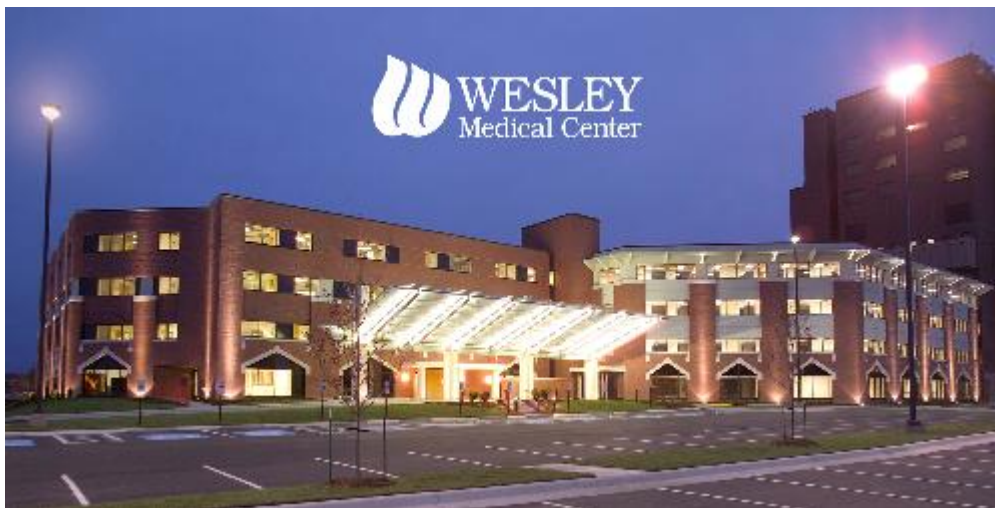




Wesley Medical Center  
Wesley Woodlawn Hospital & ER  
Wesley Children's Hospital  
Wesley West ER & Diagnostic Center  
Wesley Derby ER  
WesleyCare Clinics

***PGY1 Pharmacy Residency Manual  
Class of 2023-2024***

Wesley Medical Center  
Wichita, Kansas



Updated 11/2022

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## **Welcome!**

Congratulations on starting your residency with Wesley!

We are very pleased to welcome you as a new member of Wesley's highly trained and dedicated pharmacy team. Your pharmacy residency is an exciting and unique time to focus on learning and refining clinical skills, and we are dedicated to providing you with a variety of high-quality learning experiences during your residency. We believe that your residency year should be designed to fit your specific needs and interests, so do not hesitate to discuss opportunities to tailor activities to your specific interests.

This year you will experience great professional growth that is directly related to the amount of commitment and dedication applied. At Wesley, it is our goal to partner with you to guide you on your journey to become a highly trained and independent clinical pharmacist.

Again, congratulations and welcome to the team!

Chris Durham, PharmD, BCPPS  
Residency Program Director, PGY1 Pharmacy and Pediatrics  
Clinical Specialist, Pediatrics

This manual has been developed for the PGY1 Pharmacy Residency Program at Wesley Medical Center in Wichita, Kansas to provide information on policies, procedures, benefits and other elements that may directly relate to the completion of our program. Questions regarding the residency manual may be addressed with the Residency Program Director or the Residency Advisory Committee. There may be changes to policies and procedures at any time when deemed necessary. You will be informed of changes accordingly.

## **About Wesley**

We are a 760 bed, 102 bassinets, tertiary-care, community teaching facility and a Level 1 trauma center. The main campus is comprised of Wesley Medical Center, which includes the Critical Care Building (cardiac, medical, surgical/trauma, and neuro), Acute Care Building, Women's Hospital, and the BirthCare Center, as well as Wesley Children's Hospital. Wesley also has several off-site campuses including the Family Medicine Clinic, Wesley Woodlawn and the Wesley West and Derby Emergency and Diagnostic Centers.

Wesley Medical Center (WMC) is one of the most experienced and comprehensive medical centers in Kansas. Our mission is above all else, we are committed to the care and improvement of human life.

Wesley has been an HCA Healthcare facility since 1985.

## **Requirements for Application to the Program**

Materials (4-7 below) submitted via Phorcas:

1. Graduate from an accredited college or school of pharmacy; PharmD (preferred), or B.S. with equivalent clinical experience
2. Participation in the ASHP residency match program
3. Completion of Phorcas application and letter of interest
4. Curriculum vitae
5. Three (3) letters of recommendation.
6. Pharmacy School transcripts
7. On-site interview (for candidates progressing to the final step in the process)

## **Pharmacy Services at Wesley**

The pharmacy department at WMC has approximately 45 pharmacists and 35 technician support personnel. The pharmacy strives to provide industry leading clinical and drug distribution services. Our focus is on patient safety, accomplished through a variety of redundant drug use control and patient monitoring systems. Automation and bar code scanning systems help avoid potential errors and enable pharmacy staff to provide additional services that optimize patient outcome.

### **Mission**

Above all else, we are committed to the care and improvement of human life.

### **Core Services**

The pharmacy department provides a number of core services to all inpatient areas. Further information on the goals of clinical pharmacy services, drug distribution and research efforts may be found on the department web page.

The scope of core services includes:

- Management team (see Appendix A)
- Sterile products preparation
  - Central pharmacy
  - OR satellite pharmacy
  - Pediatric pharmacy
  - Wesley Woodlawn pharmacy
- Medication distribution and administration system
  - Inventory/purchasing - MedCarousel® and Product Manager®
  - Unit-dose distribution - Pyxis®
  - Electronic Health Record - Meditech®
  - Bar Code Medication Administration (BCMA)
  - Electronic Medication Administration Record (eMAR)
  - Computerized physician order entry (CPOE)

- Clinical Pharmacy Specialists
  - Adult Medicine (Trauma Medical, Ortho/Spine, Cardiac Stepdown, Neuro Medical, Surgical Oncology, Wesley Woodlawn)
  - Critical Care – Medical, Surgical, Cardiac, Neuro, Pediatric, Neonatal, Evening, Overnight
  - Drug Information/Formulary Management/Clinical Decision Support
  - Emergency Medicine
  - Infectious Diseases
  - Oncology – Adult, Pediatric
  - Pediatrics
  - 
  - Medication safety
- Decentralized Services
  - Medication review
  - IV to PO conversions
  - Anticoagulation dosing and monitoring
  - Renal and hepatic dose adjustments
  - Pharmacokinetic and therapeutic drug monitoring and dosing service
  - Total parenteral nutrition dosing service
  - Opioid stewardship
  - Patient counseling
  - Medication reconciliation
  - Antimicrobial stewardship
  - Adverse drug reaction detection, prevention and monitoring
  - Real-time patient monitoring system - Vigilanz®
- Pharmacists respond to code blues, level 1 traumas, massive blood transfusions, level 1 stroke alerts, malignant hyperthermias, stat intubations, pediatric sepsis alerts.. ED pharmacists also respond to code sepsis and code stroke alerts.

**Commitment to Education**

Wesley is a teaching site for many area schools of medicine and pharmacy. Some clinical pharmacy specialists hold various faculty positions with the University of Kansas (KU) School of Pharmacy and School of Medicine.

## PGY1 Pharmacy Residency Program

### Purpose:

PGY1 residency programs build upon Doctor of Pharmacy (PharmD) education and outcomes to develop pharmacist practitioners with knowledge, skills, and abilities as defined in the educational competency areas, goals, and objectives. Residents who successfully complete PGY1 residency programs will be skilled in diverse patient care, practice management, leadership, and education, and be prepared to provide patient care, seek board certification in pharmacotherapy (i.e., BCPS), and pursue advanced education and training opportunities including postgraduate year two (PGY2) residencies.

### Competency Areas:

- **R1:** Patient Care
- **R2:** Advancing Practice and Improving Patient Care
- **R3:** Leadership and Management
- **R4:** Teaching, Education, and Dissemination of Knowledge
- **A1:** E5: Participate in the Management of Medical Emergencies

### Educational Goals:

- **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.
- **Goal R1.2:** Ensure continuity of care during patient transitions between care settings.
- **Goal R1.3:** Prepare, dispense, and manage medications to support safe and effective drug therapy for patients.
- **Goal R2.1:** Demonstrate ability to manage formulary and medication-use processes, as applicable to the organization.
- **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.
- **Goal R3.1:** Demonstrate leadership skills.
- **Goal R3.2:** Demonstrate management skills.
- **Goal R4.1:** Provide effective medication and practice-related education to patients, caregivers, health care professionals, students, and the public (individuals and groups).
- **Goal R4.2:** Effectively employs appropriate preceptors' roles when engaged in teaching (e.g., students, pharmacy technicians, or other health care professionals).

## Pharmacy Residency Program Structure

PGY1 Pharmacy Residency

Program Director: Chris Durham, PharmD, BCPPS

<b>Patient Care Practitioners, Adjunct Faculty, Preparation for PGY-2 in Multiple Areas</b>				
<b>R1: Patient Care</b>	<b>R2: Advancing Practice and Improving Patient Care</b>	<b>R3: Leadership and Management</b>	<b>R4: Teaching, Education and Dissemination of Knowledge</b>	<b>A1: Participate in the management of medical emergencies</b>
Orientation	Research/MUE	Adult Medicine	Patient Education	Direct Patient Care
Adult Medicine	Drug Information	Practice Management	Teaching Experience	Staffing
Critical Care				
ID				
Emergency Medicine				
Pediatrics				

## **Resident Qualifications**

### **Technical Standards**

Pharmacy residents at Wesley are held to the highest professional standards. Residents must practice the following:

- Critical thinking and problem-solving skills
- Sound judgment
- Emotional stability and maturity
- Empathy for others
- Physical and mental stamina
- Ability to learn and function in a variety of settings

### **Prerequisites**

Eligible candidates for the Pharmacy Residency Program must:

- Attain a Doctor of Pharmacy degree from an accredited college of pharmacy, or B.S. from an accredited college of pharmacy with equivalent clinical experience.
- Agree to take the Kansas Board of Pharmacy examination.

### **Match Results**

- The RPD will send matched candidates their Statement of Agreement within 30 days of the Match to confirm and document their acceptance of the Match. The matched resident shall sign and email the Statement of Agreement as soon as possible but no later than 30 days prior to start of the residency program in order to begin the hiring process through Human Resources.

Residents seeking exceptions to these standards or reasonable accommodations should initiate their request with the program's director.

Human Resources steps in the hiring process

- Creating an account in ReadySet (our Employee Health records data base)
- Completing the assigned health surveys in ReadySet
- TB test (blood test within the last 90 days or one will be drawn at appt) Do not accept skin test.
- Current Tdap vaccine (bring record of one within the past 9 years or we will provide one)
- Two MMR vaccines (or titers showing immunity or we will draw titers and provide vaccines as needed)
- Three Hepatitis B vaccines (or titers showing immunity or we will draw titers and provide vaccines as needed.)
- Two Varicella vaccines (or titers showing immunity or we will draw titers and provide vaccines as needed.)
- Current Flu Vaccine during flu season (Nov 1 to approx. April 1) or we will provide.
- COVID Vaccine (documentation or will sign decline at appt)
- We will draw baseline labs (CBC w/Diff, BUN, Creat, Liver Panel and UA) on all employees working with Chemotherapeutic medications
- N-95 (mask) fit testing

### **Medical insurance**

Resident medical insurance is a benefit of employment and thus can be purchased through Wesley. You can also choose to have your medical insurance covered through other, non-Wesley plans (i.e., insurance held through a parent or spouse, or an independent commercial plan). Evidence of medical coverage must be provided when your educational program begins.

### **Background check**

Prospective residents must pass a criminal background check and/or drug screening required by state laws, prior to the start of the residency year.

### **Resident responsibilities**

Residents are required to exhibit professional and ethical conduct at all times.

### **Equal opportunity**

Wesley upholds all federal and state laws that preclude discrimination on the basis of race, sex, age, religion, national origin, marital status, sexual orientation, disabilities or veteran's status.

### **Diversity, Equity and Inclusion**

Wesley recognizes, celebrates, and draws from our differences because it makes us better. We value the diverse backgrounds of our pharmacists, residents, students, and technicians and believe varied levels of experience and diversity enhance our ability to solve difficult challenges and provide the greatest care for our patients. Wesley promotes the involvement in and access to leadership opportunities to all staff regardless of race, ethnicity, gender, religion, age, sexual orientation, nationality or disability.

## **Requirements for Completion of the Residency**

Established activities and projects are required to ensure achievement of the goals and objectives as dictated by residency accreditation standards.

- A formal orientation program for all residents is scheduled in July of each year. All new residents are expected to attend these sessions and complete required competencies. All required competencies must be completed (new or existing) prior to resident graduation.
- Successfully attain BLS, ACLS and PALS certification when classes are available. The resident's registration and textbook fees for attendance at BLS, PALS and ACLS will be covered.
- Research (see page 14)
  - Complete a longitudinal research project.
  - Present research poster at ASHP Midyear
  - Present research at the Midwest Pharmacy Residents Conference or equivalent meeting.
  - Prepare a publishable manuscript
- Medication Usage Evaluation (see page 17)
  - Complete a medication usage evaluation (MUE) to understand medication use policies and procedures
- Communication Skills
  - Each resident must give at least three (3) formal presentations to healthcare providers during the residency year. All presentations must be present in the resident's portfolio
  - Each resident must prepare, present and document one (1) formulary evaluation summary (e.g. drug or drug class review) to the P&T Committee.
- Teaching Commitment
  - A Teaching Certificate is required through the University of Kansas if not previously obtained.
- Service
  - All residents have an operational pharmacy practice (staffing) component as required by the program. (see page 12)
- Evaluations:
  - Resident is required to achieve 100% of patient care goals R1 and A1 (which will be defined as achieving at least 70% of objectives under said goal and no current "needs improvement")
  - Resident is required to achieve 50% of non-patient care goals R2,R3,R4 and be at a minimum of satisfactory progress for the rest (i.e. no current "needs improvement")
  - RAC may vote to achieve objectives (if less than 70% marked based upon evaluations, feedback and development plan)
  - Achieved for the residency voted on by the RAC committee



- Maintain and complete a Residency Portfolio on the shared drive prior to graduation, the resident may copy their portfolio to take with them (see page 25 for guidelines).

### **Resident's Criteria for Completion of Residency Checklist**

- Complete all orientation competencies by the second quarterly development plan
- Successfully attain BLS, ACLS, PFCES (if applicable), and PALS certification when classes are available
- Complete longitudinal research project, present research and prepare publishable manuscript
- Complete medication usage evaluation
- Give at least three formal presentations to healthcare providers and have presentations available in resident's portfolio
- Complete teaching certificate if not previously obtained
- Competently perform required staffing component
- Maintain and complete residency portfolio on the shared drive prior to graduation

### **Additional Residency Expectations**

- Presentations/projects or any other material that a resident is providing to a preceptor must be provided to the preceptor at least 1 week prior to when comments/feedback is needed. Any presentation/project that is submitted after the 1 week time frame will NOT be reviewed by the preceptor.
- Residents are encouraged to attend co-resident presentations throughout the year
- Additional service opportunities may be requested by the RPD.
- Residents are required to attend throughout the year:
  - Residency Core Lecture Series
  - Co-resident presentations at Midwest Pharmacy Residents Conference or equivalent meeting
  - Assigned committee meetings
    - Residency Advisory Committee
    - Pharmacy and Therapeutics
    - Any other assigned committees
  - Ten (10) medical conferences (i.e. Grand Rounds, noon conferences, etc.)
- Twelve (12) hours of continuing education credit at ASHP Midyear Meeting. Residents are required to present a poster of their research at ASHP Midyear Meeting.
- All residents are required to participate in recruitment events (ASHP Midyear).

### **Orientation**

1. Residents will attend the 1 day general hospital orientation program prior to July.
2. Residents will complete an orientation learning experience for their first rotation
3. Residents will complete the general pharmacy checklists during the orientation rotation.
4. Residents will complete Human Subjects Training through CITI (Collaborative Institutional Training Initiative) Program online prior to end of their orientation rotation.
5. Each resident will complete PALS and ACLS when classes are available.
6. Residents will meet with RPD and preceptors to discuss research project. The project is to be decided on during the first week of orientation. A research advisor (determined by area of the project) will work with the resident and RPD.
7. There will be an evaluation at the end of orientation. The general hospital pharmacy checklists and evaluation will be completed by the resident's 2<sup>nd</sup> development plan meeting in order for residents to continue the residency.

## **Orientation to Learning Experience**

1. Orientation will be provided by the preceptor to the area in which the resident will be practicing for that learning experience.
2. The preceptor will provide a brief review of the learning experience and requirements for the learning experience. The learning experience description should be reviewed by the resident prior to meeting with the preceptor
3. All scheduled meetings, presentations, lectures, etc., will be outlined during the orientation
4. The preceptor will review the evaluation schedule with resident during the orientation

## **Operational Pharmacy Practice (staffing)**

The PGY1 resident will staff within the pharmacy department every third weekend and sixth Friday evening not occurring prior to the residents required weekend and one evening clinical shift in the spring. The schedule is developed and maintained by the scheduler. Staffing may occur on the day or evening shift.

Each PGY1 resident will staff one of the following holiday combinations: If the holiday occurs on a weekend the resident is not scheduled to work, the resident will receive a day off the following week.

1. Labor Day and New Year's Day
2. Memorial Day and Thanksgiving
3. Christmas Day

## **Clinical Preceptors**

Biographies of clinical preceptors are available on the WMC Pharmacy Residency Website.

Each rotation has one primary preceptor with or without additional co-preceptors. The primary preceptor is responsible for the resident's learning activities, experiences, and scheduling for that rotation. Where there are additional co-preceptors, the learning experience evaluation of the resident will be completed by primary preceptor.

The week prior to the start of each rotation, the resident is to contact the preceptor for the rotation and make the preceptor aware of other activities the resident will be completing during the rotation (presentations, projects, trips, etc.). The resident shall communicate directly with the primary preceptor if conflicts or concern arise with scheduling, performance, professionalism and/or personal issues. If additional resources are needed, the preceptor should contact the RPD.

## **Resident Mentor**

During orientation in July, the resident will select a preceptor to be his/her mentor for the year. Quarterly, the mentor will meet with the resident and RPD to review the Resident Development Plan to assess progression through the program and address any areas of improvement/growth. The mentor also will act as the resident's teaching mentor. The mentor will also serve as the evaluator for teaching certificate requirements and will be assessing/coaching the resident.

## **Research**

Experience and training in research is gained through: (1) Resident Research Project; and (2) Research lectures within the Core Lecture Series. Residents may refer to the ASHP Foundation's [Residency Research Tips](#) website for further guidance. During the orientation learning experience all residents are required to complete the HIPAA and Human Subjects Research Training if not previously obtained and up to date.

### **Project selection / Scope of projects/ Approval**

The purpose of completing a research project is for the resident to gain experience in all aspects of research: study design and conduct, data analysis, presentation of results, and submission of manuscript for publication. The process of generating resident research projects begins soon after the match process. Ideas for projects are solicited from incoming residents, RPD and preceptors.

### **Timeline**

Each resident should develop a project timeline within the first month of residency that includes specific goals to attain throughout the year. These goals include, but are not limited to, identification of research project topic, methodology development, statistical support guidance, IRB approval attainment, completion of data collection and analysis and manuscript preparation. Residents are also encouraged to submit abstracts to a professional meeting (ACCP, ASHP, SCCM, etc.), therefore review of these abstract deadlines early in the research process is important. A detailed schedule of expectations will be provided to the residents in July with further information about the Wesley Research Committee, Scientific Review Committee (SRC), HCA External Data Review and Investigational Review Board (IRB) meetings.

To keep on task with project completion, residents are encouraged to integrate research responsibilities into their daily activities. Reminders will be placed on each resident's Outlook calendars to keep on task with the research project.

### **Status Reporting**

Each resident should regularly discuss progress on the research project with his/her project mentor and RPD. Residents are expected to complete status updates via PharmAcademic. Problems/roadblocks should be immediately addressed and a plan for resolution identified.

### **Presentations**

- **ASHP Midyear Research Poster**  
Each resident will present their research methods at ASHP Midyear. With Midyear being in December most residents do not have data collection completed.
- **Wesley Department of Pharmacy**  
To prepare for Midwest Pharmacy Residents Conference and to meet requirements of the residency's research objective, each resident will present their research findings to the pharmacy department and undergo rigorous review of content and presentation skills. A revised presentation will then be given prior to Midwest Pharmacy Residents Conference.
- **Midwest Pharmacy Residents Conference or Equivalent**  
This presentation is generally a 15 minute presentation (<5 minutes for background, with the remaining 10 minutes utilized for study design, results, and discussion). A 3 minute question and answer period will follow the presentation.

### **Statistical Support**

In general, statistics are run by the primary investigator and research mentor. However, based on study requirements, statistical support may be pursued through discussion with RPD.

### **Manuscript Writing**

Several resources are available to assist in writing a publishable manuscript. Resources are available from the [ASHP Foundation](#) and [ASHP Media](#).

**ESTIMATED RESEARCH TIMELINE**

<b>MONTH</b>	<b>DAY</b>	<b>EXPECTATION</b>
<b>July</b>	2 <sup>nd</sup>	<input type="checkbox"/> Meet with preceptors to discuss research topics <input type="checkbox"/> Choose research topic
	15 <sup>th</sup>	<input type="checkbox"/> Methods presentation draft to preceptors
	19 <sup>th</sup>	<input type="checkbox"/> MUE topic chosen
	24 <sup>th</sup> -26 <sup>th</sup>	<input type="checkbox"/> Methods presentations
<b>August</b>	12 <sup>th</sup>	<input type="checkbox"/> IRB draft to preceptors
	15 <sup>th</sup>	<input type="checkbox"/> ASHP Midyear Poster Abstract Submission opens
	19 <sup>th</sup>	<input type="checkbox"/> MUE criteria draft to preceptors
	22 <sup>nd</sup>	<input type="checkbox"/> Submit to Wesley Research Committee (submits to WMREF IRB upon approval)
<b>September</b>	3 <sup>rd</sup>	<input type="checkbox"/> MUE criteria ready to present to P&T
<b>October</b>	1 <sup>st</sup>	<input type="checkbox"/> ASHP Midyear Poster Abstracts Due
<b>November</b>	27 <sup>th</sup>	<input type="checkbox"/> ASHP Midyear posters ready for printing
		<input type="checkbox"/> ASHP Midyear poster submitted to Wesley external data release
<b>December</b>	8 <sup>th</sup> -12 <sup>th</sup>	<input type="checkbox"/> ASHP Midyear
<b>January</b>	21 <sup>st</sup>	<input type="checkbox"/> MUE results draft to preceptors
<b>February</b>	4 <sup>th</sup>	<input type="checkbox"/> MUE results ready to present to P&T
<b>March</b>	30 <sup>th</sup>	<input type="checkbox"/> Midwest powerpoint draft to preceptors
<b>April</b>	13 <sup>th</sup> -17 <sup>th</sup>	<input type="checkbox"/> Midwest practice presentations
	22 <sup>nd</sup>	<input type="checkbox"/> Midwest powerpoint presentation to external data release/pubclear
<b>May</b>	6 <sup>th</sup> -8 <sup>th</sup>	<input type="checkbox"/> Midwest Pharmacy Resident Conference
<b>June</b>	1 <sup>st</sup>	<input type="checkbox"/> Research manuscript draft to preceptors
	15 <sup>th</sup>	<input type="checkbox"/> All close-out documents submitted to WMREF IRB <input type="checkbox"/> All research documents required to be retained printed and placed in appropriate storage

## **Medication Usage Evaluation**

### **Purpose**

The Medication Usage Evaluation (MUE) program is a structured, ongoing, organizationally authorized, process designed to improve quality of drug use by ensuring that drugs are used appropriately, safely, and effectively.

### **Policy**

It shall be the responsibility of the Pharmacy and Therapeutics (P&T) Committee to oversee and make recommendations on the MUE outcomes brought to its attention. The P&T Committee shall be responsible for the development and implementation of the program. Findings and recommendations shall be forwarded to the Medical Executive Committee and each Medical Section for their consideration.

### **Procedure Guidelines**

MUE project ideas are formulated by pharmacy management and clinical preceptors, in conjunction with the P&T committee, to identify important aspects of care.

1. **Indicator Identification:** The resident and the MUE project mentor shall develop criteria for each of the drugs/disease states included in the plan. These indicators must reflect current knowledge, clinical experience, and relevant literature and meet the particular needs of this institution.
2. **Threshold Evaluation:** The resident and MUE project mentor shall develop criteria and establish thresholds for each of the drugs/disease states included in the plan.
3. **Data Collection and Organization:** The resident is responsible for collecting agreed upon data points to analyze for the purpose of process improvements.
4. **Care Evaluation:** The data gathered shall be evaluated and analyzed by the resident and MUE project mentor.
5. **Problem Solving:** The resident shall develop process improvement recommendations and educational measures for consideration and implementation. Any corrective actions will be taken by appropriate departments as needed.
6. **Documentation and Communication of Improvement:** The resident shall present all MUE outcome reports to the P&T Committee. The P&T Committee then steers what information that the resident should then communicate to Medical Staff, Nursing, Medical Executive Committee and appropriate Section Meetings and other departments when appropriate and as feasible. (Laboratory, QA, etc.).

## **Learning Experiences**

### **Update names of internal med floors**

#### **Required Rotations**

(four week block unless specified otherwise)

Residency Orientation  
Adult Medicine (3 blocks)  
    Cardiac Stepdown  
    Neuro Medical  
    Trauma Medical  
    Woodlawn Internal Medicine  
Critical Care (1 block)  
    MICU  
    SICU  
    CCU  
    Neuro  
Emergency Medicine (1 block)  
  
Pediatrics or PICU (1 block)  
  
Practice Management/Med Safety (1 block)  
Infectious Diseases (1 block)  
Drug Information (1 block)

#### **Elective Rotations**

(four week block unless specified otherwise)

Any required rotation  
Preceptorship  
Neonatal ICU  
Overnight ICU  
Evening ICU  
Program Development (1/2 block)  
Medication Safety  
Pediatric Oncology  
Adult Oncology

#### **Longitudinal**

Pharmacy Staffing  
Research Project  
Code Blue/Level 1 Trauma Response  
Medication Use Evaluation(MUE)  
Teaching Experience

#### **Concentrated Experiences**

Advanced Cardiac Life Support (ACLS)  
Pediatric Advanced Life Support (PALS)

#### **Preceptor(s)**

Chris Durham, PharmD, BCPPS  
  
Ivy Nispel, PharmD, BCPS  
Sarah Fogg, PharmD, BCPS  
Lauren Frasier, PharmD, BCPS  
Lanae Faires, PharmD, BCPS  
  
Tessa Cox, PharmD, BCCCP  
CJ Wilson, PharmD, BCCCP  
Joe Slechta, PharmD, BCPS, FASHP  
Katherine Qualls, PharmD, BCPS, BCCCP  
Brian Gilbert, PharmD, MBA, BCCCP, BCPS, FCCM/  
Joel Huffman, PharmD, BCCCP  
Lela Hernandez, PharmD, BCPPS, BCPS /  
Chris Durham, PharmD, BCPPS  
Amber Meister, PharmD, MBA, BCPS, BCCCP  
Stephanie Harding, PharmD, BCIDP  
Blade Black, PharmD, BCPS

#### **Preceptor(s)**

Various  
Various  
Trang Vo, PharmD, BCPS  
Christina Brummett, PharmD, BCCCP / Samantha  
Rodriguez, PharmD, BCCCP  
Chris Durham, PharmD, BCPPS  
Heather Hansen, PharmD, BCPS  
Steven Le, PharmD, BCPS  
Derick Gross, PharmD, MS, BCOP, BCPS

#### **Preceptor**

Brandon Koehn, PharmD, BCPS  
Various  
Kathy Hall, PharmD, BCPS, BCCCP  
Various  
Various

## **Pediatric PGY1 Learning Experiences**

### **Required Rotations**

(four week block unless specified otherwise)

Residency Orientation  
Pediatrics (2 blocks)  
Infectious Diseases  
Pediatric Emergency Medicine  
Neonatal Intensive Care  
Pediatric Critical Care (2 blocks)  
Drug Information  
Practice Management/Med Safety

### **Elective Rotations**

(four week block unless specified otherwise)

Any required rotation  
Preceptorship  
Program Development (1/2 block)  
Medication Safety  
Pediatric Oncology

### **Longitudinal**

#### **(52 weeks)**

Pharmacy Staffing  
Research Project  
Code Blue/Level 1 Trauma Response  
Medication Use Evaluation(MUE)  
Teaching Experience

### **Concentrated Experiences**

Advanced Cardiac Life Support (ACLS)  
Pediatric Advanced Life Support (PALS)  
Pediatric Fundamentals of Critical Care Support (PFCCS)

### **Preceptor(s)**

Chris Durham, PharmD, BCPPS  
Lela Hernandez, PharmD, BCPS, BCPPS  
Stephanie Harding, PharmD, BCIDP  
Chris Durham, PharmD, BCPPS  
Trang Vo, PharmD, BCPS  
Chris Durham, PharmD, BCPPS  
Blade Black, PharmD, BCPS  
Amber Meister, PharmD, MBA, BCPS, BCCCP

### **Preceptor**

Various  
Various  
Chris Durham, PharmD, BCPPS  
Leslie Eidem, PharmD  
Steven Le, PharmD, BCPS

### **Preceptor**

Brandon Koehn, PharmD, BCPS  
Various  
Kathy Hall, PharmD, BCPS  
Various  
Various

PGY1 Learning Experience Schedule Example:

Block	Resident 1	Resident 2	Resident 3	Resident 4	Resident 5	Resident 6	Peds Resident
1 (7/1-7/25)	Orientation	Orientation	Orientation	Orientation	Orientation	Orientation	Orientation
7/26-8/1	Research/ Staffing Training	Research/ Staffing Training	Research/ Staffing Training	Research/ Staffing Training	Research/ Staffing Training	Research/ Staffing Training	Research/ Staffing Training
2 (8/2-8/29)	HM (Sarah)	HM (Sarah)	MT (Ivy)	TM (Lauren)	PM/Med Safety	TM (Lauren)	Peds
3 (8/30-9/26)	PM/Med Safety	MICU (CC)	PICU	CCU (CC)	HM (Sarah)	EM	PICU
4 (9/27-10/24)	Peds	Elective	Neuro ICU	PM/Med Safety	Surg/Trauma ICU	MT (Ivy)	Drug Info
5 (10/25-11/21)	ID/DI	PICU	EM	Elective	ID/DI	Elective	PM/Med Safety
6 (11/22-12/5)	ID/DI	EM	Elective	HM (Sarah)	ID/DI	MICU (CC)	NICU
12/6-12/12	Midyear	Midyear	Midyear	Midyear	Midyear	Midyear	Midyear
6 (12/13-12/26)	ID/DI	EM	Elective	HM (Sarah)	ID/DI	MICU (CC)	NICU
7 (12/27-1/23)	EM	Elective	PM/Med Safety	Peds	TM (Lauren)	HM (Sarah)	ID
1/24-1/30	Research	Research	Research	Research	Research	Research	Research
8 (1/31-2/27)	Elective	ID/DI	ID/DI	MT (Ivy)	Elective	Elective	Peds ED
(2/28-3/6)	Research	Research	Research	Research	Research	Research	Research
9 (3/7-4/3)	Elective	ID/DI	ID/DI	2 <sup>nd</sup> shift ICU	PICU	PM/Med Safety	Peds
(4/4-4/10)	Research	Research	Research	Research	Research	Research	Research
10 (4/11-5/8)	WW (Brandon)	PM/Med Safety	HM (Sarah)	ID/DI	MT (Ivy)	ID/DI	PICU
11 (5/9-6/5)	Surg/Trauma ICU	TM (Lauren)	WW (Brandon)	ID/DI	Elective	ID/DI	Elective
12 (6/5-6/30)	TM (Lauren)	MT (Ivy)	Elective	Elective	EM	PICU	Elective

TS=Trauma/Surg, MT=Medical Telemetry, TM=Trauma Medical, HM = Hospital Medicine, WW=Wesley Woodlawn PM = Practice management, EM = Emergency Medicine, CC = Critical Care



## **Pharmacy Core Lecture Series**

The pharmacy core lecture series will cover a variety of topics we feel are necessary to be a well-rounded pharmacist. The Lecture Series occurs on Thursdays from 1200-1300. The topics, specific dates and locations are updated each year and will be provided to the residents at the beginning of residency. Pre-work may be assigned at preceptor discretion, which the resident will be expected to complete prior to the scheduled lecture. Below are examples of the topics presented.

Research design/methods	AMI/ACS	CRRT
Pharmacokinetics	Vasopressors/Shock	Sedation/Analgesia/Delirium
Trauma	Acid/Base	Fungal infections
Core Measures	Dysrhythmias	Financial Planning
Drugs for Bugs	Pediatric ADME	Preceptor Development
Pneumonia	CVA	Starting your new job
Communication	Toxicology	Biostatistics
Nutrition/TPN	Skin and Soft Tissue Infections	Heart failure
Asthma	Diabetes Management	

## **Clinical Rotation Core Standards for Pharmacy Residents**

The goal of our pharmacy resident education programs at Wesley is to provide a positive environment where the self-learner can acquire the knowledge and skills necessary to provide patient care as an independent practitioner. This goal is primarily accomplished through resident membership on the team providing direct care to patients.

Residents are expected to provide patient care by identifying a patient's potential and actual drug therapy problems, resolving actual drug related problems and preventing potential problems from becoming actual problems. It will be necessary for the resident to review disease state management and drug therapy topics to effectively care for patients. It is primarily the responsibility of residents to review these topics through self-study and through attendance at pharmacy department and clinic-wide conferences. Residents should not hesitate to ask their preceptors to help clarify drug therapy issues/problems.

### **Hours and Attendance**

- The resident will be on-site during the hours and days as set by the preceptor.
- The resident participates in patient care and other rotation responsibilities Monday through Friday unless an exception is approved by the preceptor.
- The resident will contact the team and/or preceptor if he/she will be late or absent from patient care activities or scheduled meetings.

### **Preparation for Rounds and Meetings with the Preceptor**

- The resident will complete all required readings according to the timelines established by the preceptor and will be prepared to lead and/or actively participate in the discussion of these topics. The resident needs to “study” the information well in advance and not just complete the readings prior to meeting with the preceptor.
- The resident will be prepared to discuss patient care issues with the service for all patients during rounds.
- The resident will review all pertinent information on a daily basis, unless otherwise indicated by the preceptor. This review should be made prior to rounds.
- The resident will be prepared to present all patients to the team and/ or preceptor. This goal may need to be modified at the beginning of a rotation and/or when there are a large number of patients on service. The “quality” of the patient presentations is more important than the number of patients presented.

- The suggested format for presenting a patient is:

Initials is a \_\_\_\_\_ year old race sex who enters the hospital with a chief complaint of \_\_\_\_\_.

**HPI:** Chronological history; include medications, other therapies, surgery relating to problem

**PMH:** Significant past medical, surgical history, and social history; medication history (include medications on admission); allergies

**Assessment and Plan:** Problem List (by disease state), assessment of drug therapy appropriateness by disease state including physical assessment and vital signs, as well as, monitoring plan and response to drug therapy.

### **Resident Documentation and Communication with Decentralized Pharmacists**

The resident will follow department policy to document all clinical interventions and outcomes follow-up in Meditech, Vigilanz and/or PDOC, including recommendations and discussions held during rounds. Documentation expectations will be outlined by preceptors at the start of each rotation.

The resident is to communicate any follow-up requests with pharmacy team members covering evening shifts. These requests include a review pertinent clinical issues not fully clarified in the patient note and /or intervention history (e.g. *only* pertinent positives, pending drug levels, etc). These communications should take place before the end of the resident's work day whenever possible.

### **Participation in Patient Care Activities**

The resident will take the initiative to communicate with team members for patient care issue follow-up. Team membership requires active participation.

### **Other Core Resident Responsibilities**

- The resident will perform all duties as requested by the medical team unless otherwise directed by the preceptor.
- The resident will attend all meetings as scheduled by the preceptor.
- The resident will stay current with the pertinent medical literature and make evidence-based recommendations to the team.
- The resident will write notes in the patient's electronic chart as per department policy for all pharmacists.

## Resident Evaluation

Rating	Definition
<b>Needs Improvement (NI)</b>	<ul style="list-style-type: none"> <li>• Deficient in knowledge/skills in this area</li> <li>• Often requires assistance to complete the objective</li> <li>• Unable to ask appropriate questions to supplement learning</li> </ul>
<b>Satisfactory Progress (SP)</b>	<ul style="list-style-type: none"> <li>• Adequate knowledge/skills in this area</li> <li>• Sometimes requires assistance to complete the objective</li> <li>• Able to ask appropriate questions to supplement learning</li> <li>• Requires skill development over more than one rotation</li> </ul>
<b>Achieved (ACH)</b>	<ul style="list-style-type: none"> <li>• Fully accomplished the ability to perform the objective</li> <li>• Rarely requires assistance to complete the objective; minimum supervision required</li> <li>• No further developmental work needed</li> </ul>
<b>Achieved for Residency (ACHR)</b>	<ul style="list-style-type: none"> <li>• Resident consistently performs objective at Achieved level, as defined above, for the residency.</li> </ul>

## Resident Responsibilities

- Complete ALL PharmAcademic evaluations for all rotations prior to meeting with the preceptor at the end of each rotation or prior to due date if for a longitudinal experience
- Residents must schedule a meeting to occur 1-2 days prior to the end of the rotation to discuss rotation evaluations. This meeting should be scheduled within the first week of the rotation by sending an outlook calendar meeting request to the preceptor.
- Evaluations not completed by above stated expectations without prior approval from the preceptor will be considered a missed deadline. Please refer to Guidelines for Dismissal for consequences.

## Resident Advisory Committee (RAC)

- Purpose: Oversight of all aspects of the residency program
- Members: RPDs, director of pharmacy and preceptors. RAC preceptors serve two year terms. Residents participate in the RAC to learn and participate in the residency quality improvement process.
- Meeting Time: Third Tuesday of every month at 1230.
- Open RAC for all preceptors will be held following the RAC meeting to update the preceptors on the Residency Program and Residents' progress

## Resident Development Plan

- The resident will complete a pre-residency interest/self-evaluation with required/elective residency goals.
- The resident, RPD and mentor will complete a resident development plan after the resident has chosen a mentor within 30 days of start of residency then quarterly thereafter. These development plans will be emailed out to preceptors through PharmAcademic. Resident progress will be reviewed during RAC meetings.
- Prior to each meeting the resident will be prepared to discuss the criteria listed below and must bring a completed self-evaluation not limited to: strengths, areas for improvement, interests and career goals.
- The development plan criteria are but not limited to:
  - % goals achieved, also going over any needs improvement goals
  - Updates to development plan
  - Strengths – professional and personal
  - Areas for improvement – professional and personal
  - Career goals
  - Licensure status
  - Criteria for completion of residency progress
  - Well-being and resilience
- The resident will be responsible for organizing information (except % goals achieved) prior to resident development plans (**See Appendix A**).

## **Resident Portfolio**

**Purpose:** To standardize resident's folder on the shared drive and allow for easy retrieval of documents.

**Contents:**

- **CV** folder:
  - Updated version of CV
- **DI** folder:
  - MUE final draft
  - MUE data collection
  - MUE final results and recommendations
  - Monograph final draft
  - Other DI documents (if applicable)
- **Presentations / Projects** folder :
  - Final drafts of any formal presentation / educational document
  - Topic discussion handouts
  - Preceptor presentation feedback
  - Completed Presentation Assessment Forms
  - Newman lecture PowerPoint presentations
  - Midyear abstract
  - Midyear poster
  - Midwest Residency Conference applications materials
  - Midwest Residency Conference PowerPoint presentation
- **Research** folder:
  - Final draft of research proposal
  - Completed / signed research proposal
  - Approval documents from IRB/ QI department
  - Data collection sheet
  - Final draft of manuscript
- The resident may customize the remaining content in the portfolio
  - Folder examples:
    - Rotations
    - Statistics
    - Teaching Certificate

## **Resident Duty Hours and Well-being Policy**

1. Link to ASHP Duty Hours Requirements for Pharmacy Residencies: <https://www.ashp.org/-/media/assets/professional-development/residencies/docs/duty-hour-requirements.pdf>
2. Moonlighting (internal or external) must not interfere with the ability of the resident to achieve the educational goals and objectives of the residency program.
  - a. Internal Moonlighting will be limited to 4 shifts or 32 hrs in a rolling 4 week period with no more than 2 of those shifts or 16 hrs being completed in the same week with a mandatory duty-free time of minimum of one day in seven days free of duty when averaged over four weeks.
  - b. External moonlighting is discouraged. Residents must inform and obtain approval the residency program director of any moonlighting hours outside the facility. External moonlighting is limited to 20 hours over a rolling 4 week period.
  - c. The residency will not allow a combination of external and internal moonlighting during the same rolling 4 week period.
  - d. If moonlighting affects the resident's performance as determined by the RAC, moonlighting will be suspended for a minimum of 30 days. The resident may request the RAC grant permission resume moonlighting. Requests may be granted with normal limitations or a more stringent hour restriction.
3. In-house on-call includes covering emergency response calls Mondays through Thursdays 0700-1900 and Fridays 0700-1600. This is a rotating schedule with an average of in-house call being 3 days/4 week schedule. This in-house call is in conjunction with regular rotation hours and responsibilities. No at-home call is required for the residency.
4. Residents must complete the ASHP Standard Duty Hours Form at the end of each month in PharmAcademic. These will be reviewed by the RPD monthly and actions taken for any instances of non-compliance.
5. HCA and Wesley provide many resources for well-being including:
  - a. Optum Wellbeing
    - i. Free counseling services 24/7
    - ii. Digital toolkit to guide help
  - b. HCA Wellbeing Hub
    - i. Overall wellbeing
    - ii. Emotional wellbeing
    - iii. Medical care resources
    - iv. Financial resources
    - v. Household/Family resources
    - vi. Community resources and opportunities
  - c. HCA Hope Fund
  - d. Wesley Wellness Room includes massage chairs, exercise equipment, yoga mats, etc.
6. ASHP well-being resources may be found at [wellbeing.ashp.org](http://wellbeing.ashp.org)
7. Resilience and well-being will be discussed and reviewed at quarterly resident development plans with resident/RPD and mentor and as needed.

## **Communications**

### **Paging System**

Residents are assigned a personal alphanumeric pager for various emergency pages (code, trauma, sepsis etc).

### **iMobile**

Residents will be given an iPhone for using the MH-Cure system. Residents are expected to assign their patients as requested by their preceptor.

A physician may be paged by calling the hospital operator at 2-3030 and requesting the physician or staff member be paged to your phone number.

### **E-mail**

The resident is responsible for reading and acknowledging all e-mail messages in Outlook from faculty and staff in a timely manner. Failure to review email at least daily could result in the resident missing valuable information such as schedule changes, meetings and policy announcements.

Residents are also required to be proficient in Microsoft Outlook and maintain an up-to-date Outlook calendar.

### **Webex**

Residents will have access to Webex on their facility laptop to communicate with Wesley/HCA employees and join and/or schedule virtual meetings.

### **Telephone**

Keep personal phone calls to a minimum. If you need to make a call that will be lengthy or possibly disruptive, please remove yourself from the resident office for the call.

### **Pharmacy Phone/Fax Numbers**

Pharmacy department phone numbers, including the pharmacy office, central and satellite phone numbers may be found on the Wesley Pharmacy Intranet page or the shared drive.

Pharmacist numbers can be found in the MH-Cure Directory

The pharmacy department fax number is (316) 962-2568.

## **Professional Meetings and Travel**

### **Professional Membership and Fees**

Pharmacy residents are required to be members of the American Society of Health-System Pharmacists (ASHP). ASHP membership dues are reimbursed for all residents.

### **Travel**

<b>Month</b>	<b>Conference</b>	<b>Location</b>	<b>Required</b>	<b>Subsidized</b>
October	ACCP Annual Meeting	Varies	No	No
December	ASHP Midyear Meeting	Varies	Yes	Registration covered; Travel and Expenses in stipend
April	ACCP Spring Meeting	Varies	No	No
May	Midwest Pharmacy Residents Conference or equivalent	Varies	Yes	Yes

### **Reimbursement**

All reimbursement is processed through Concur. Training will be provided to residents as needed.

### **ASHP Midyear Meeting**

Website: [www.ashp.org](http://www.ashp.org)

Deadlines – please see website for updates and actual dates:

- *Abstract submission:* late September to early October
- *Hotel reservation:* mid-July – reserve early please
- *Registration:* by mid-October
- *Travel expenses for all Midyear expenses has been included in the Resident's stipend.* No additional reimbursement will be provided.

### **Midwest Pharmacy Residents Conference**

Website: <http://www.mprconference.com>

Deadlines – please see web site for updates and actual dates:

- *Abstract submission:* late February to mid-March
- *Hotel reservation and registration:* February or March – reserve early please
- Travel expenses for Midwest will be reimbursed after through HCA Concur.

## **Stipend and Benefits**

The stipend for the PGY1 pharmacy practice resident is \$48,672.

Residents will be paid every two weeks for the previous two weeks of work. There are a total of 26 pay periods a year. Your stipend will be divided equally among the 26 pay periods. Direct deposit to your financial institution is required. Pay days are every other Friday and the timing of your first paycheck will be discussed during orientation.

Residents are provided with an excellent benefit package that includes day 1 medical, prescription, dental and vision coverage if chosen,. Additional benefits include but are not limited to:

- 401K participation
- Benefits Continuation (COBRA)
- Jury Duty Leave
- Life Insurance
- Military Leave
- Short-Term Disability
- Bereavement
- Medical and Daycare flexible spending accounts
- Corporate Discounts (cell phone, shopping, rental care, electronics etc.)

## **Vacation and Leave**

### **Vacation**

Residents are considered benefits-eligible as other full-time employees are at WMC. Paid time off (PTO) will begin accruing immediately and is based on productive hours worked. PTO includes sick days, holidays etc. Vacation time will be limited to ten (10) days unless other arrangements are made with the RPD.

### **Personal Appointments**

Appointments for personal issues (physician, dentist, banking, etc.) should have minimal impact on rotation activities. Appointments must be approved by the preceptor at least two days prior to the appointment, and ideally, prior to the start of the rotation.

### **Leave**

The maximum leave that can be taken without extending the end date of the residency program, is inclusive of all leave (professional, conferences, interview days, other PTO, vacation, sick, maternity, paternity, extended leave of absence, paid or unpaid is 37 days. Leave greater than 37 days will require an extension of the program equal to the number of additional days missed. Leave greater than 60 days or 12 weeks will result in the resident not completing the residency program.

### **Sick Leave**

Weekday: Residents must contact their current preceptor and the pharmacist in charge (PIC) if they are going to be out sick and absent from rotation by 7 a.m.

Weekend staffing: If the resident is going to be out sick for a weekend staffing shift, he/she must contact the pharmacist in charge (PIC) at least two hours prior to the start of the shift when possible. The resident is required to make up the shift at a later date.

### **Emergency Leave**

Preceptors and the RPD are aware that certain life emergencies or life events may occur and that residents may need to be away or request to be away. Attempts will be made to accommodate the resident should this situation arise during the residency year, not exceeding 12 weeks. Approval must be granted by the RPD and the Director of Pharmacy.



### **Professional leave**

Professional leave is allowed for approved conferences per hospital policy (see Travel).

### **Maternity / Paternity Leave / Extended Leave of Absence**

The resident may have the residency extended by an appropriate amount of time to compensate for time away from the residency program if the total number of days on leave is greater than 37.

Leave greater than 37 days will require an extension of the program equal to the number of additional days missed. Leave greater than 60 days or 12 weeks will result in the resident not completing the residency program.

### **Early Commitment**

The PGY-2 Critical Care program offers the opportunity for early commitment to current PGY1 residents at Wesley Medical Center.

#### **Early Commitment Process**

- Residents interested in pursuing early commitment should submit a signed letter of interest for early commitment to the PGY2 Critical Care Residency to the program director by the end of the day on October 15th annually.
- A formal on-site interview will be scheduled by the program director no earlier than October 22nd annually.
- The on-site interview may consist of a 45-60 min formal interview with the critical care preceptors, lunch and a 30-45 min formal presentation.
- The PGY2 Critical Care applicant evaluation form will be used.
- Discussion of the candidate(s) by the critical care preceptors will occur shortly after the interview(s).
- If the applicant is deemed acceptable for early commitment, a formal offer letter will be delivered prior to November 7th. If it is felt that the program is not ready to accept an early commitment applicant by November 7th, the applicant(s) will be notified.
- If early commitment is not offered by the program, any candidate not offered early commitment may still apply to the program but are required to participate in the ASHP Match Process. An additional interview will not be required for these candidates.
- If a resident is accepted by the early commitment process, a written acceptance letter must be delivered to the program director within one week of being offered the position. This acceptance letter is a formal commitment by the resident to pursue the PGY2 Critical Care residency the following year.

## **Resident Disciplinary Process Policy**

Guidelines for dismissal from the program:

1. Residents must meet agreed upon and documented deadlines for projects and presentations. If a preceptor feels that an agreed upon deadline has been missed, written documentation should be completed and reviewed with the resident and uploaded into PharmAcademic. Written documentation should also be completed by the preceptor for any unprofessional conduct. If three occurrences due to missed deadlines or any occurrence of unprofessional conduct during the residency year, the resident must go before the RAC and explain the issues and complete an action plan. RAC will then determine, based on the circumstances, whether one more missed deadline or episode of unprofessional conduct will result in review with Human Resources and a subsequent final warning. Immediate dismissal from the program can result with any additional missed deadline or unprofessional conduct following the final written warning.
2. Two failed attempts to pass the NAPLEX or Kansas law exam or failure to obtain licensure as a pharmacist in the State of Kansas within 60 days of program start date.
3. If total leave from the program extends 12 weeks.
4. Any Resident Impairment
  - Residents perform their educational and assigned duties unimpaired by alcohol, drugs, and psychological, medical, or behavioral disorders.
  - Residents will not engage in unlawful or unethical acts in relation to drugs and alcohol.
  - Residents are not under the influence of, nor consume alcohol or drugs while engaged in work or educational activities.

## **Miscellaneous**

### **Confidentiality**

Maintaining confidentiality of patient, employee, and business information is critical and pertains to all information (oral, paper-based, and electronic).

### **Identification Cards**

WMC identification badges must be worn by all employees while on duty. The badge must be worn above the waist and name and picture must be clearly visible. Residents may not wear non-professional insignia such as pins or buttons not related to Wesley or the health care profession while on duty unless pre-approved by the Pharmacy Department Director.

### **Professional Dress and Decorum**

All residents are expected to maintain a professional appearance while delivering services to patients and their families, as outlined in Human Resources Professional Dress Standards policy. Standardized professional scrubs are allowed when the resident is on Trauma Call or appropriate clinical rotation.

If dressed improperly, the resident may be instructed to return home to change clothing or take other appropriate action. Subsequent infractions may result in disciplinary action.

### **Trauma Pagers**

Residents are designated to carry the trauma pagers and respond to all Level 1 Traumas on a rotating basis.

### **Workspace and Supplies**

Residents have a designated work space that will include, at a minimum, a desk, desktop computer and printer, telephone, bookshelf, and a file cabinet. Residents have access to a copy machine, scanner and a fax machine that can be used for official business associated with the residency.

### **Licensure**

Newly hired, unlicensed pharmacy graduates are expected to have a scheduled appointment to sit for the NAPLEX and Multistate Jurisprudence exam prior to their start date and obtain licensure as a pharmacist in the State of Kansas within 60 days of program start date with no more than 2 attempts. Licensing fees are not reimbursed.

### **Liability Insurance**

All pharmacists at WMC are suggested but not required to carry professional liability insurance. Suggested insurers include Pharmacists' Mutual and through ASHP via Marsh Affinity Group Services

### **Parking and Transportation**

Residents will receive information about parking on the one-day hospital orientation in July. Residents are allowed to park in the Rutan Parking Garage. The vehicle must be registered with WMC security office and the WMC parking permit must be displayed while parking on WMC campus.

### **Housing**

WMC does not provide housing for the pharmacy resident. The RPD can help direct residents interested in finding housing to various resources, as well as current residents for advice.

### **Preceptor of the Year and Mentor of the Year**

Each spring, the resident class selects a Preceptor of the Year and Mentor of the Year. This preceptor excels in teaching, clinical skills, dedication to the pharmacy profession and mentoring. The Mentor has gone "above and beyond" to help guide his/her resident through residency.

**Wesley Medical Center  
PGY1 Residency Program**

**PGY1 RESIDENT STATEMENT OF AGREEMENT**

As a resident in the PGY1 Residency Program at Wesley Medical Center, I agree to the following:

1. I am participating in a one (1) year training program in Pharmacy Practice that is scheduled to begin on July 1st, \_\_\_\_ and scheduled to end on June 30th, \_\_\_\_.
2. I will be considered benefits-eligible as other full-time employees are at Wesley Medical Center. Paid time off (PTO) will begin accruing immediately and is based on productive hours worked. Vacation time will be limited to 10 days unless other arrangements are made with the Residency Program Director.
3. I will receive a stipend of \$48,672/year, paid on a two-week pay period basis.
4. I understand that I will be required to work one of every three (3) weekends in a clinical staff pharmacist role, one Monday or Friday of every 6 weeks and one of the following holiday combinations; Labor Day and New Year's day, Memorial day and Thanksgiving or Christmas Day and one evening clinical shift in the spring (the compensation for weekend and Monday or Friday shifts is included in the base salary).
5. I will avoid engaging in any activities that compete with my duties and responsibilities with the Residency program. If I wish to work extra hours as a pharmacist, I will discuss this (and receive approval) with the Residency Program Director and will generally work those hours (for pay) at Wesley Medical Center by signing up for available overtime shifts.
6. I will follow ASHP Duty hours as outlined in the Residency Manual.
7. I understand that I must schedule all Board exams prior to July 1st of this year and notify my residency program director of my test dates. If I fail to pass either the NAPLEX or Kansas law exam after two attempts or fail to obtain licensure as a pharmacist in the State of Kansas within 60 days of my start date, I understand that I will not be able to continue in the program.
8. I understand that adequate professional liability insurance is not required but it is suggested that you obtain it prior to beginning residency training.
9. I will take full advantage of what the residency program offers me; I understand that this will typically require more than 50 hours per week.
10. I will accept the responsibility placed on me, in so far as my knowledge and experience allow; I am aware that my rotation preceptors, Resident Advisor and Residency Program Director will be available for assistance.
11. I will accept constructive criticism and act on it.
12. I will strive to complete all assignments on time, including learning experience evaluations.
13. I understand that I must satisfactorily complete all of the competencies and requirements outlined in the Residency Manual in order to earn an ASHP-accredited residency certificate.
14. By signing this I attest that I have reviewed the online PGY1 Residency Manual.

Print Name: \_\_\_\_\_

Resident Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## **Resident Checklists**

### **Resident Beginning of the Year Checklist**

- Complete pre-residency survey
- Complete HIPAA and Human Subjects Research Training
- Complete required orientation competencies
- Become a licensed pharmacist in Kansas
- Upload a photocopy of your license to HR Answers
- Join American Society of Health-System Pharmacists (ASHP) if not already a member
- Register for ASHP Midyear Meeting
- Reserve hotel room for ASHP Midyear Meeting

### **Resident End of Year Checklist**

Name \_\_\_\_\_ Date \_\_\_\_\_

Program \_\_\_\_\_

The following must be completed to successfully finish the residency and receive your completion certificate:

- Present MUE to P&T
- Provide research manuscript ready for publication submission
- Submit completed IRB Report
- Place all patient-specific information from research project into the Investigational Pyxis
- Complete all required competencies
- Complete all PharmAcademic tasks and evaluations
- Complete Residency Portfolio in the shared drive
- Turn in ID card, car parking tags, and pager to residency director
- Clean out workspace, including wanted files on computers and network drives
- Arrange healthcare insurance (you have 45 days from termination date to sign up for COBRA)
- Change address with respective Board of Pharmacies
- Update forwarding address with Human Resources
- Complete ASHP post-residency survey

Submit completed checklist to program director.

\_\_\_\_\_  
Residency Director

\_\_\_\_\_  
Date

## **Resident Development Plan**

Resident: \_\_\_\_\_

Evaluator: \_\_\_\_\_

Mentor: \_\_\_\_\_

Date/Time: \_\_\_\_\_

*Career Goals:*

*Interests:*

*Evaluations/% patient care goals achieved/% non-patient care goals achieved/any needs improvement goals*

*Licensure status*

*Professional Strengths:*

*Personal Strengths:*

*Professional Areas to Improve:*

*Personal Areas to Improve:*

*Overall assessment of well-being and resilience:*

### **Checklist for completion of residency program:**

- Complete all orientation competencies by the second quarterly development plan
- Successfully attain BLS, ACLS, PFCES, and PALS certification when classes are available
- Complete longitudinal research project, present research at Midwest Pharmacy Residents Conference and prepare publishable manuscript
- Complete medication usage evaluation
- Give at least three formal presentation to healthcare providers and have presentations available in resident's portfolio
- Complete teaching certificate if not previously obtained
- Competently perform required staffing component
- Achieve 100% of patient care competency area and goals: R1 and A1
- Achieve 50% of non-patient care competency area and goals and be at a minimum of satisfactory progress for the rest (i.e. no "needs improvement"): R2, R3 and R4
- Maintain and complete residency portfolio on the shared drive prior to graduation

*Plan:*