

Resident Manual

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

Purpose Statement

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

Comp Time/Project

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

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

Dismissal

Please refer to the dismissal and disciplinary policy on PharmAcademic.

Duty Hours

Please refer to the duty hours policy on PharmAcademic.

Evaluations

Residents will be evaluated and will complete rotation and preceptor evaluations throughout the year using PharmAcademic. Residents will be evaluated at the end of each block rotation and quarterly for all longitudinal rotations and are expected to meet with their preceptor to review their evaluation. Residents will be responsible for creating a calendar invite to preceptors 1 week before the evaluation is due as a reminder. An additional calendar invite will be sent by the resident for a sit down review of the evaluation. Residents will submit rotation and preceptor evaluations within 5 days of completion of the rotation regardless of the length of rotation. During block rotations residents will complete a mid-point self-evaluation using PharmAcademic.

Definition of ratings used in PharmAcademic:

- Needs improvement (NI): Unable to perform additional tasks satisfactorily and or independently. Requires regular significant direction from preceptor.
 - Qualitative written comments must accompany any designation of "needs improvement."
- Satisfactory progress (SP): Able to perform foundational tasks independently and satisfactorily. Applies specialized knowledge and skill with some re-direction from preceptor required to further improve performance.
 - Qualitative written comments must accompany any designation of "needs improvement."
- Achieved (ACH): Able to apply specialized knowledge and skills with a high level of competence a majority of the time. Requires minimal or no direction from preceptor to perform with excellence.
- Achieved for Residency (ACHR): Must be evaluated twice, when applicable with at least one preceptor marking as ACH. If first preceptor marks ACH but second preceptor marks at least SP, RPD or designee will read comments and determine if ACHR is appropriate. This includes sending back for edits if comments suggest resident achieved goal/objective. If the first preceptor marks SP/ACH, but second preceptor marks NI the RPD or designee will set up a meeting with the preceptor to discuss resident progression.

Graduation Expectations (minimal)

Residents are required to pass each rotation in order to graduate from the program. In addition to the assigned goals/objectives, residents are expected to complete rotation specific requirements as outlined in individual rotation's learning descriptions.

Please refer to the disciplinary policy on PharmAcademic regarding consequences of not meeting graduation expectations

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

Involvement in Candidate Interviews

Residents have a role in the recruitment process. Residents will participate in the residency showcase at the ASHP Midyear Clinical Meeting and help with interview days.

Leave (outside of routine PTO)

Please refer to the extended and family medical leave policy.

Licensure

Please refer to the licensure policy on PharmAcademic

Moonlighting

Please refer to the moonlighting policy on PharmAcademic.

Paid Time Off (PTO)

Residents receive 25 days (200 hours) of paid time off (PTO) for the PGY1 year. PTO must be used to cover holidays (Fourth of July, Labor Day, Thanksgiving, Christmas, New Year's Day, and Memorial Day), sick days, medical appointments, etc. and cannot be used on staffing days. PTO must be discussed with and approved by the preceptor first then discussed with and approved by the RPD or designee. The request to the RPD or designee must be submitted in the form of an email with the preceptor cc'd. After PTO has been approved, residents are responsible for updating their Outlook calendar and either blocking their time off on StaffReady prior to the schedule posting (preferred method) or working with the operations manager to update StaffReady if the schedule has already posted. Residents will also be responsible for sending an Outlook calendar invite to preceptor as a reminder resident will not be on rotation that day. PTO cannot be used within 90 days of employment with exceptions being holidays that the clinic is closed and time to take licensing exams. PTO can only be taken in the amount that has been accrued and cannot be taken in advance with the exceptions being holidays that the clinic is closed and time to take licensing exams.

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

Preceptor Sick Residents will only be asked to staff an entire shift in lieu of working as a resident due to extreme man power shortage or emergency. This will be reviewed by the Residency Program Director (RPD) or designee who will be responsible for determining the possibility and appropriateness of the request. Short-term coverage (less than or equal to 2 hours) provided during weekdays will not be paid. Preference will be given for coverage of their current rotation's clinical service. Oversight by a preceptor on another service will be assigned. Please refer to resident contract for more information on compensation.

Resident and Staff Well-Being

Please refer to the resident and staff well-being policy on PharmAcademic.

Clinical Rotations

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

Rotation Descriptions are available in PharmAcademic. Rotations are scheduled for either longitudinal or block experiences depending on the rotation. Resident rotation schedules will be available on SharePoint as soon as the rotation schedule is determined (typically the end of July).

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

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

SharePoint

Throughout the year the resident will need to save documents to SharePoint for quick access by other members of the clinic. Documents can be saved on SharePoint by selecting SharePoint in the "save as" screen.

Staffing

Once the staffing experience begins residents will staff one weekday each week, with additional staffing blocks as is outlined in the staffing learning description. If a resident needs a day off that they are scheduled to staff, the resident must switch shifts with another resident. When switching weekdays, it is the resident's responsibility to make sure they are remaining compliant with the duty hour policy and not missing more than 90% of any given learning experience. Requests must be made and approved by all preceptors involved and the RPD or designee **before** the schedule posts. Requests to the RPD or designee must come in email form with the appropriate preceptor(s) and resident(s) cc'd.

Residents are required to attend clinic huddles/service line meetings regardless of their current rotation as these are necessary for successful staffing

Travel

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

The resident will receive reimbursement for conference registration, lodging, transportation to and from the conference, checked baggage fees, and up to \$90 per day of food including tip. Providence looks at this as \$20 for breakfast and \$20 for lunch and \$50 for dinner. Residents will submit ITEMIZED, INDIVIDUAL receipts for items they want to submit for reimbursement. No alcoholic drinks will be reimbursed. Reimbursement requests will be submitted through Concur preferably within 7 days of return.

Graduation Checklist

- ☐ "Achieve" 90% (30 out of 33) of all goals and objectives prior to the completion of the residency year
 - R1.1.1 Interact effectively with health care teams to manage patients' medication therapy
 - R1.1.2 Interact effectively with patients, family members, and caregivers
 - R1.1.3 Collect information on which to base safe and effective medication therapy
 - R1.1.4 Analyze and assess information on which to base safe and effective medication therapy
 - R1.1.5 Design or redesign safe and effective patient-centered therapeutic regimens and monitoring plans (care plans)
 - R1.1.6 Ensure implementation of therapeutic regimens and monitoring plans (care plans) by taking appropriate follow-up actions
 - R1.1.7 Document direct patient care activities appropriately in the medical record or where appropriate
 - R1.1.8 Demonstrate responsibility to patients
 - R1.2.1 Manage transitions of care effectively
 - R1.3.1 Prepare and dispense medications following best practices and the organization's policies and procedures
 - R1.3.2 Manage aspects of the medication-use process related to formulary management
 - R1.3.3 Manage aspects of the medication-use process related to oversight of dispensing
 - R2.1.1 Prepare a drug class review, monograph, treatment guideline, or protocol
 - R2.1.2 Participate in a medication-use evaluation
 - R2.1.3 Identify opportunities for improvement of the medication-use system
 - R2.1.4 Participate in medication event reporting and monitoring
 - R2.2.1 Identify changes needed to improve patient care and/or the medication-use system
 - R2.2.2 Develop a plan to improve the patient care and/or the medication-use system
 - R2.2.3 Implement changes to improve patient care and/or the medication-use system
 - R2.2.4 Assess changes made to improve patient care or the medication-use system
 - R2.2.5 Effectively develop and present, orally and in writing, a final project report
 - R3.1.1 Demonstrate personal, interpersonal, and teamwork skills critical for effective leadership
 - R3.1.2 Apply a process of on-going self-evaluation and personal performance improvement
 - R3.2.1 Explain factors that influence departmental planning
 - R3.2.2 Explain the elements of the pharmacy enterprise and their relationship to the health care system
 - R3.2.3 Contribute to departmental management
 - R3.2.4 Manages one's own practice effectively
 - R4.1.1 Design effective educational activities
 - R4.1.2 Use effective presentation and teaching skills to deliver education
 - R4.1.3 Use effective written communication to disseminate knowledge
 - R4.1.4 Appropriately assess effectiveness of education
 - R4.2.1 When engaged in teaching, select a preceptor role that meets learners' educational needs
 - R4.2.2 Effectively employ preceptor roles, as appropriate
- ☐ 90% attendance for each rotation
 - Anticoagulation Triage: May miss a MAX of 1 days

- Date missed: _____
- Anticoagulation: May miss a MAX of 1 day
 - Date missed: _____
- Disease State Management: May miss a MAX of 2 days
 - Date missed: _____
 - Date missed: _____
- Emergency Medicine: May miss a MAX of 1 day depending on length of rotation
 - Date missed: _____
- Internal Medicine: May miss a MAX of 1 days
 - Date missed: _____
- Management: May miss a MAX of 2 days
 - Date missed: _____
 - Date missed: _____
- OB: May miss a MAX of 2 days
 - Date missed: _____
 - Date missed: _____
- Orientation: May miss a MAX of 1 day
 - Date missed: _____
- Outpatient: May miss a MAX of 2 days
 - Date missed: _____
 - Date missed: _____
- Primary Care: May miss a MAX of 2 days
 - Date missed: _____
 - Date missed: _____
- Providence VNA: May miss a MAX of 1 day depending on length of rotation
 - Date missed: _____
- Transitions of Care: May miss a MAX of 1 days depending on length of rotation
 - Date missed: _____
- ☐ Reasonable progress of the quality improvement project as determined by the RPD or designee
 - Project completion expectations _____
- ☐ Completion and submission of a manuscript to the journal of the resident's choice
 - Selected Journal _____
 - Submission date _____
- ☐ Submission of completed teaching portfolio to Washington State University for approval and issuance of a teaching certificate
 - WSU residency workshop

- Didactic lecture 1
- Didactic lecture 2
- Didactic lecture 3
- 4 hours of small group/simulation teaching
- APPE student
- Residency reflection worksheet
- ASHP poster presentation
- Western States presentation
- IPPE event
- Attendance at 80 % of journal club/chalk talk activities in clinic (must attend 35 of the 43 days)

7/12/2019	9/6/2019	11/1/2019	1/24/2020	3/20/2020	5/15/2020
7/19/2019	9/13/2019	11/8/2019	1/31/2020	3/27/2020	5/22/2020
7/26/2019	9/20/2019	11/15/2019	2/7/2020	4/3/2020	5/29/2020
8/2/2019	9/27/2019	11/22/2019	2/14/2020	4/10/2020	6/5/2020
8/9/2019	10/4/2019	11/29/2019	2/21/2020	4/17/2020	6/12/2020
8/16/2019	10/11/2019	12/6/2019	2/28/2020	4/24/2020	6/19/2020
8/23/2019	10/18/2019	1/10/2020	3/6/2020	5/1/2020	
8/30/2019	10/25/2019	1/17/2020	3/13/2020	5/8/2020	

- ☐ Attend and present at ASHP Midyear and Western States
 - ASHP Midyear
 - Western States
- ☐ Attend Pharmacy Invitational Conference on Antithrombotic Therapy (PICAT) and provide lunch and learns regarding material
 - Attend PICAT
 - Lunch and learns
- ☐ Complete at least 12 community outreach activities
 - 1) Date:
 - 2) Date:
 - 3) Date:
 - 4) Date:
 - 5) Date:
 - 6) Date:
 - 7) Date:
 - 8) Date:
 - 9) Date:
 - 10) Date:
 - 11) Date:
 - 12) Date: