

Post Graduate Year 1 Pharmacy Residency Manual



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June 1, 2017

Dear Residents,

Congratulations on starting your residency training at Ephraim McDowell Regional Medical Center (EMRMC)! We are very excited to welcome you as a new member of our pharmacy team. The year ahead of you will be a very exciting time of challenge and growth for you. Our pharmacy team is committed to the development of outstanding residency trained clinical pharmacists and we are dedicated to customizing your experience based on your strengths, interests, and career goals.

The upcoming year will focus on developing your clinical skills to become a confident, well-rounded, and independent practitioner. Preceptors will assist and guide you in development of those skills. Delegation of responsibilities will help you achieve independence and meet your goals and areas of competency for the residency year.

As the Residency Program Director, I am available to help you in any way possible to reach your goals. I look forward to working with you over the next year.

Sincerely,

Kourtney Shewmaker, PharmD, MBA, BCPS
Residency Program Director
Ephraim McDowell Regional Medical Center
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Ephraim McDowell Health At-A-Glance

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

At the core of Ephraim McDowell Health are Ephraim McDowell Regional Medical Center, a nonprofit, 222-bed licensed hospital that serves Boyle and the surrounding counties, and Ephraim McDowell Fort Logan Hospital, a 25-bed critical access hospital that serves Lincoln and the surrounding counties.

Other components of the Ephraim McDowell Health system include:

- Eleven walk-in and primary care centers that are staffed by primary care physicians and nurse practitioners with lab and X-ray services on-site at most locations
- Two off-site diagnostic centers in addition to diagnostic imaging services offered at both hospitals
- Ephraim McDowell Commonwealth Care Center
- Ephraim McDowell Diabetes & Endocrinology Center
- Ephraim McDowell General Surgery (in Stanford)
- Ephraim McDowell Heart & Vascular Institute
- Ephraim McDowell Neurology
- Ephraim McDowell Obstetrics & Gynecology (in Stanford)
- Ephraim McDowell Pulmonology
- Ephraim McDowell Sleep Disorders Center
- Ephraim McDowell Urology
- Outpatient Behavioral Health Services, including addiction and recovery treatment
- Ephraim McDowell Rehabilitation offering physical therapy, occupational therapy, speech/language therapy and spine physical therapy
- Ephraim McDowell Kids Can Do Pediatric Therapy Center
- Ephraim McDowell MedSource, durable medical equipment
- A Children's Place, early learning center and child care facility serving ages six weeks to 10 years
- Central Kentucky Surgery Center, outpatient surgery
- McDowell Home Health
- McDowell Place of Danville, an independent, assisted living and personal care community serving 100 residents
- McDowell Wellness Center, a membership-based fitness club featuring an indoor pool, strength training, aerobics areas, a large outdoor walking/running track and child care services

Residency Purpose Statement

PGY1 pharmacy residency programs build on 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, eligible for board certification, and eligible for postgraduate year two (PGY2) pharmacy residency training.

Pharmacy Department Mission Statement

The mission of the Ephraim McDowell Regional Medical Center Pharmacy Department is to provide distributive and clinical pharmaceutical services in an innovative practice model employing the best people and practices to support Ephraim McDowell Health's mission of providing a healing environment in the communities we serve.

General Description of our Residency Program

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

The resident will rotate through a broad area of pharmacy practice experiences including infectious disease, internal medicine, surgical orthopedics, practice management, critical care, pediatrics, emergency medicine, ambulatory care, cardiology, oncology, women's health, psychiatry, and informatics.

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

Residents will complete at least one longitudinal research project that will be presented at Great Lakes Pharmacy Residency Conference and develop a manuscript for submission to a journal.



**Ephraim McDowell Regional Medical Center PGY1 Pharmacy Residency
Criteria for Certificate**

Residency Requirements	Achieved	Date Completed
1. Complete Orientation Checklist		
2. Licensed >80% of the residency year (by October 15)		
3. Attend two pharmacy association meetings a. One State/Local pharmacy association (typically, Fall KSHP) b. One National pharmacy association (ASHP Midyear)		
4. Successful completion of all learning experiences a. Orientation + Required Rotational Learning Experiences + 3 Elective Learning Experiences b. Longitudinal Learning Experiences (Pediatrics, Practice Management and Hospital Practice)		
5. Complete one research project a. Obtain IRB approval b. Submit abstract to ASHP MCM Resident Poster session c. Conduct research d. Present results at Great Lakes Residency Conference e. Submit acceptable manuscript		
6. Achieve >80% of all residency goals and objectives as ACHR a. All NI have been resolved as SP or ACH		
7. Successful completion of a Teaching Certificate Program		

In the event that any of the above criteria are not met, and failure was not due to a lack of performance, a development plan may be created, at the discretion of RaPP, in order to allow the resident(s) the opportunity to successfully complete the program and obtain a program certificate.

Resident (Print name)

Residency Program Director

Date

Resident (signature)

Date

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

Introduction

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

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

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

Competency Area: Categories of the residency graduates' capabilities.

Competency areas fall into one of three categories:

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

Educational Goals (Goal): Broad statement of abilities.

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

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

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

Required Competency Areas

Competency Area R1: Patient Care

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Competency Area R2: Advancing Practice and Improving Patient Care

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

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

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

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

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

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

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

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

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

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

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

Competency Area R3: Leadership and Management

Goal R3.1: Demonstrate leadership skills.

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

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

Goal R3.2: Demonstrate management skills.

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

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

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

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

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

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

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

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

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

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

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

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

Elective Competency Areas

Competency Area E1: Pharmacy Research

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

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

Competency Area E5: Management of Medical Emergencies

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

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

Competency Area E6: Teaching and Learning

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

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

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

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

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

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

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

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

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

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Assessment Strategy

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

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

Preceptor Evaluation of Residents' Attainment of Goals and Objectives

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

- Throughout the program, at least quarterly, and at the end of the residency year, residents' progress and ultimate achievement of the program's educational goals and objectives using all assessment and tracking information available will be assessed during monthly RaPP meeting. At the same time the resident's development plan will also be reviewed and adjusted to reflect what goals will be focused on in the next quarter.

Residents' Evaluation of the Preceptor and Learning Experience

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

Expectations of the Resident

Licensure: Residents are required to become a registered pharmacist in the state of Kentucky by October 15 of the residency year. However, residents are highly encouraged to complete all licensure examinations prior to the start of the residency to ensure their training is optimized during the orientation month. Failure to acquire licensure by the October 15 deadline will result in dismissal from the program.

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

- Curriculum Vitae
- Resident Academic and Professional Record
- Quarterly Development Plan of the Resident
- Completed assignments and presentations throughout the year (Seminar presentations, Teaching Certificate documents, Poster presentations, Manuscript, etc.). Any documents that highlight the learning experience of the residents.
- Evaluation forms from required presentations.

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

“R” Days: Residents are assigned an office day one day a week, typically on Mondays (may change based on learning experience schedules). Office days consist of longitudinal learning experience topic discussions, scheduled meetings, and project time. It is expected that residents continue to work 10 hours per day and report to the hospital no later than 0800 daily on office days.

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

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

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

EMRMC PGY1 Pharmacy Residency Program Structure

Required Rotational Learning Experiences (6 weeks)

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

Required Longitudinal Learning Experiences

- Pediatrics
- Pharmacy Management
- Hospital Pharmacy Practice
- Research Project
- Teaching Certificate Program

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

- Behavioral Medicine
- Women's Health
- Ambulatory Care
- Informatics
- Oncology
- Advanced Critical Care
- Advanced Emergency Medicine
- Advanced Internal Medicine-Renal
- Advanced Cardiology
- Service Expansion
- Surgery Orthopedics

General Information

Yearly Stipend: \$48,000

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

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

No on-call; 24/7 pharmacy operations

Hospital Provided: ACLS and PALS, travel expenses for ASHP Midyear and Great Lakes Pharmacy Residency Conference

Laptops are provided.

Free Parking

Brief Description of Learning Experiences

Required Rotational Learning Experiences (6 weeks)

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

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

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

Cardiology: Cardiology is a learning experience that offers the resident an opportunity to gain, improve and practice patient management skills in the intensive care and the cardiovascular units (CVU). Typically, patient load ranges from 20-25 on CVU. The resident will function as an active and fluid member of a cardiology multidisciplinary team providing drug information to team members and assisting in the development of treatment plans. Throughout the rotation the resident will be expected to demonstrate sound pharmacological judgment as well as their knowledge of cardiovascular pharmacology and therapeutic drug monitoring, including but not limited to, the formulary at EMRMC. During this rotation the resident will also develop a basic understanding of cardiovascular anatomy and physiology. They will understand and consistently apply the heart failure and acute myocardial infarction core measure guidelines to each HF and post-MI patient admitted as appropriate. The resident will be introduced to the basic differences between the cardiac, low sodium, and regular diets employed in the inpatient setting at EMRMC. Throughout the rotation basic diagnostic techniques, non-invasive and

invasive, employed by the cardiologists at EMRMC will be introduced and opportunities for in-services during cardiac stress tests and cardiac catheterizations will be made available when applicable and feasible. The resident will be expected to maintain patient profiles and present during arranged discussion times. They will also be expected to review current literature and expand their knowledge base on a case-by-case basis and be prepared to present pertinent information as requested in an organized and clear manner.

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

Required Longitudinal Learning Experiences

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

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

Hospital Pharmacy Practice: The purpose of the Hospital Practice Learning Experience (HPE) is to advance the PGY1 resident in the skills needed to perform in the capacity of a clinical staff pharmacist in

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

Research Project: The resident conducts the research design, data collection and analysis independently or under the supervision of a research or clinical mentor. The resident, as principal investigator, may delegate research-related tasks to other pharmacists or pharmacy students and serve as supervisor for such work. The research project topic will be selected by the end of orientation, July 31. The research project will be submitted for IRB approval in August. The research project will be submitted for oral presentation at a Regional Resident Conference of this program's choice, GLPRC or SERC. The resident's oral research presentation uses effective communication and presentation skills and tools (e.g., handouts, slides) to convey points successfully. The resident will also be required to submit their research project abstract for poster presentation at the ASHP MCM in December of the current residency year. The resident is required to prepare a final research project report in an accepted manuscript style suitable for publication in the professional literature. The final research project report should include implications for changes to or improvement in pharmacy practice.

Teaching Certificate Program: The Sullivan University College of Pharmacy (SUCOP) Teaching Certificate Program was created to provide an opportunity for pharmacy professionals to expand and refine their teaching skills. Our program is designed to meet the diverse needs of pharmacists teaching students, residents, other health care professionals, peers, and patients in both the experiential and didactic settings. Participants in our program will attend an educational seminar focusing on small group and experiential skills that are applicable to a wide variety of pharmacy settings. There will also be additional (a la carte) seminars for those participants who desire more training in the "traditional" didactic aspects of pharmacy education. Participants will receive individualized mentoring and will experience a variety of teaching opportunities to apply knowledge and skills gained during the educational seminars. Teaching experiences and growth in teaching skills will be documented in the participant's teaching portfolio. Upon successful completion of the program, the participant will receive a certificate.

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

Behavioral Medicine: Behavioral medicine learning experience is located on the 23-bed Behavioral Medicine Unit (BMU). Residents will be assigned to work with the BMU treatment team consisting of an attending physician, social worker, nurses and patient care techs. Residents will round with the BMU

team each day to provide patient care by participating in daily nursing reports, presentation of new patients, review all patient cases as well as attending community meetings, individual patient interviews or group/family support meetings. Residents will review patients outside BMU when psychiatric consults are requested (ED or Acute care). Residents will attend and participate on assigned teams, Committees and projects to promote the experiential learning process for psychiatry elective. Disease states: Alzheimer's Disease/Dementia, Agitation and Anxiety, Bipolar disorder, Schizophrenia, Substance Abuse, Insomnia, Depression.

Women's Health: The learning experience will primarily focus on patients on the LH/2 South Women's Care floor, and may include any patient within EMRMC diagnosed with a women's health-related condition. During the women's health learning experience the resident pharmacist is responsible for ensuring safe and effective medication use at both the clinical and distributive levels for all patients admitted to the LH/Women's health service. **Disease States:** Prenatal, antenatal and postpartum care, Pain management, Strategies during labor and delivery, Drugs in pregnancy and lactation, Management of pregnancy-related hypertension, pre-eclampsia and eclampsia, Medications for the management of infertility, Management of nausea and vomiting in pregnancy, Management of post-partum hemorrhage, Management of post-partum cardiomyopathy, Prevention and treatment of DVT/PE in pregnancy, Antepartum and post-partum kinetic drug monitoring, Management of ectopic pregnancy, Management of gestational diabetes, Methods of Contraception, Menstrual related disorders, Post-menopausal hormone replacement, Endometriosis, Polycystic Ovarian Syndrome, Treatment of Pelvic Inflammatory Disease.

Ambulatory Care: The ambulatory care will focus on disease states commonly managed in an outpatient community setting. The rotation will include work in the following areas: a. Anticoagulation Clinic – an outpatient pharmacist-managed anticoagulation clinic that collaborates with providers to manage Warfarin and enoxaparin bridge therapy. b. Medication Therapy Management Clinic – a pharmacist-managed MTM clinic that educates patients on their medication therapy and works with providers to improve patient outcomes. Residents will have the opportunity to perform patient assessments, perform medication histories, vaccination administration, and collaborate with providers to develop drug therapy plans, provide patient education and monitor patients' medication regimens for outcomes. Residents will have the opportunity to precept students when available. **Disease States:** Hypertension, heart failure, atrial fibrillation, stroke, hyperlipidemia, hypercoagulable disorders: COPD, asthma, GERD, PUD, Diabetes mellitus, thyroid disorders, osteoporosis, UTI, pneumonia, skin and soft tissue infections.

Informatics: Informatics is a learning experience in which the resident will be exposed to various technologies within the community hospital practice setting. The resident will work alongside the Information Systems pharmacist to provide pharmacy IS support for Ephraim McDowell Health, including Ephraim McDowell Regional Medical Center, Ephraim McDowell Fort Logan Hospital, Ephraim McDowell Commonwealth Cancer Center, and Ephraim McDowell clinics. The pharmacist maintains medication databases, incorporates patient/medication safety features, and generates reports for pharmacy applications. Additionally, the IS pharmacist manages the implementation of new pharmacy technologies and assists with policy/procedure review pertaining to information systems. **Informatics Concepts** Pharmacy Information System (Meditech®), Automated Dispensing Cabinets (Omniceil®), Smart Pump Technology (Alaris®/Guardrails®), Computerized Physician Order Entry, (Meditech®), Bedside Barcode Medication Scanning (Meditech®), IV Workflow Management Technology (MedKeeper®), Medication Tracking Technology (MedKeeper®), Medication Unit Dose Packager (Medical Packaging – Auto-Print®).

Oncology: The oncology learning experience is designed to serve as an introduction to clinical pharmacy practice at an ambulatory oncology center within the Ephraim McDowell Health system. The rotation takes place at the off-site Ephraim McDowell Commonwealth Cancer Center. During this rotation, the resident will focus on hematology/oncology patients seen at the cancer center. The pharmacy resident will collaborate with physicians, nurses, and other health care providers to identify and resolve medication therapy issues and provide pharmaceutical services as necessary or instructed. The resident will participate in the preparation of anti-emetics, monoclonal antibodies, antibiotics, and chemotherapeutic agents. The resident will review patient orders for compliance with evidence-based guidelines prior to preparation and dispensing. **Disease states:** Varying types of cancer, including risk reduction and screenings, Common cancer treatment regimens, including anti-emetic medications, Oncologic emergencies, Pain management, Cancer and/or chemotherapeutic complications, Anemia, Fatigue, Infection, Venous thromboembolism, Blood dyscrasia, Myeloid growth factors, Hospice and Palliative Care.

Advanced Critical Care: The Advanced Critical Care learning experience (LE) will focus on the care of the critically ill patient in a community hospital Critical Care Unit (CCU). This LE may also emphasize the areas of cardiology and pulmonology issues in the CCU. Residents will collaborate with physicians, nurses and other health professionals to improve patient outcomes through medication therapy interventions with emphasis on evidence-based medicine. **Disease States:** Respiratory failure, ARDS/mechanical ventilation, Shock and sepsis (emphasis on hemodynamic parameters/monitoring), Advanced Cardiac Life Support, Management of acute arrhythmias, Acute decompensated heart failure, Hypertensive crisis, Myocardial Infarction (focus on post-intervention care), Acute Renal Failure, Cerebral Vascular Accident, Post return of spontaneous circulation care (ROSC), Cardiogenic Shock.

Advanced Emergency Medicine: EMRMC is a Level III Trauma Emergency Department; the Advanced Emergency Medicine elective is a learning experience that will focus on the management of medical emergencies commonly encountered in a community hospital setting, with emphasis on resident independence and autonomy in this practice setting. Residents will collaborate with physicians, nurses, and other health care professionals to improve patient outcomes through medication therapy interventions, with an emphasis on evidence-based medicine. **Disease States:** Continued from Emergency Medicine rotation based on individual resident goals and patient flow in the Emergency Department.

Advanced Internal Medicine-Renal: During this rotation the resident will develop a basic understanding of renal pathology and the associated anatomy and physiology. He or she will understand and consistently apply the pertinent renal guidelines when applicable. The resident will be introduced to the basic differences between the renal and regular diets employed in the inpatient setting at EMRMC. Throughout the rotation basic diagnostic techniques, non-invasive and invasive, employed by the medical staff at EMRMC will be introduced and opportunities for in-services will be made available when applicable and feasible. **Disease States:** acute kidney injury, acute renal failure, drug-induced kidney damage, chronic kidney disease, diabetes, dosage adjustments, associated complications of CKD and renal replacement therapy. Most patients will have additional, concurrent illnesses related (both directly and indirectly) to nephrology such as: cardiovascular (hypertension, heart failure, arrhythmias, etc.), neurovascular, diabetes, COPD, infectious diseases, and anticoagulation.

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

Pharmacy Practice Change or Service Expansion: Pharmacy practice change or service expansion learning experience is where the resident will apply management skills to effectively research, design, pilot or implement a change to existing pharmacy services or to introduce a new or expanded pharmacy service concept. Resident will develop a project timeline, design, perform literature search for support of the change project or new service, business plan or proforma, applicable capital requests, billing charge codes and model for reimbursement of service where applicable, analysis of technology or software critical for the project completion, impact on current pharmacy department staffing metric and return on investment projection. The resident is responsible for identifying key stakeholders within the organization, soliciting a champion for the project or service expansion and preparing a formal presentation for the new service or extension of service to the Pharmacy Director, Stakeholders and/or Senior Leadership Team. Residents may collaborate with the Pharmacy Director, pharmacy managers and Associates, clinical and medical staff stakeholders, Human Resource Representative, Clinical Managers and Department Directors, Chief Financial Officer and finance team, Chief Operating Officer and other members of the Senior Leadership Team during the learning experience. The Practice Change or Service Expansion concept must be approved by Director of Pharmacy in advance of the learning experience.

Surgery Orthopedics: This experience will provide the resident the opportunity to develop pharmacotherapeutic skills in the identification and resolution of drug therapy problems in surgical and orthopedic patients. The resident will advance their knowledge in the pre-op and post-op care of these patients, as well as their care during surgical procedures. This experience will focus on spine and orthopedic patients as well as General/Urologic surgical patients, specifically 6 Tower patients. This experience may serve as a foundation for future hospital experiences in that it will deal with a wide variety of therapeutic issues encountered in treating acutely ill and injured patients.

Timeline for Residents

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

June (last two weeks)	Hospital Orientation Residency Program Orientation Pass-Off from outgoing residents Residency Banquet
July	Orientation Research Brainstorming Session with Preceptors Complete Initial Development Plan Finalize Research Project Idea Select research team Attend Kentucky Pharmacy Residency Network annual meeting Attend Sullivan University College of Pharmacy Teaching Certificate Program Seminar
August	Begin Longitudinal Experiences Research Council abstract presentation IRB research presentation Set tentative elective schedule
September	ASHP poster abstract submission Attend EMH Research Council Research Day
October	ASHP poster submission KSHP Fall meeting KSHP recruitment event Quarterly Development Plan
November	
December	Attend ASHP Midyear (poster and recruitment events) Project time for data collection for research project Vacation Time Finalize Elective Learning Experiences
January	Participate in Residency candidate interviews Quarterly Development Plan
February	Great Lakes Pharmacy Residency Conference (GLPRC) abstract submission Participate in Rank Order Residency Candidate Process
March	GLPRC slide deck submission
April	Present research findings to Research Council Present research findings to IRB Attend and present at GLRPC Complete Resident Exit Survey Quarterly Development Plan
May	Draft Manuscript submission
June	Final Manuscript Submission Pass-Off to incoming residents Residency Banquet

Ephraim McDowell Regional Medical Center
PGY 1 Pharmacy Residency Program
Paid Time Off (PTO) Summary

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

Holidays

Summer Holidays (Independence Day, Labor Day, Memorial Day)

Residents will not be scheduled to work on Independence Day. One paid holiday will be used for this scheduled holiday. Residents will be scheduled to work either Labor Day or Memorial Day and a paid holiday will be used for the other holiday. For example, resident scheduled to work Labor Day will be scheduled off on Memorial Day, but must use holiday pay for Memorial Day.

Winter Holidays (Thanksgiving, Christmas, New Year's)

Residents will be scheduled off on Thanksgiving Day. One paid holiday will be used for this scheduled holiday. Residents will be scheduled to work either Christmas Eve and Day or New Year's Eve and Day. For the alternating holiday week, residents will be scheduled off and use one week of PTO. For example, residents working Christmas Eve/Day will be scheduled off the week of New Year's Eve/Day.

Professional Meeting Time

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

Preceptor	Credentials	Certifications	Learning Experience		Position
Amanda Burton aburton@emhealth.org	PharmD	BCPS	Pediatric Longitudinal	Informatics Elective	IS Pharmacist
Ashley Cambron acambron@emhealth.org	PharmD	BCPS	Hospital Practice Longitudinal	Women's Health Elective	Inpatient Manager
Mary Covell mbcovell@emhealth.org	PharmD/MPH	BCPS	Critical Care	Adv. Critical Care	Clinical Staff Pharmacist
Michelle Fraley mfraley@emhealth.org	PharmD	BCPS	Oncology		Cancer Center Director
Joan Haltom jhaltom@emhealth.org	PharmD		Practice Management Longitudinal	Pharmacy Practice Change or Service Expansion	Director of Pharmacy
Angie Hatter ahatter@emhealth.org	PharmD	BCPS	Infectious Disease		Antimicrobial Stewardship Coordinator
Tara Neitzel tamullins@emhealth.org	PharmD	BCPS	Emergency Medicine	Adv. Emergency Medicine	Clinical Staff Pharmacist
Heather Ratliff hdeatley@emhealth.org	PharmD		Emergency Medicine	Internal Medicine- Renal Elective	Clinical Staff Pharmacist
Lauren Riney lstory@emhealth.org	PharmD		Ambulatory Care Elective		Ambulatory Care Pharmacist
Kourtney Shewmaker kshewmaker@emhealth.org	PharmD/MBA	BCPS	Internal Medicine	Behavioral Medicine Elective	Residency Program Director
Chelsea Stamper cestamper@emhealth.org	PharmD		Internal Medicine	IM-Renal Elective	Clinical Staff Pharmacist
Brett Vickey bvickey@emhealth.org	PharmD	BCPS	Cardiology		Clinical Staff Pharmacist
Sarah Vickey svickey@emhealth.org	PharmD	BCACP	Ambulatory Care Elective		Outpatient Pharmacy Manager
Monica Wesley mdwesley@emhealth.org	PharmD		Internal Medicine		Clinical Staff Pharmacist

EPHRAIM MCDOWELL REGIONAL MEDICAL CENTER		
PHARMACY DEPARTMENT Pharmacy Residency Dismissal and Discipline Policy		
APPROVAL SIGNATURE:	INITIAL DATE: 2/17	REVISION DATE:
PHA		

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

RESPONSIBILITY: Pharmacy Residents

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

- A. **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:
 - 1. Kentucky Licensure received no later than October 15. If the resident does not obtain licensure within the designated time, the resident may be dismissed from the program.
 - 2. Completion of hospital and departmental orientation checklist (excluding rotation specific tasks) by 90 days from start date.
- B. **Disciplinary Action:** Disciplinary action will be initiated if a resident:
 - a. Does not follow policies and procedures of the EMRMC Department of Pharmacy Services, or Residency Program
 - b. Does not present him/herself in a professional manner
 - c. Does not make satisfactory progress on any of the residency goals or objectives
 - d. Does not make adequate progress towards the completion of residency requirements (e.g. residency project, rotation requirements, longitudinal activities service requirements, etc.)
 - e. Does not comply with Attendance Policy

In the event of the identification of need for disciplinary action of a resident the following disciplinary steps shall be taken:

- 1. The first step in helping to correct a problem is the issuance of the First Step – Corrective Action. The Residency Program Director (RPD) will discuss the incident with the resident and the resident will be given an opportunity to explain the event. The resident may be required to develop an Action Plan and he/she will review it with the RPD. If acceptable, the RPD will sign the plan to eliminate recurrence. A copy of the Corrective Action document and Action Plan, if required, is to be forwarded to the Human Resources Department and will be placed in the Associate’s personnel file as part of his/her record. Corrective action documented will also be uploaded to PharmAcademic.

2. In the event the problem is not corrected or additional incidents/behavior issues occur, the Associate will receive a Second Step – Corrective Action for the next offense. The purpose of this document is to let the resident know that the problem has not been corrected and that a further recurrence will result in a Final Reminder or separation of employment.
 3. In the event of a further occurrence, the resident will receive a Final Step – Corrective Action or may be separated based on the severity of the infraction. In the event the Associate returns to work and does not change his/her behavior, the result will be separation of employment. A Final Reminder or Letter of Separation will be reviewed with the Human Resources Department prior to discussion with the Associate. A Human Resources Manager or Representative will be present for the issuance of a Final Reminder or separation of employment.
- C. **Unsatisfactory Advancement:** Achieving 80% of assigned goals and objectives is a requirement for completing residency program. Progress of achieving goals and objectives will be assessed throughout residency year, specifically during quarterly development plan review. Unsatisfactory advancement towards achieving goals and objectives is defined as follows:
- a. Delay in Licensure after July 31
 - b. 50% of Goal and Objectives are marked “Needs Improvement” by preceptors at 1st and 2nd Quarter development plan review
 - c. 25% of Goal and Objectives are marked “Needs Improvement” by preceptors at 3rd Quarter development plan review
 - d. Failure to make satisfactory progress towards the completion of a residency requirement (research project, manuscript, teaching certificate etc.)

If a resident fails to make satisfactory advancement in any aspect of the residency program the following steps shall be taken:

1. RPD will:
 - a. Discuss progress with the resident.
 - b. In conjunction with the resident, develop an action plan to include:
 - i. Solution to rectify the deficiency
 - ii. A monitoring process or follow-up plan
 - iii. Specific Goal (what must be demonstrated or achieved to be deemed satisfactory progress)
 - iv. Timeline for reassessment of improvement or satisfactory progress
 - v. Outline of next steps if immediate improvement is not seen
 - c. The action plan will be downloaded to PharmAcademic by RPD.
 - d. RaPP committee will be notified of the resident’s deficiency and will be asked to provide feedback on additional, ongoing, future concerns to the RPD.
2. If the action plan does not yield satisfactory results as described and agreed upon, or another deficiency, behavior or action warrants attention, the involved preceptor(s), director of pharmacy, plus the RPD will determine a plan and course of action.
3. Specific to delay in licensure:
 - a. Residents should sit for applicable licensure exams by July 31. If this deadline cannot be accommodated, extension may be made by RPD.
 - b. If residents are not licensed by the end of orientation, required learning experiences will be delayed or modified to a non-independent elective rotation.

If deemed necessary, an extension of the resident's 12-month contract (up to 2 months) can be made if the extension can be accommodated by the program and approved by RaPP committee. Based on the number, severity, or seriousness of the deficiency, behavior or action, at any time the RaPP Committee can be convened to consider a recommendation put forth by RPD up to and including dismissal from the Residency Program.

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

Resident: _____

Date: _____

RPD: _____

Date: _____

EPHRAIM MCDOWELL REGIONAL MEDICAL CENTER		
PHARMACY DEPARTMENT		
PGY1 PHARMACY RESIDENCY DUTY HOURS AND MOONLIGHTING POLICY		
APPROVAL SIGNATURE:	INITIAL DATE: 02/17	REVISION DATE:
PHA		

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

DEFINITION OF TERMS:

Duty Hours: All scheduled clinical and academic activities related to the pharmacy residency program. This includes inpatient and outpatient care; administrative duties; and scheduled and assigned activities, such as conferences, committee meetings, and health fairs that are required to meet the goals and objectives of the residency program. This does not include: reading, studying, and academic preparation time for presentations and journal clubs; travel time to and from conferences; and hours that are not scheduled by the residency program director (RPD) or a preceptor.

Scheduled duty periods: Assigned duties, regardless of setting, that are required to meet the educational goals and objectives of the residency program. These duty periods are usually assigned by the RPD or preceptor and may encompass hours which may be within the normal work day, beyond the normal work day, or a combination of both.

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

Continuous Duty: Assigned duty periods without breaks for strategic napping or resting to reduce fatigue or sleep deprivation.

Strategic napping: Short sleep periods, taken as a component of fatigue management, which can mitigate the adverse effects of sleep loss.

POLICY: Residents, RPD, and preceptors have the professional obligation to ensure they are fit to provide services that promote patient safety. The RPD must ensure that there is not excessive reliance on residents to fulfill service obligations that do not contribute to the educational value of the residency program or that may compromise their capability for duty and endanger patient safety. Providing residents with a sound training program must be planned, scheduled and balanced with concerns for patients’ safety and residents’ well-being. Therefore, the EMRMC PGY1 Pharmacy Residency Program (the Program) will comply with the ASHP Accreditation Standards for duty hours and moonlighting.

PROCEDURE:

A. GENERAL REQUIREMENTS

1. Residents will be introduced to this Policy and Procedure alongside the supporting ASHP Duty-Hour Requirements document during the interview process and orientation period.

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

B. EXTERNAL MOONLIGHTING APPROVAL

1. The resident must request approval from the RPD prior to any moonlighting activities at an external site using Appendix B. This written request must outline which hours and days of the week that the resident is requesting to moonlight.
2. The RPD will provide verbal or written permission for the resident to moonlight at any external site.
 - a. The Director of Pharmacy, Inpatient Pharmacy Manager, and any preceptor deemed to be affected by the moonlighting will be notified by the RPD.
3. The resident is responsible for logging all moonlighting hours at both external sites and within EMRMC, following the general procedure guidelines delineated above.
 - a. The resident will provide verbal or written notification to the RPD of any week in which he/she exceeded 15 hours of moonlighting, unless it is part of an approved agreement.
 - b. Failure to submit a log of moonlighting hours as outlined above may lead to the cancellation of any current agreement in place. The resident will be required to submit a new request for any future moonlighting activities.

4. The RPD has the ability to cancel any moonlighting agreement at any time if they feel that the moonlighting is having a negative impact on the resident's responsibilities to the Program.

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

Resident: _____

Date: _____

RPD: _____

Date: _____

KEY WORDS: duty hours, moonlighting, PGY1, pharmacy residency

REFERENCES:

Duty-Hour Requirements for Pharmacy Residencies. ASHP Accreditation Standards for PGY1 Pharmacy Residencies. (2012). (<http://www.ashp.org/DocLibrary/Residents/Pharmacy-Specific-Duty-Hours.pdf>)

Appendix A

Ephraim McDowell Regional Medical Center PGY1 Pharmacy Residency Program Monthly Duty Hours Attestation

Duty hours will be assessed monthly. Please complete by the last day of each month.

1. Averaged over the past month, my per week total duty hours have not exceeded 80 hours.
 - a. True
 - b. False
2. I have at least 10 hours duty-free between all daily duty periods.
 - a. True
 - b. False
3. I have worked ____ total hours over the last month at Ephraim McDowell Regional Medical Center.
4. I have moonlighted at another facility ____ hours over the last month.

Appendix B
Ephraim McDowell Regional Medical Center
PGY1 Residency Program
Moonlighting Approval Form

Resident Name _____

Outside Employer _____

Street Address _____

Manager _____

Phone Number _____

Planned number of working hours per week _____ Planned working days of the week _____

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

Resident Signature

Date

Residency Program Director Signature

Date

EPHRAIM MCDOWELL REGIONAL MEDICAL CENTER		
PHARMACY DEPARTMENT		
PHARMACY RESIDENCY LEAVE OF ABSENCE POLICY		
APPROVAL SIGNATURE:	INITIAL DATE: 02/17	REVISION DATE:
PHA		

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

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

POLICY: A Leave of Absence (medical, family, parental, general or bereavement) is defined as time without working in excess of one week, and is approved at the discretion of the Residency Program Director. A leave of absence request of 1 week to 8 weeks may be requested by the Resident to the Residency Program Director (RPD). If the Residency Program Director deems that remedial work is necessary to maintain successful progress and complete all residency program requirements by the end of the year, the resident may need to modify their residency schedule and duration of the program to complete the missed or remedial work.

PROCEDURE:

A. Extension of Training

1. A Program Director may require the Resident to compensate for excused days, or a leave of absence. The extension of training period may be accomplished by either extending the Resident’s appointment year (by no more than 8 weeks), or by reappointing the Resident for the time period sufficient to make up the lost days. All decisions related to extensions will be made on a case-by-case basis and cannot be guaranteed.
2. In the event that the resident is completing a PGY2 and an extension is necessary, the resident will need to meet with both programs to determine a course of action. This course of action will be need to be agreed upon by both programs and approved by RaPP.
3. Alternatively a RPD may require a Resident to extend his or her training in order to complete all previously outlined clinical experiences and training.

B. Stipend for Extension of Training

The Resident’s stipend is fixed for 12 months. Resident taking a Leave of Absence can use any available Paid Time Off (PTO). If PTO is not available, any remaining Leave of Absence will be unpaid. If extension of the residency year is approved due to a leave of absence, the stipend will be extended and paid at the same rate as agreed upon in the Residency agreement.

C. Notification

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

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

Resident: _____

Date: _____

RPD: _____

Date: _____



By signing below, I attest to the following:

- I understand that the information presented in the PGY1 Pharmacy Residency Manual is not all inclusive and is subject to change at any time.
- I have read and reviewed the PGY1 Pharmacy Residency Manual with the Residency Program Director during Orientation.

Resident: _____

Date: _____

RPD: _____

Date: _____



217 South Third Street | Danville, KY 40422 | (859) 239-1000 |