

Intermountain Health - Lutheran Medical Center

PGY1 Pharmacy Residency Manual

Last Updated: June 2024



This manual has been developed for the Pharmacy Residency Program at Lutheran Medical Center to provide information on the policies, procedures, benefits, and other elements that may directly related to the completion of our program. Questions regarding the manual may be addressed with the Residency Program Director. There may be changes to the policies and procedures at any time when deemed necessary. You will be informed of those changes accordingly.

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Requirements for Successful Completion

The following requirements must be met to successfully complete the residency program and receive a certificate. Further details of these requirements are noted in this manual.

1. Earn a rating of “achieved for residency” (ACHR) on all objectives in the R1 competency area (patient care) and at least 80% of all objectives.
2. Research Project
 - CITI training and IRB approval
 - Poster presentation at professional conference
 - Platform presentation at regional residency conference
 - Final written report
3. Staffing (minimum of 150 hours)
4. Resident Continuing Education (CE) presentation
5. ACLS Certification
6. Committee Membership: active participation in at least one hospital or departmental committee

Residency Program Overview

- The residency program is a postgraduate training program in pharmacy practice. Training is provided in acute care, primary care, drug information, practice management, and medication policy development.
- Rotations are tailored to meet the needs and interests of each resident

The resident is required to complete the following learning experiences during the residency year. Learning experience length is 4 weeks, except 3 weeks for orientation.

- Orientation
- Administration
- Internal Medicine
- Infectious Disease/Pharmacokinetics
- Cardiology and Intermediate Care Unit
- Neuro Intensive Care Unit
- Surgical
- Emergency Medicine
- Intensive Care Unit

The resident must complete the following longitudinal rotations during the residency year. Learning experience length is longitudinal, with specific start/end dates varying by experience.

- Ambulatory Care
- Teaching Certificate
- Staffing
- Research Project

The resident will select two elective rotations. Learning experience length is 4 weeks. Note that elective time slots may be used to repeat a required rotation if necessary due to not showing sufficient progress in achieving objectives.

- Emergency Department Days
- Infusion Center / Oncology
- Transplant
- Repeat of Required Rotation (more advanced experience)

Rotation Hours

Rotations will be scheduled at 40 hours per week. Preceptors may choose to schedule five 8-hour shifts per week, four 10-hour shifts per week, or per an alternative plan approved by the RPD and scheduling team. If the rotation is scheduled as four 10-hour shifts, one day off per week will be scheduled. Note that residents may sometimes work over 40 rotation hours per week to address urgent patient care needs in the practice area if necessary. This is at the discretion of the preceptor and resident.

Residents receive one project day per rotation. Exceptions are orientation and longitudinal rotations, which do not include a project day. This project day replaces a regularly scheduled rotation day and should be scheduled at least 4 weeks prior to the start of the rotation through discussion with the preceptor. The resident is encouraged to schedule their project day to best support their wellbeing. The resident may complete any residency-related tasks during this time. The resident must complete at least 6 hours of work on each project day either on-site or remotely during daytime hours (5 am to 7 pm). Preceptors are asked to avoid scheduling the resident for rotation-related activities (i.e. topic discussions, presentations) on the project day unless absolutely necessary.

Duty Hours

- When providing patient care, it is important to be fit for duty; this means being mindful of hours worked and ensuring residents arrive at work able to complete required duties.
- Definition:
 - Duty hours include all scheduled clinical and academic activities related to the pharmacy residency program (includes inpatient and outpatient care; administrative duties; and scheduled and assigned activities, such as conferences, committee meetings and health fairs)
 - “Moon-lighting” outside of Lutheran Medical Center is strongly discouraged among residents. If a resident chooses to work intermittently outside of Lutheran Medical Center, they must report this to their residency program director and manager
- Duty hours do **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 or preceptor.
- Duty hours must be limited to 80 hours per week, averaged over a 4-week period, inclusive of all moonlighting.
- With regard to the mandatory time free of duty, residents must have a minimum of 1 day in 7 days free of duty (when averaged over 4 weeks).
- Duty hours tracking form will be shared with you in Teams
- Please see the ASHP Duty Hour Policy here: <https://www.ashp.org/-/media/assets/professional-development/residencies/docs/duty-hour-requirements.ashx>

Staffing Requirements

- Residents must staff a minimum of 150 hours during their residency year. Note that this is a minimum requirement, and residents will likely staff more than this based on the requirements noted below. Staffing hours should be recorded by the resident on the Staffing Hours form.
- Staffing shifts may be 8- or 10-hour shifts.
- The resident may staff on med rec, central pharmacy, or decentralized shifts.
- Residents staff every other weekend, with the Monday following their staffing weekend off.
- Residents staff one major and one minor holiday.
 - Major holidays: Thanksgiving Day, Christmas Day, New Year’s Day
 - Minor holidays: Independence Day, Labor Day, Memorial Day
 - Time off for holidays not worked is subtracted from PTO

Resident Continuing Education (CE) Series

- The resident shall, with guidance and supervision of appropriate preceptors and Pharmacy Education and Postgraduate Training Pharmacy Manager (EPTPM), develop and deliver an Accreditation Council for Pharmacy Education (ACPE)-accredited presentation.
- Expectations document will be provided during on-boarding with further requirements and dates.

Research Project

- Projects are selected using resident rank-lists
- A project advisor and team will be assigned to provide guidance to the resident throughout the year, however the resident is ultimately responsible for each element of the project
- The resident will complete items noted in the Research Project Timeline in the Resources section of this manual
- Final written report must be summarized in a written format acceptable for publication. Submission to ASHP Best Practice Award is also acceptable
- Residents are strongly encouraged to pursue publication and/or presentation of their project in a peer-review setting upon completion of their residency

Compensation

The resident is paid an agreed upon salary distributed biweekly over the course of the 52 week residency year. If the resident is terminated or leaves the program prior to completion, compensation will be stopped on that date. The resident is eligible for the comprehensive benefits package offered by the hospital, including health benefits, retirement savings program, and more. Further information on benefits is available at: <https://thelanding.sclhealth.org/hr-resources/benefits-well-being>.

Time Away from the Program and PTO

- Using PTO promotes resilience and wellbeing. It is recommended that residents plan approximately one day of PTO per 4-week rotation throughout the year.
- The term of resident appointment is 52 weeks. Time away from the program may not exceed a combined total of the greater of (a) 37 days per 52-week training period, or (b) the minimum number of days allowed by applicable federal and/or state laws (allotted time), without requiring extension of the program. Time away from the program includes PTO, along with any other leave. PTO is always considered time away from the program, but time away from the program does not always require PTO. Examples of time away from the program include vacation time, sick time, holiday time, religious time, interview time, personal time, jury duty time, bereavement leave, military leave, parental leave, leave of absence, and extended leave. Conference or education days, though they are considered to be a required part of the program, will also be included in the number of days away from the program. Compensatory days for staffing shifts, are considered part of the service commitment and therefore are not counted as time away from the program. The resident must also abide by hospital policies regarding PTO and leave.
- The resident must use PTO for vacation time, sick time, holiday time, religious time, interview time, personal time, and other approved absences. As an exempt employee, the resident is responsible for ensuring PTO is deducted from his or her balance when used. PTO is not required to be used for conference or education days. If unsure if PTO is required to be used, the resident should discuss with the RPD.
- Residents accrue PTO according to hospital policy based on length of service. Currently, the rate for residents without prior employment is up to 0.088462 hours per hour worked (7.08 hours per 80 hour pay period), which is approximately 184 hours (23 days) for the residency year. This rate is subject to adjustment. The resident should generally expect to use ≤ 18 days of PTO during the residency year and may not use more than 23 days. The same expectation and maximum apply for a resident who starts residency with PTO carried over from prior employment.
- All requests for planned PTO should be made in writing to the RPD and preceptor as soon as possible or at least 4 weeks in advance. The resident may use up to 4 days of PTO during planned weekend staffing days, which must also be requested to the Scheduling Team per the usual process and due date. A request for PTO may be denied at the discretion of the RPD or preceptor if it is determined that the absence may interfere with the resident's ability to successfully complete the residency program. The option of making up the rotation day on a weekend, as opposed

to using PTO, will be assessed on a case-by-case basis at the discretion of the RPD and preceptor. Resident is responsible for updating Kronos to reflect days off prior to sign off by manager. Accrued, unused PTO will be paid out when a caregiver leaves employment.

- **Unplanned absences**
 - Inpatient staffing: Contact central pharmacy at least 2 hours prior to shift start time (if possible) to notify them of illness/unscheduled absence (303-425-2978). Central pharmacy will follow call-out algorithm to cover your shift. Depending on the circumstances, you may be asked to work an alternate shift to make up the missed staffing day.
 - Rotation: Notify preceptor and RPD.
 - PTO will be used for unscheduled absence unless other arrangements are made with preceptors, RPD and your manager to make up the time.
 - Excessive absences will be addressed according to the section on Disciplinary Action and Dismissal.

Medical and Personal Leave

- To be eligible for leave under the Family and Medical Leave Act (FMLA), an employee must have been employed for at least 12 months and have worked at least 1,250 hours during the one-year period preceding any leave. Residents typically do not meet these requirements and do not qualify for FMLA. If a resident is FMLA-eligible, he or she will be granted leave for eligible life events and will be reinstated to his or her former position or to an equivalent position with equivalent pay, benefits, and working conditions. More information about FMLA may be found in hospital policy.
- Unpaid medical or personal leave will be considered on a case-by-case basis and must be approved by the RPD, Director of Pharmacy, and HR. Unpaid leave may be approved for FMLA-covered life events if the employee is not FMLA-eligible, emergencies, or extenuating circumstances.
- When taking FMLA leave or approved unpaid leave:
 - The resident will use his or her PTO and then leave will begin.
 - The residency will be extended by the number of days that the resident is on leave.
 - Residents must make-up all time approved for leave in order to fulfill the requirements of a minimum of 52 weeks appointment.
 - The resident will not be compensated during the leave.
 - Compensation will resume upon returning to work after the leave is complete. Compensation will continue until the new end date of the residency program.
- Any leave will not exceed 12 weeks. If a longer leave is needed, the resident will be dismissed from the program.
- Unsatisfactory attendance or abuse of leave will be addressed according to the section on Disciplinary Action and Dismissal.

Funding for Professional Conferences

- Travel support is provided for one professional conference.
- Travel support is also provided for one regional residency conference
- Expense Reports/Reimbursement
 - To complete an expense report utilize WorkDay App
 - All expense reports for travel must be completed prior to the trip or within 30 days from the return date in order to ensure reimbursement
 - All original receipts must be kept and attached to the electronic 'Expense Reimbursement' request
 - Contact your manager prior to planning any travel or before applying for reimbursement

Performance Evaluation

- This residency program is accredited through the American Society of Health System Pharmacists (ASHP). The resident's performance is evaluated on ability to meet the required educational competency areas, goals, and objectives set forth by the ASHP Accreditation Standard for PGY1 Pharmacy Residency Programs.
- ACHR is defined as readiness for independent practice and is awarded when the resident consistently meets the objective. The RPD will evaluate and determine ACHR status quarterly based on preceptor evaluations and feedback, the RPD's own evaluation and feedback, review of residency tasks and assignments, resident self-assessments, resident development plans, and any other relevant sources. Examples of performance earning ACHR are listed below:
 - Resident earns two or more ratings of "achieved" on an objective
 - Resident earns one rating of "achieved" on an objective, while earning "satisfactory progress" on the objective earlier in the residency year
 - Resident earns one rating of "achieved" on an objective when it is evaluated only on one rotation.
 - Resident earns several ratings of "satisfactory progress" on an objective, and RPD determines ACHR based on performance on these learning experiences along with performance in other settings.
- Residents are responsible for contacting primary preceptors for each rotation 10-14 days prior to the start of each rotation with an introductory email (see pre-rotation communication expectations)
- Evaluations must be completed no later than 7 days from the due date.
- Feedback is essential for residents' skill development. Feedback will be frequent, immediate, specific, and constructive. Preceptor will provide formative and summative feedback. Formative feedback (on-going, regular) feedback will be provided primarily verbally; as well as in writing when evaluating activities like presentations, as documentation of verbal feedback, or when verbal feedback is not possible due to patient care or scheduling. The on-demand feature of PharmAcademic will be used to document formative feedback. Summative evaluation will be provided via PharmAcademic at the end of the rotation and at the midpoint. Summative evaluation will be provided in writing and discussed verbally with the resident.
- Summative evaluation for each learning experience will use the following rating scale and definitions:
 - Achieved: Resident confidently and competently demonstrates ability independently in this practice area.
 - Satisfactory progress: Resident is meeting or exceeding expectations but cannot yet independently demonstrate the ability.
 - Needs improvement: Resident is not meeting minimum expectations. This rating indicates that the resident must change course to successfully complete the learning experience. Examples: not making sufficient and sustained progress, inappropriate behavior, dishonesty, unexcused absences, missed deadlines, poor quality work, etc.
 - Not applicable: This rating will be avoided. Preceptor will consider removing objective from rotation if cannot evaluate.

Resident Corrective Action Process

The purpose of this process is to define pharmacy resident performance and conduct expectations and the corrective actions that may be taken when expectations are not met. The resident is subject to the organizational Corrective Action policy and is required to read this policy upon beginning the residency program. The resident is also subject to the residency-specific expectations noted below.

Examples of inadequate performance or inappropriate conduct that may require action are listed below, but may not be limited to the following:

- Academic dishonesty
- Plagiarism
- Inability to demonstrate sufficient progress towards achieving residency program objectives after receiving feedback
- Inability to obtain pharmacist licensure
 - The resident must be licensed as a pharmacist in the state of Colorado. Licensure must be completed as soon as possible, and the resident must obtain a valid Colorado intern license until pharmacist licensure is complete. If the resident fails to obtain pharmacist licensure 90 days from the start of the program, the resident will be placed on a written corrective action plan per organizational policy.
 - The resident is encouraged to consult with an Employee Assistance Program counselor to discuss test-taking anxiety and tools to manage stress if necessary.
 - If the resident then fails to obtain licensure 120 days from the start of the program, the resident will be dismissed from the program unless extenuating circumstances are identified. In the event of extenuating circumstances, the resident's term of appointment may be extended by the number of days the resident is without licensure past the 120-day deadline only with approval from the Residency Program Director (RPD) and Director of Pharmacy.

Resident Grievances

The RPD will maintain an open-door policy to receive any feedback from each resident. Residents are encouraged to first discuss any concerns regarding a learning experience with the preceptor. If resident-preceptor discussion does not produce a resolution, residents are encouraged to discuss with the RPD and other pharmacy leaders.

RESOURCES FOR RESIDENTS

Resilience

Resilience is important for both personal wellbeing and to support the continued ability to provide safe and effective care. The resident will receive resilience education from the RPD during orientation. The resident will complete a monthly Resident Resilience Form to follow signs/symptoms of burnout, strategies to promote work/life balance and relieve stress, and if PTO is being used. Residents are encouraged to request any additional resilience support or guidance at any time from the RPD, preceptors, pharmacy leadership, or another trusted individual.

Contact a mental health care professional when you or someone you know experiences/notices:

- Severe physical and/or cognitive impairment
- Personality change
- Feeling overwhelmed with anxiety or depressive thoughts
- Erratic functioning or is a possible danger to themselves or others
- Is unable to control one's action enough to perform duties

If you or someone you know is in immediate distress or crisis, we advise calling the 24/7 988 Suicide and Crisis Hotline (call 988).

Mentorship Experiences

Residents will be paired with a mentor and advisor at the start of the residency year. Residents are responsible for scheduling monthly meetings with their assigned mentors and advisors.

- A preceptor or non-preceptor pharmacist will serve as mentor, and the relationship's main purpose is to give residents guidance throughout the year with an emphasis on development and education.
- A member of pharmacy leadership will serve as advisor, and the relationship's main purpose is to give residents guidance throughout the year with an emphasis on overall professional development and career advancement

Laptops

Residents will be issued laptop computers to be used throughout the year.

- Laptops: Laptops should be used as a workstation while on rotation (including for clinical rotations) as well as can be used at home. Laptops should be stored in a secure location
- Residents are required to password protect all documents containing Health Insurance Portability and Accountability Act (HIPAA) information

Dress Code

- The Lutheran Medical Center Dress Code:
<https://sclhealth.navexone.com/content/dotNet/documents/?docid=55201>
- Scrubs are acceptable when in the ED, OR, pharmacy operations areas or as indicated by preceptors
- More formal attire will be required for special events. For example, suits are required for presentations outside the organization

Email Expectations

- Residents are expected to check Lutheran email daily Monday through Friday during the work week. Responses to email are expected within 24 “business hours” of receipt.
- The specific response time is not required during PTO/vacation; however, residents should use an out-of-office alert to notify sender of absence. Residents are required to follow-up on email as soon as possible upon return.
- It is expected that residents create an email signature using the Intermountain approved template (see below).

Name, Credential(s)

Pronouns: He/Him/His

Job Title

Intermountain Health, Region Name

Street Address, City, State, Zip

P: 555.555.5555 | C: 555.555.5555



Colorado Prescription Drug Monitoring Program

- Residents should register with the Colorado Prescription Drug Monitoring Program as it will be a needed resource to carry out staffing duties as a pharmacist.
- Note you will need to be licensed in order to register
- Prescribers are responsible for checking the ePDMP prior to prescribing any controlled substances at discharge or for use in the ambulatory setting
 - Apply for access
 - Go to <https://colorado.pmpaware.net/login>
 - Click “Create an account”
 - Enter email and create a password
 - Select “Healthcare Professional or Delegate” and select Pharmacist from list
 - Complete required fields including your license number
 - Look for confirmation email when complete
 - Logging in
 - Go to <https://colorado.pmpaware.net/login>
 - Type in username and password
 - Click “RxSearch - Patient Request”
- This will also be the login utilized within EPIC for ePDMP access

Basic Life Support (BLS) and Advanced Cardiac Life Support (ACLS) Certifications

- Lutheran offers certification in Basic Life Support (BLS) and Advanced Cardiac Life Support (ACLS)
 - Residents are required to maintain ACLS certification. Residents are expected to complete ACLS prior to starting ICU or ED rotations.
 - Lutheran requires pharmacists to maintain BLS
- Enrollment
 - Utilize WorkDay and RQI from the Landing to complete
 - WorkDay
 - Click learning category
 - Search ACLS
 - Click ACLS Provider Certification
 - Enroll in class
 - RQI 1Stop
 - Click Login
 - Complete any courses assigned to you
 - Residents may take one project day to complete this course. Residents are responsible for scheduling Part 2 of ACLS based on their rotation/staffing schedule

Parking

- Residents must adhere to their assigned parking location (ex: staff parking lots)

Research Project Timeline

April	May	June (start of residency year)
<ul style="list-style-type: none"> - Call for projects from staff - Remind any potential project advisors to complete CITI training 	<ul style="list-style-type: none"> -Incoming residents to complete Collaborative Institutional Training Initiative (CITI) training 	<ul style="list-style-type: none"> -Finalized project list distributed to incoming residents
<p>Resident Action steps = NONE</p>	<p>Resident Action Steps</p> <ul style="list-style-type: none"> - Go to https://www.citiprogram.org/ and complete modules for Group 1 -Biomedical Investigators, Co-Investigators and Study Coordinators 	<p>Resident Action Steps</p> <ul style="list-style-type: none"> -Review available projects and prepare questions to ask project leads once on-site
July	August	September
<ul style="list-style-type: none"> -Project leads will present available projects to residents during orientation -Residents submit project rankings -Projects are assigned -Research team established -Scoping of project and scoping presentation preparation begins 	<ul style="list-style-type: none"> -Work with advisor and project team to scope project and develop protocol 	<ul style="list-style-type: none"> -present protocol to Education/Research Committee (ERC). Each resident is allotted 30 minutes to present their protocol and receive feedback -Education/Research Committee submits feedback that resident must respond to and return in order to obtain protocol approval
<p>Resident Action Steps</p> <ul style="list-style-type: none"> -Follow up with project leads to get any questions answered prior to submitting project rank list -Submit rank list by deadline -Build research team with help of project advisor -Plan project and begin creating scoping presentation 	<p>Resident Action Steps</p> <ul style="list-style-type: none"> -Schedule and coordinate necessary team meetings -Distribute protocol draft to project team two weeks prior to scheduled ERC presentation date 	<p>Resident Action Steps</p> <ul style="list-style-type: none"> -Send protocol draft to Tay one week prior to ERC presentation date -Respond to email containing feedback within one week -Distribute finalized protocol to project team -Ensure COMIRB is complete
October	November	December
<ul style="list-style-type: none"> -Begin data collection after receiving protocol approval -Draft professional conference poster abstract -Submit professional conference poster abstract 	<ul style="list-style-type: none"> -Begin working on professional conference poster -Submit professional conference poster after reviewed by research team 	<ul style="list-style-type: none"> -Professional Conference
<p>Resident Action Steps</p> <ul style="list-style-type: none"> -Send abstract to team 2 weeks prior to submission deadline -Send to RPD, at least 3 business days prior to submission deadline 	<p>Resident Action Steps</p> <ul style="list-style-type: none"> -Send poster draft to project team 2 weeks prior to proof deadline -Submit for proof printing by deadline -Submit for final printing by deadline 	<p>Resident Action Steps</p> <ul style="list-style-type: none"> -Present poster
January	February	March
<ul style="list-style-type: none"> -Midpoint check-in with ERC (via email) 	<ul style="list-style-type: none"> -Develop regional residency conference abstract 	<ul style="list-style-type: none"> -Regional residency conference abstract due

Resident Action Steps	Resident Action Steps -Send abstract to project team 2 weeks prior to deadline -Send to RPD, at least 3 business days prior to submission deadline	Resident Action Steps - Submit abstract by deadline
April	May	June (end of residency year)
-Develop regional residency conference poster/slide set and presentation	-Regional residency conference slide set submission -Regional residency conference -Develop final written report	- Final written report submission deadline -Project wrap-up
Resident Action Steps -Submit slide set to RPD and project team prior to deadline -Complete Regional Conference practice presentations -Submit slide set prior to deadline	Resident Action Steps -Present at Regional Conference -Send final written report to project team prior to deadline -Send to mentor/advisor by deadline	Resident Action Steps -Submit final written report to RPD by deadline -Close out study in COMIRB

Requirement Checklist

Resident				
Mentor		Advisor		
Certifications				
Title	Due date	Date Completed	Documentation Submitted	
Colorado Pharmacist Licensure				
Advanced Cardiac Life Support				
Projects				
Project	Subject	Advisor	Timing	Other Notes
Year- Long Resident Project			See timeline on page 10	
Required Experiences				
Requirement	Notes		Completed	
Be involved with one or more hospital or departmental committees				
Meet with mentor and advisor approximately once monthly				
Track Duty hours				
Track Staffing hours				
Other Requirements				
Contact primary preceptor(s) for each rotation 2 weeks prior to the start of the rotation with an introductory email (see pre-rotation communication expectations)				
Evaluations should be completed in PharmAcademic no later than 7 days from due date				
Monitoring of progress on residency objectives and keeping preceptors informed about objectives that should be focused on for each rotation				
Other Experiences				
Present poster at professional conference				
Present platform presentation at Regional Residency Conference				

Pre-Rotation Communication Expectations

Below are the elements that should be included in pre-rotation communication as well as an example of an exceptional pre-rotation email.

Goals:

- In order for residents and preceptors to adequately prepare for the rotation, residents must provide preceptors with rotation goals. Residents need to have at least 3-4 goals that they would like to work toward. Goals should be specific and appropriate for the time assigned to the rotation. For 1–2-week rotations, residents may only have 1-2 goals.
- Example good goal: Become familiar with the selection and narrowing of antibiotic therapy and overall treatment of community acquired vs. Hospital acquired pneumonia in the ICU setting
- Example poor goal: Improve knowledge of antibiotics – **too broad**
- Example good goal: Increase comfort and confidence in making recommendations and interacting with physicians during patient care rounds
- Example poor goal: Increase confidence – **too broad**

Learning Style

- Additionally, it is helpful if residents provide information about their learning style. Residents should be able to provide a general description of what is most effective for them to learn
- Example: I like to be quizzed on new information, I am a hands-on learner, I learn by doing, I like to observe first prior to trying new things on my own.

Schedule

- Preceptors should be notified with any meetings, staffing days, and if a project day will be scheduled during the rotation. Since schedules are likely to change, residents should provide preceptors with any updates on the first day and throughout the rotation.

Strengths and Opportunities for Improvement

- The goal for this portion is for residents to incorporate feedback from previous rotations and communicate it forward to the next preceptors
- Example: My identified strengths on my previous rotation were the ability to thoroughly review a patient profile and the ability to prepare topic discussions for students. Opportunities for improvement were my time management in working up patients and improving confidence by speaking up more on rounds.

Example Pre-Rotation Email

Good afternoon,

I am excited to start my cardiology rotation with you on Monday, September 7th. I am one of the non-traditional residents and completed the LAPPE program here prior to starting my PGY1. So far during my residency, I have completed rotations in the MICU, transplant, internal medicine, administration and SICU. I staff all over the hospital including the PAT clinic, infusion clinic and central. I have included some information about myself below.

Goals

- Overall goals:
 - Obtain a PGY-2 in emergency medicine or critical care (still TBD)
 - Career in hospital pharmacy
- Rotation goals:

- Anticipate patient's needs ahead of rounds to be prepared for the acute problems occurring as well as looking forward to future needs
- Incorporate myself into the team as a key member
- Create a strong knowledge base in treating cardiology patients

Strengths: strong communication skills, leadership, social, observant

Areas for improvement:

- make quick critical decisions
- informal topic discussions to solidify knowledge

Learning Style:

- I learn the best by seeing an example, then completing the task myself
- Being asked questions even if I have to look it up

Feedback:

- instant if needed
- weekly feedback sessions

Schedule conflicts:

- 9/9 Academic Afternoon 1300-1600
- 9/16 Academic Afternoon 1300-1600
- 9/22 Rounding 1630-1700
- 9/23 Academic Afternoon 1300-1600
- 9/30 Academic Afternoon 1300-1600

What can I do to prepare for my rotation? What time should I plan on starting on Monday September 7th?

If you have any other questions, let me know.

Best,

Tay

Tay Kitzke, PharmD
PGY1 Pharmacy Resident
Phone: 952-807-3511 | Pager: 414-314-3757
taylor.kitzke@froedtert.com

PHARMACY DEPARTMENT INFORMATION

Scope of Services

- Safe and effective med use
 - Pharmacists will take clinical action and make recommendations based on evidence to ensure safe and effective use of medications to meet therapeutic goals.
- Evaluation of patient profile and med orders
 - A pharmacist reviews the appropriateness of medication orders for medications to be dispensed in the hospital
 - Each order will be evaluated for appropriateness prior to the first dose being dispensed (except in emergency situations or in those instances where a medication is administered under the direct supervision of a physician)
 - Order verification in a timely manner
 - For priority medications, verified within 15 minutes of receiving order
 - For non-urgent medications, verified within 60 minutes of receiving order
 - Patient profile review upon order verification and continuously based upon team and patient acuity
 - Known drug allergies
 - Drug interactions
 - Duplicate or missing medications
 - Drug-disease interactions
 - Assessment of therapeutic appropriateness (indication, route, method of administration, anticipated toxicity or adverse effects)
 - Assessment of renal dosing upon order verification and profile review
 - Therapeutic drug monitoring and ordering of associated laboratory procedures as indicated
 - Antimicrobial stewardship efforts to require indication and duration of therapy
 - Ensure appropriate compliance for Risk Evaluation and Mitigation Strategy medications
 - Support distribution needs to patient care area by coordinating with central pharmacy staff
 - Direct pharmacy technicians and interns in their daily work through observing their performance, giving timely feedback, answering questions, providing guidance, and checking the accuracy of their work
- Pharmacist medication dosing services
 - Pharmacists are responsible for the following pharmacy consult services:
 - Pharmacy to dose antibiotics
 - Direct thrombin inhibitors
 - Warfarin
 - Enoxaparin
 - Total parenteral nutrition
- Medication histories
 - Obtain medication histories within 24 hours of patient admission
- Drug information and patient education
 - Provide consultations in a timely and accurate manner to support other health professionals regarding medication therapy selection and management
 - Provide disease state and medication specific education during hospitalization
- Multidisciplinary team involvement
 - Attend daily rounds when applicable
 - Pharmacists document notes and care plans in the electronic medical record as appropriate
- Communication between pharmacists

- Proactively identify hand off needs prior to end of shift
- Contact receiving pharmacy team members when appropriate regarding patient transfers from unit to unit to ensure continuity of care
- Precepting and teaching
 - Daily teaching and incorporation of evidence-based learning into resident and student rotations
 - Timely coordination of rotation activities
 - Evaluation and feedback for residents and students on a regular basis
 - Effective use of residents, students and interns as pharmacist extenders
- Formulary management
 - Approved therapeutic interchanges for medications at order verification
 - Approved use and indication of formulary or restricted agents
- Emergency management
 - Pharmacists respond to all resuscitation alerts
 - Timely response to emergency or disaster management process
 - Support rapid sequence intubation and conscious sedation
- Quality and process improvement
 - Represent the pharmacy department on committees that make decisions concerning medication use or engage in improvement initiatives which support patient-focused care
 - Lead and support medication use related to achieving outcomes around quality measures
 - Active and timely participation and support of multidisciplinary process improvement

Medication distribution and control

- Pharmacy staff utilize inventory management software to purchase pharmaceuticals
- Pharmacy staff are responsible for preparation and labeling of drug formulations, dosage forms, strengths, and packaging not commercially available in accordance with applicable practice standards and regulations. Adequate quality assurance standards for these practices exist
- Pharmacy staff prepare and label compounded sterile products in accordance with practice standards
- Pharmacy staff prepare and label compound and repackaged non-sterile products in accordance with practice standards
- Pharmacy staff maintain accountability for the distribution of controlled substances and monitor systems to detect diversion

Red Rocks Infusion Center Services

- Pharmacy staff provide direct comprehensive pharmaceutical care in the cancer center
- Pharmacy staff coordinate medication use in the oncology patient population
- Pharmacists are responsible for verification of medication orders and perform a dual verification for all chemotherapy orders

Outpatient Pharmacy Services

- Outpatient pharmacy is open:
 - Monday through Friday: 8am to 8pm
 - Saturday and Sunday: 9am to 5pm

Pharmacy Informatics

- The pharmacy informatics team manages, implements and designs automation and technology including the electronic health record, distributive technologies and ancillary programs across the Peaks Region
- Pharmacy informatics team members are routinely available Monday through Friday 8:00 am to 4:00 pm.

Staffing Model

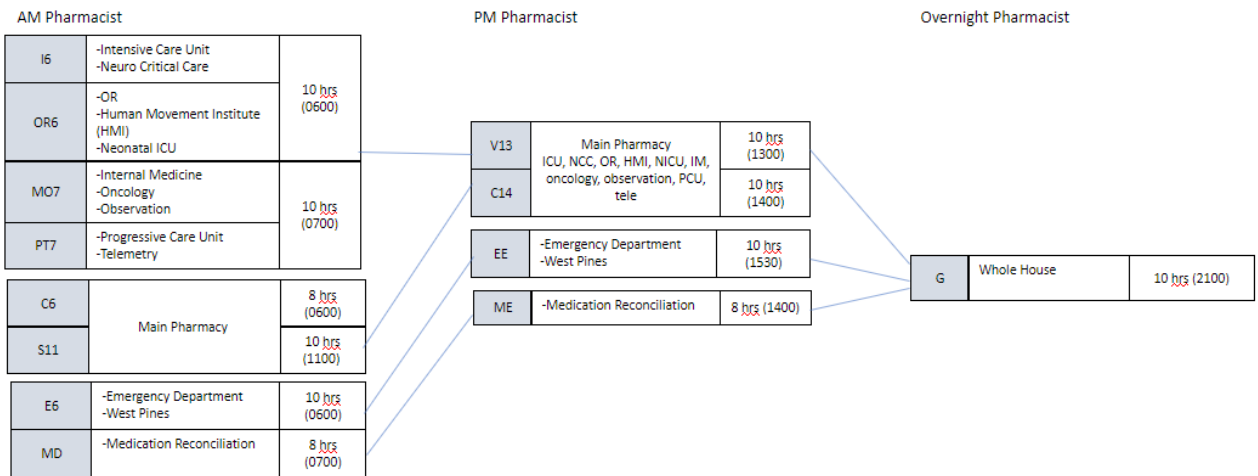
There are 2 primary staffing models in the department:

7/70 staff

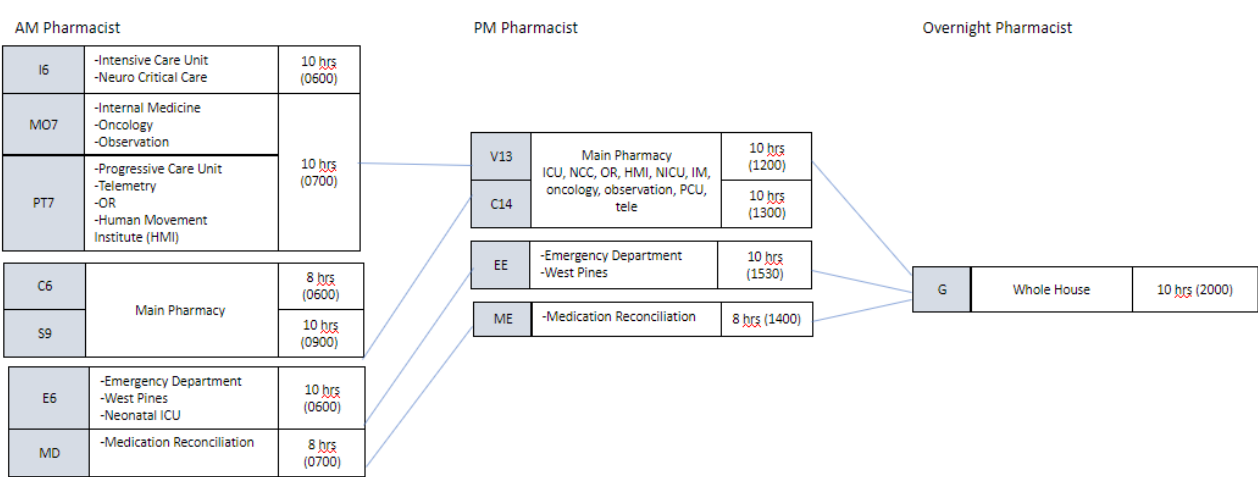
- These pharmacists work Wednesday through Tuesday (7 days) and work 10 hours each day. During this stretch, they work on their primary team. They will then have the following 7 days off.
 - What this means for residents is that you may have a different preceptor during different parts of your rotation.
 - Staff are only paid for the hours they work (e.g. 70). Some staff who work 7/70 would like to work a full 80 hours each pay period so they will work an 8th day during their off week. This is also a 10-hour shift but usually not on their primary team
 - 7/70 (and 8/80) staff work every other weekend. Both are considered full time employment
 - Evening central, graveyard and evening ED pharmacists have 7/70 or 8/80 scheduling

8- or 10-hour, rotating staff

- These pharmacists work primarily Monday through Friday AM shifts
- These pharmacists also work some evening shifts, typically in the main pharmacy
- These pharmacists work a weekend rotation and staff every 3rd weekend
- Floor, ICU, ED days, AM med rec, PM med rec and AM central staff work this type of schedule



Weekday Coverage



Weekend Coverage

Leadership Contact Information

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