Rotations

To successfully complete each rotational experience, the resident must be present during the rotational experience. Since **residents cannot miss more than 10 days in any 1 month rotational experience** (due to annual, sick or authorized leave), those planning vacations greater than 1 week need to schedule the vacation across two rotations. Also, to successfully complete each rotational experience, key rotational objectives must be achieved and signed off by both the preceptor and resident. If, in the opinion of the preceptor, the resident has not successfully completed the assigned rotational or staffing experiences, justification for failure to do so will be provided by the preceptor, which will be immediately reviewed by the Residency Advisory Committee. Unsatisfactory completion of any required rotation will result in repeat of the rotation during the resident's elective rotation. All resident evaluations will be reviewed quarterly by the RAC.

Satisfactory Completion of All Evaluations

Residents must complete all required evaluations for the residency program prior to successful completion (see Section on Evaluations). Residents must solicit constructive verbal and documented feedback (e.g., evaluations) from their preceptor prior to the completion of each rotation. Residents must make active use of the constructive feedback provided by their preceptors and RPD. Residents must provide rotation and preceptor evaluations within 7 days of the completion of each assigned rotation.

Quality Improvement Project

The intent of the quality improvement project is to provide the resident with the opportunity to develop the skills and processes necessary to perform research. Completing the project requires formulating an aim, creating a study design, conducting a literature search, perhaps performing a pre-study to determine feasibility and value, conducting the actual study, interpreting the study data and presenting the results. This project may take a year to complete and culminates in the final presentation being given at the Eastern States Conference.

A manuscript suitable for publication will be developed and completed by the end of the residency year.

Committee Membership and Participation

As a longitudinal requirement of the residency, all residents will participate in the Pharmacy & Therapeutics (P&T) Committee. Additionally, residents will participate in committees at the discretion of the RPD, Director of Pharmacy and/or rotation preceptors.

Pharmacy Education Presentations

All residents will be required to complete one knowledge-based pharmacy education presentation (CE). The presentation will be delivered to the pharmacy staff and pharmacy students at Carney Hospital during an assigned time. The resident will also prepare a slide deck which includes learning objectives for the presentation. After the presentation, the resident will evaluate their own performance which will be discussed with the Residency Program Director. Additionally, all attendees will be responsible for evaluating the performance of the resident.

In-service Education Presentations

In-service education opportunities afford residents experience in presenting brief, concise drug-related or pharmacy-related information to pharmacists as well as other health professionals, such as physicians, nurses or dietitians. A standardized evaluation form is available on the pharmacy department share drive. It is the responsibility of the presenting resident to assure enough copies are on-hand for attendees to fill out and turn-in.

All residents have the option of presenting at Noon Conference to the resident/intern medical staff at Carney Hospital. This is a 45 minute education presentation on a topic of choice, however the RPD may choose the topic for the resident. Although this education presentation is not required, it is highly recommended to gain more experience educating medical staff.

Pharmacy Residents' Student Preceptorship Responsibilities

Residents will participate as pharmacy student co-preceptors during many of their residency rotations. Although dependent on the rotation, residents will be oriented to their pharmacy student co-preceptor role, which generally includes basic instruction (such as didactic lectures or presentations), modeling (such as rounding, case presentations, discussions), coaching (while on rounds or during student presentations), and evaluation (such as providing immediate feedback and participating in grading). Pharmacy residents will never be a pharmacy student's primary preceptor. Any issues or problems encountered with any student should be discussed with student's primary preceptor.

Carney Hospital Travel (Midyear, Eastern States, Miscellaneous conferences)

There are various educational opportunities throughout the residency year and they represent an exciting and enjoyable part of the residency experience, offering residents an opportunity to further enhance their learning. There are also many rules and responsibilities that govern the residents' ability to participate in such opportunities. Therefore, Carney Hospital provides the following guidelines for attendance, leave, travel, reimbursement and participation in these educational opportunities.

Attendance

Attendance will be determined by the Director of Pharmacy and/or Residency Program Director based upon available funds and relevance/importance of the conference to the resident's intended training.

Leave

In advance of the conference, residents and Residency Program Directors will request Authorized Absence for the weekdays of the conference, i.e., Monday – Friday. Should participants wish to extend their trip beyond the conference dates, personal leave should be requested and approved in advance.

Travel

Travel assistance may be provided for attendance at conferences. When travel assistance is required please speak to either the Director of Pharmacy or RPD for guidance on completing travel requests and making travel accommodations.

Expenses/Reimbursement: TBD by Director of Pharmacy and RPD

Participation

All attending residents will attend the conference in its entirety unless specified otherwise by the Director of Pharmacy or RPD. All residents and RPD (if attending) will be expected to attend the presentations of all other Carney Hospital residents, specifically at the Eastern States Residency Conference.

LEARNING EXPERIENCES

Please refer to PharmAcademic for all learning experience descriptions, learning objectives, required readings, etc.

Required Rotations

ROTATIONS	DURATION	PRECEPTORS
Orientation	6 weeks	Melissa Tu
Internal Medicine	5 weeks	Sun Kim
Intensive Care Unit	5 weeks	Thao Pham
Emergency Department	5 weeks	James Geiser
Pharmacy Administration	5 weeks	Beth Leney
Capstone – Advanced Pharmacy Operations	5 weeks	James Geiser
Long-Term Acute Care	5 weeks	Melissa Tu
*Longitudinal – Quality Improvement Project	52 weeks	Melissa Tu
*Longitudinal – Pharmacy Practice and Leadership	52 weeks	Melissa Tu
*Longitudinal – Teaching and Education	52 weeks	Melissa Tu

**Rotation scheduled during ASHP Midyear Conference will be 6 weeks in duration

Elective Rotations

Residents will select and complete a total of three elective rotations during the residency year. Elective rotations will primarily be completed during the second half of the residency year.

If the resident is interested in a certain area, residents may choose to repeat a required rotation as an elective. This elective will be at a more advanced level than the required learning experience. The required rotations that may be repeated as an elective and are denoted as “II”.

Available Elective Rotations	DURATION	PRECEPTORS
ACO Clinical Pharmacy	5 weeks	Edward Allie
Oncology/Outpatient Infusion	5 weeks	John Chamoun
Student Precepting	5 weeks	Melissa Tu
Available Repeat Rotations as an Elective	DURATION	PRECEPTORS
Intensive Care Unit II	5 weeks	Thao Pham
Internal Medicine II	5 weeks	Sun Kim
Emergency Department II	5 weeks	James Geiser

Sample Resident Schedule:

<i>Rotation #</i>	<i>PGY1 Resident Schedule</i>	
1 (6 weeks)	Orientation	REQUIRED
2 (5 weeks)	Internal Medicine	REQUIRED
3 (5 weeks)	Pharmacy Administration	REQUIRED
4 (5 weeks)	Intensive Care Unit	REQUIRED
5 (6 weeks)	Emergency Department	REQUIRED
6 (5 weeks)	Oncology/Outpatient infusion	ELECTIVE
7 (5 weeks)	Long Term Acute Care	REQUIRED
8 (5 weeks)	Internal Medicine II	ELECTIVE
9 (5 weeks)	Capstone – Advanced Pharmacy Operations	REQUIRED
10 (5 weeks)	Student Precepting	ELECTIVE
LONGITUDINAL (52 weeks)	Quality Improvement Project	REQUIRED
LONGITUDINAL (52 weeks)	Pharmacy Practice and Leadership	REQUIRED
LONGITUDINAL (52 weeks)	Teaching and Education	REQUIRED

RESIDENCY COMPETENCIES, GOALS, & OBJECTIVES

ASHP Required Competency Areas, Goals, and Objectives:

PGY1 Requirements:

- 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 2.1.2 (Applying) Participate in a medication-use evaluation.
 - Objective 2.1.3: (Analyzing) Identify opportunities for improvement of the medication-use system
 - Objective 2.1.4: (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 system
 - Objective R2.2.2: (Creating) Develop a plan to improve patient care and/or the 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 ongoing 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 preceptor roles when engaged in teaching students, pharmacy technicians, or fellow health care professionals.
 - Objective R4.2.1: (Analyzing) When engaged in teaching, select a preceptor role that meets learners' educational needs.
 - Objective R4.2.2: (Applying) Effectively employ preceptor roles, as appropriate

<https://www.ashp.org/-/media/assets/professional-development/residencies/docs/required-competency-areas-goals-objectives>

RESIDENT AND RESIDENCY PROGRAM EVALUATION

The Carney Hospital Residency Program prides itself in providing the best possible experience for its residents. Therefore, critical evaluation of our program, rotations, preceptors and program director is required from each resident at the completion of each rotation and throughout the residency year. It is also important that residents receive valuable feedback on their performance from their preceptors and program director. Most importantly, residents need to learn to assess their own performance and monitor their progress in achieving their professional goals and objectives over the course of the residency program.

Evaluation Definitions

ASHP PharmAcademic Summative Evaluation Scale

Needs Improvement (NI)- Resident's progress will not result in achievement of objectives. Must include narrative comment specifically addressing concern and a goal attainment strategy going forward.

- Deficient in knowledge/skills in this area
- Often requires assistance to complete the objective
- Unable to ask appropriate questions to supplement learning

Satisfactory Progress (SP)- Resident's progress is expected to result in achievement of objectives. Must include narrative comment specifically addressing what the resident might do to improve to successful achievement of the objective.

- Adequate knowledge/skills in this area
- Sometimes requires assistance to complete the objective
- Able to ask appropriate questions to supplement learning
- Requires skill development over more than one rotation

Achieved (ACH)- Resident's performance is ideal and meets what is expected of a PGY-1 graduate of the residency program. Must include narrative comment specifically addressing why the goal attainment criteria are scored as achieved.

- Fully accomplished the ability to perform the objective independently in the learning experience
- Rarely requires assistance to complete the objective. Minimum supervision required.
- No further developmental work is needed.

Not applicable (NA) – This objective does not apply to the learning experience being evaluated

Achieved for Residency (ACHR) – Any preceptor or the RPD can designate an objective as ACHR. This occurs when the resident has achieved "ACH" for the same objective in more than one evaluation. These will be reviewed during the quarterly development plan meetings for each resident.

Pharmacy Resident Entering Interest Form

Before the start of the residency program, each pharmacy resident will submit a completed ASHP standard entering interests form. Each resident will also receive the Residency Standards for their selected residency program to assist them in completing the entering resident goal-based evaluation. This serves as a guide for the development of your customized residency plan. The form will be distributed for completion upon arrival to the program, however, some examples of the questions asked are provided for your review:

1. State your career goals, both short-term (5 years) and long-term (10-15 years).
2. Describe your current practice interests.
3. What are your strengths? This should include direct patient care skills as well as personal strengths.
4. List areas of weakness that you would like to improve on during the residency.
5. Given your listed career goals, interests, strengths, and weaknesses, list at least three (3) goals that you wish

to accomplish during your residency.

6. Describe activities/experiences that have contributed to your skills in the following areas: (1) Written communication (2) Verbal communication (3) Public speaking (4) Time management (5) Supervisory skills.
7. Describe the frequency and type of preceptor interaction you feel to be ideal. Where do you see the preceptor fitting into your professional development and maturity?

Pharmacy Resident Goal-Based Evaluation Form

Upon entry into the program you will complete a pharmacy resident goal-based evaluation form. The purpose of this form is to determine your perceived competency/confidence in regards to the goals and objectives that you will encounter during the course of the residency year (See the Residency Outcomes, Goals, and Objectives). This form serves as a guide for the development of your customized residency plan by allowing the residency program director the ability to create a plan that focuses on areas that you perceive as being less competent / confident in. You will be given the form to complete upon your arrival to the program.

Resident Development Plan

Information from each resident's Standard Entering Interest Form will be used as the basis for discussion between the resident and their residency director when developing a customized plan for the residency year. The residency plan will include baseline assessment of the resident with respect to licensure, and experience with patient care, practice management, research and computer programs. The purpose of this discussion will also be to determine initial program goals and objectives for each resident. The residency plan will be reviewed and approved by the Residency Advisory Committee. With each quarterly review, when opportunities for improvement and appropriate action plans are identified, this will be documented on the Resident Development Plan.

Resident Schedule

Each resident's rotational activities will be scheduled in advance; however, alterations in rotational schedules may be allowed if needed after development of the resident's customized plan for the residency year. The Resident Schedule will be reviewed and approved by the Residency Advisory Committee.

Evaluations/Assessments

The Carney Hospital Pharmacy Residency program employs a three-part evaluation strategy: (1) Preceptor evaluation of the resident; (2) Resident evaluation of the preceptor; and, (3) Resident evaluation of the learning experience. These evaluations need to be timely, occurring within seven (7) days of the date due.

Preceptors will conduct and document within PharmAcademic criteria-based, summative assessment of the resident's performance of each of the respective educational goals and objectives assigned to the learning experience. Such evaluations will be conducted at the conclusion of the learning experience (and quarterly for extended/longitudinal learning experiences), reflect the resident's performance at that time, and be discussed by the preceptor and the resident. The RPD will review the written evaluations and comment as necessary/seen fit, or intervene when requested by either the preceptor or resident. At the end of each learning experience (be it concentrated, rotation, extended or longitudinal) the resident will evaluate their preceptor(s) and rotation which will be submitted directly to the Residency Program Director via PharmAcademic. In extended or longitudinal experiences, residents will be required to perform self- evaluations, as well as evaluations of the preceptor and learning experience at least quarterly via PharmAcademic which will be discussed with the respective preceptor and reviewed by the RPD. Preceptors are required to provide real-time oral formative feedback during learning experiences. Documentation of feedback may be necessary for residents who are not progressing satisfactorily.

Resident evaluations completed by the preceptors during your rotations will be available to other preceptors for viewing through PharmAcademic. The comments in these evaluations will be discussed among the preceptors at Residency Advisory Committee meetings in order to ensure all preceptors are aware of each resident's progress. Sharing evaluations among preceptors will also help to provide better learning opportunities for each resident, knowing what activities they have performed well and what areas have been identified to improve upon for future rotations.

Learning Objective Evaluation

Learning objectives serve as a guide for each resident during their rotations and specify the knowledge, skills and attitudes required during the period of training. The preceptor and resident should review the learning objectives together at the beginning, during and at the end of the rotation.

Residency Program Evaluation

At the end of the residency program, each resident will complete a formal evaluation of the Residency Program which will be reviewed by the RPD.

At the end of the residency year, each preceptor will complete a formal evaluation of the Residency Program which will be reviewed by the RPD.

The RPD and Director of Pharmacy will develop a residency program improvement plan based on the responses from both the residents and preceptors. This program improvement plan will be presented at the first RAC meeting of the new residency year (either July or August, depending on the RAC meeting schedule).

Graduate Tracking

The purpose of our PGY1 Pharmacy Residency at Carney Hospital is to develop pharmacists into well-rounded, competent clinical practitioners, emphasizing evidence-based medicine and providing compassionate patient care as integral members of the multidisciplinary team. Upon completion, our resident(s) is/are qualified to practice independently or pursue specialized training with the capability and flexibility to adapt to future changes in healthcare. This includes eligibility for board certification and/or for postgraduate year 2 (PGY2) pharmacy residency training.

Graduate tracking is conducted by the RPD every year to document the resident's initial employment, changes in employment, board certification, or other applicable information. The RPD and Director of Pharmacy will review the graduate tracking document yearly when developing the residency program improvement plan.

QUALITY IMPROVEMENT PROJECT

The intent of the quality improvement project is to provide the resident with the opportunity to develop the skills and processes necessary to improve patient care. Completing the project requires formulating an aim statement, conducting a literature search, developing plan-do-study-act cycles, obtaining baseline data, implementing each plan-do-study-act cycle, interpreting the data and presenting the results. This project may take a year to complete and culminates in the final presentation being given at the Eastern States Residency Conference.

Each resident is required to write a manuscript that is suitable for publication. The manuscript will be developed and completed by the end of the residency year.

Goal: To provide the resident with the experience in quality improvement, methodology, data collection, analysis, presentation and manuscript development.

Responsibilities of the Residency Program Director (RPD)

1. Establishes the process, timetable, and deadlines by which residency projects are summoned, submitted, reviewed, approved, and presented to incoming pharmacy residents.
2. Acts as the liaison to the residency advisory committee (RAC) to report the progress of the resident's project
3. Assist the resident in identifying an appropriate team/preceptor(s).

Responsibilities of the Primary Preceptor

All proposals will include designation of a qualified preceptor for each project. The preceptor responsibilities include:

1. Advise the resident in defining a project that will be completed within the residency allotted time.
2. Assist the resident in developing the aim statement, methodology, plan-do-study-act cycles, and analysis.
3. Assist the resident in obtaining any approvals (i.e., Institutional Review Board) if necessary.
4. Ensure that the project is developed appropriately, data is collected and analyzed, and ensure compliance with the established timelines.
5. Meet regularly with the resident(s) being precepted.
6. Guide the resident on data collection, data analysis, and summary of results.
7. Review and critique the abstract and manuscripts that result from the project.
8. Assist the resident in preparation for ASHP Midyear and the Eastern States Conference.

Responsibilities of the Resident

All proposals originated by the pharmacy resident will be reviewed and approved by the RPD and/or RAC and will include designation of a preceptor for each project.

1. Identify and select a project and project preceptor by the established timetable deadline.
2. Submit written protocol (conforming to the St. Elizabeth's Hospital Institutional Review Board Application for Submission on Research) according to the established timetable deadlines.
3. Obtain IRB approval, if necessary.
4. Be proactive in all aspects of the project which are in agreement with you and your project preceptor.
5. Submit an abstract of your project for presentation at the ASHP Midyear Clinical Meeting (Midyear) and the Eastern State Conference for Pharmacy Residents, Fellows and Preceptors (ESC).
6. Present a poster at the ASHP Midyear.
7. Present a platform presentation at the ESC.
8. Complete a formal manuscript (formatted to the requirements for the journal the work will be submitted to) of the project according to the established timetable. The manuscript is to be completed at the end of the residency.
9. Submit (with project preceptor approval only) an abstract for presentation of the project at a State or National pharmacy meeting (optional).

ADDITIONAL INFORMATION FOR RESIDENTS

Privacy Policy (HIPAA)

In 1996, Congress passed the Health Insurance Portability and Accountability Act (HIPAA) and in 2000, Health and Human Services (HHS) published the final rule for Standards for Privacy of Individually Identifiable Health Information, known as the HIPAA Privacy Rule. Annual training in HIPAA is required for all current Carney Hospital employees. Training will review the background and scope of applicable privacy and confidentiality statutes and regulations; rights granted to veterans by the Privacy Act and HIPAA Privacy Rule; disclosure purposes that do and do not require prior written authorization from the veteran; information that can be disclosed; general requirements of the operational management for the release of Veteran information, and elements of the Freedom of Information Act (FOIA). This is a web-based training program available on the Internet through the Steward University Learning Center.

Confidentiality of Patient Information

At Carney Hospital, confidentiality is a must. Confidentiality is the condition in which Carney Hospital's information is available to only those people who need it to do their jobs. Breaches in confidentiality can occur if you walk away from your computer without logging off or when paper documents are not adequately controlled. They sometimes occur when you are accidentally given access to too much computer information. Conversations about patients' cases in public places can be a breach of confidentiality. Carney Hospital computers are designed to protect confidentiality, but remember that there are things you can do, and should not do, to protect confidentiality. Patient sensitive information includes medical history, financial information, criminal or employment history, social security numbers, fingerprints, and other personal information.

Professional Liability and Professional Liability Insurance

PROFESSIONAL LIABILITY INSURANCE: With more responsibility, comes more risk.

Each employee must determine if they should invest in professional liability insurance. You operate on hard work and dedication to the job at hand, but even the most careful and responsible professional can be named in a malpractice suit.

What is professional liability insurance (PLI)?

PLI ensures the entity or individual against claims of negligence or failure to render professional services made by a third party, such as a patient. There are two types of liability:

- 1) Occurrence/Extended Reporting Period: covers events that occur while the policy is in effect even if reported after the policy expires
- 2) Claims-Made: covers events that occur while the policy is in effect and even those that occur before the policy is in effect

Why do pharmacists need PLI?

Being part of a profession places you at risk for negligence or failure to render professional services. Anyone at any time can file a complaint against you. When people sue, they usually name anyone who had anything to do with the situation. Regardless of who is negligent, it may take years for litigation to be dismissed. Even if your case is dismissed, attorney fees can be a financial burden.

What types of lawsuits are most common?

Negligence lawsuits, that is, damages sustained due to failure to perform according to normal standards of conduct within the profession.

What does PLI cover?

Generally, the following is covered by PLI: actual or alleged errors, omissions, negligence, breach of duty, misleading statements, and performance or non-performance of professional services.

What questions should be asked when selecting PLI?

What triggers coverage, that is, a verbal allegation versus a written statement? If you must take time away from practice, will coverage provide compensation for wages lost? Is there a deductible and does it apply to defense costs? Does the insurance policy cover governmental or administrative action taken against you?

Will your employer's policy apply to you?

Yes, but you may still be liable for your own negligence. You may still be responsible for all or part of the plaintiff's award or settlement. The only way to ensure you are covered is to have your own policy.

How much does PLI cost?

A premium will be based on your profession, potential severity of the claim, number of years in practice, number of professionals covered, annual revenues, location of business, and claims history.

How much money will be covered by PLI?

Limits on the minimum and maximum benefits vary depending on state, but you generally get what you pay for, that is, higher benefits cost more. It may be possible to add an additional \$1,000,000-\$2,000,000 of coverage for a minimal addition to your premium. It is important to look at the maximum limits offered by your policy rather than selecting the most inexpensive policy.

Websites: www.ashp.org;

PRECEPTOR DEVELOPMENT

Carney Hospital will offer multiple educational opportunities for preceptors to improve their precepting skills. Annually, a preceptor development plan will be developed to focus on areas of identified preceptor development needs.

Individual preceptor development plans will be developed for all preceptors-in-training and for any preceptor who has specific development needs identified through the annual preceptor report card. The program director, in conjunction with the residency advisory committee, will be responsible for the following on an annual basis:

- An assessment of preceptor needs
- Schedule of activities to address identified needs
- Periodic review of effectiveness of plan

Assessment of Preceptor Development Needs:

- Preceptors will be required to complete the Preceptor Self-Assessment Tool annually through Pharmacademic.
- The RPD will review residents' evaluations of preceptors and learning experiences annually to identify potential preceptor development needs. This will be documented on the preceptor report card, which will be given to preceptors in July.
- The RPD will solicit written feedback from the residents annually.
- RPD will review ASHP residency accreditation site visit recommendations, if applicable, to identify any recommendations or areas of partial compliance which pertain to precepting skills.

Development Process for Annual Preceptor Development Plan:

- Preceptor development needs identified through the assessment process will be discussed annually as part of the annual end-of-year preceptor meeting in June.
- The RPD and preceptors will come to a consensus on the areas of preceptor development to focus on during the upcoming year.
- The RPD (or a designee) will develop a tentative preceptor development plan for the upcoming year with activities to address areas of need and a schedule of activities and will present to the residency advisory committee (RAC) at the July or next scheduled RAC meeting. See separate ***Preceptor Development Plan*** document.
- If preceptor development needs have been identified for individual preceptor(s) which will not be met by the current preceptor development plan, the RPD may also develop individual plans for these preceptors in addition to the plan for the preceptor group.
- The preceptor development plan will be publicized to all preceptors and will be documented as an attachment to the July RAC minutes (or at the next scheduled meeting if the July meeting is cancelled).

Review of Effectiveness of Previous Year's Plan:

- Review of current preceptor development plan will occur annually at the annual end-of year preceptor meeting in June and documented in the minutes. Effectiveness of the plan will be assessed as follows:
 - Review of current preceptor needs assessment results to determine if any needs addressed through preceptor development activities in the past year are still identified as top areas of need.
 - Discussion with preceptors of the effectiveness of activities utilized on the past year to address preceptor development needs
- The discussion of effectiveness of previous year's plan will be utilized when developing topics, scheduling, and preceptor development activities for upcoming year.

Additional Required Preceptor Training for New Preceptors and Preceptors-In-Training:

- Read and discuss "Guidance Document for the ASHP Accreditation Standard for Post-Graduate Year One (PGY1) Pharmacy Residency Programs" with RPD
- Read Carney Hospital Pharmacy Residency Handbook and review components with RPD

Additional Requirements for Preceptors-In-Training:

- The RPD will develop an individual plan designed to ensure preceptor-in-training meets all ASHP preceptor requirements within 2 years
- Appointment of an advisor to mentor preceptor-in-training. Advisor will also be required to co-sign any summative evaluations completed by preceptor-in-training

Other Opportunities for Preceptor Development for Preceptors:

- Preceptors may attend programs locally, regionally, or nationally to enhance their precepting skills. Please submit request to manager if requesting professional leave or travel reimbursement. Attendance at professional meetings is subject to Carney Hospital's travel policy.
- Those who attend meetings which provide education regarding training will share the information at the residency meeting or other forum as appropriate.
- Material for self-study will be circulated.
- APhA and Pharmacist Letter have educational programs available to orient new preceptors.

RESIDENCY COMPLETION AND CERTIFICATION

The ASHP Accreditation Standard for Residency requires a minimum of a 12-month, full-time practice commitment or equivalent for the resident. In view of this minimum requirement, all residents must participate in the residency for a twelve month period with allowable paid time off, sick leave and authorized leave.

A program certificate will be awarded only to residents who have completed all of the following requirements of the residency program.

Requirements for Completion of Residency Program

- Obtain Massachusetts Pharmacist license by 90 days after the start date of the residency program
- Completion of 12 months of the residency program
- Completion of all assigned rotations [see the **Requirement Check List** (next page)]
- Completion of all staffing assignments [see the **Requirement Check List** (next page)]
- Completion of a quality improvement project which includes the following presentations:
 - Completion of a quality improvement poster for presentation to ASHP Midyear Clinical Meeting
 - Completion of 15-minute platform presentation or equivalent experience (e.g. poster presentation) at the Eastern States Residency Conference
- Completion of the MCPHS Teaching and Learning Seminar
- Completion of all assigned tasks as detailed in the **Requirement Check List** (next page)
- Completion of all assigned evaluations in Pharmacademic.
- Rating of “Achieved-R” on all R1 objectives. Rating of “Achieved-R or Achieved” on 85% of remaining objectives. No rating of “Needs Improvement” on any objectives.

Steward Carney PGY1 Requirements Checklist

Resident Name: _____

	Required Rotations (all required)	Date Completed		Elective Rotations (select 3)	Date Completed
	<i>Orientation</i>			<i>ACO Clinical Pharmacy</i>	
	<i>Internal Medicine</i>			<i>Oncology/Outpatient Infusion</i>	
	<i>Intensive Care Unit</i>			<i>Student Precepting</i>	
	<i>Emergency Department</i>			<i>Intensive Care Unit II</i>	
	<i>Long-Term Acute Care</i>			<i>Internal Medicine II</i>	
	<i>Pharmacy Administration</i>			<i>Emergency Department II</i>	
	<i>Capstone – Advanced Pharmacy Operations</i>				
Longitudinal Rotations					
	<i>Quality Improvement Project</i>				
	<i>Pharmacy Practice and Leadership</i>				
	<i>Teaching and Education</i>				
	<ul style="list-style-type: none"> • Includes completion of MCPHS Teaching and Learning Seminar 				
Staffing Requirements					
	Completion of all staffing assignments <ul style="list-style-type: none"> • Every 4th weekend • One major and minor holiday • One evening every other week 				
Scholarship Requirements:					
	Completion of IHI Open School Curriculum				
	Present a quality improvement poster at ASHP Midyear Meeting				
	Present a 15-minute platform presentation or equivalent experience (e.g. poster presentation) at the Eastern States Residency Conference				
	Quality Improvement Project Completion				
	Written manuscript				
Education Presentations:					
	One pharmacy continuing education presentation				
	Medicine Noon Conference (optional)				
Drug Information:					
	Completion of one medication use evaluation or drug monograph				
Evaluations:					
	Completion of all assigned evaluations in Pharmacademic (end of residency)				
	Completion of Program Evaluation (end of residency)				
Pharmacademic – Goals/Objectives Completion:					
	Rating of “Achieved-R” on all R1 objectives.				
	Rating of “Achieved-R or Achieved” on 85% of remaining objectives.				
	No rating of “Needs Improvement” on any objectives.				

Residency Program Director, Research Preceptor and Program Evaluation

At the end of the residency program, each resident will complete an evaluation of the Residency Program Director and program which will be reviewed with the Director of Pharmacy at each resident's exit interview. The resident will evaluate the quality improvement project and preceptor at the end of the residency program. If the Director of Pharmacy is the resident's research preceptor, this evaluation will be submitted to and discussed with the Residency Program Director.

Check-out

On the last weekday of the residency program, residents will be required to 'check out'. All residents should see the Human Resources representative for the appropriate check-out form. Check out takes several hours; however, it should be performed in the morning to allow sufficient time for clearance, and requires submission of all keys, pagers, and badges. Check-out instructions are specific to each area you must clear before exiting. At the completion of check out, residents can spend the remainder of their shift clearing their personal items from the Residents' office space.

A **forwarding address** will be necessary for payroll. Any questions pertaining to the disposition of excess paid time off may be discussed with the Director of Pharmacy and likely involve HR.



By signing my name below, I certify that I have received and reviewed the Steward Carney Hospital PGY1 Pharmacy Residency Handbook (The Handbook). Any questions concerning The Handbook have been addressed. My signature also certifies my understanding of an agreement with all policies contained within The Handbook.

Resident Name

Date

Reviewed with:

Melissa Tu, PharmD, BCPS Date
Clinical Coordinator, Pharmacy Services
Residency Program Director