

SAINT JOSEPH HOSPITAL RESIDENCY MANUAL

2024-25

Denver, Colorado

Vision and Vision Statement

Proving well-trained pharmacy caregivers support Intermountain's mission of *Helping people live the healthiest lives possible.*

Our Vision

- **Create the best learning environment** for consistent evaluated clinical pharmacy training.
- **Provide the greatest number of opportunities** throughout the hospital to facilitate the resident's choice of specialty.
- Develop **well-rounded pharmacy practitioners** that patients and providers **demand** to have as part of their health care team.
- **Compete nationally** in all aspects of a residency program and work together to attract the best applicants.

Vision Statement

- Create the best learning environment for clinical pharmacy training. Intermountain Health Saint Joseph Hospital provides an environment dedicated to training drug therapy experts.
- Teaches, develop, and produce well-trained health care professionals.
- The program hires and develops qualified preceptors.
- Treat the residents as licensed pharmacists, staff members within the pharmacy department, and as colleagues.
- Provide the greatest number of opportunities throughout the hospital to facilitate the resident's choice of specialty.
- Saint Joseph Hospital maintains and continues to develop rotations in core and specialty areas of clinical pharmacy practice.
- Develop well-rounded pharmacy practitioners that patients and providers demand to have as part of their health care team.
- Saint Joseph Hospital preceptors and residents are a recognized value to the health care team and are essential in maximizing patient outcomes.
- Preceptors and residents consistently contribute to the interdisciplinary teams within their respected areas of pharmacy practice.
- Compete nationally in all aspects of a residency program and work together to attract the best applicants.

Purpose Statement

The PGY-1 Pharmacy Residency Program at Saint Joseph Hospital will provide a learning and training environment designed to advance the practice of post-graduate pharmacists. The

resident will develop knowledge and skills with direct patient care experiences. Teaching and research will also occur in order to equip the resident to be successful in multiple pharmacy practice environments or build upon the foundation with enrollment into advanced training programs. The purpose of this program is to produce pharmacy practitioners who are able to assume leadership roles upon graduation.

Residency Program Standards

There are 6 standards in the ASHP Accreditation Standard for Postgraduate Year One (PGY1) Pharmacy Residency Programs. These standards serve as the basis for evaluating a PGY1 residency program for accreditation.

An overview of the 6 standards is provided here. For more detailed information please review the *ASHP Accreditation Standard for Postgraduate Year One (PGY1) Pharmacy Residency Programs* that is provided to the resident via the residency contract upon matching, during system residency orientation, and is available on the ASHP website at <http://www.ashp.org>.

Overview of the Standards for PGY1 Pharmacy Residencies

Standard 1: Requirements and Selection of Residents

This Standard is intended to help ensure success of residents and that exemplary pharmacists are identified for further development for the benefit of the profession and contributions to patient care. Therefore, residents must be pharmacists committed to attaining professional competence beyond entry-level practice, committed to attaining the program's educational goals and objectives, and supportive of the organization's mission and values.

Standard 2: Responsibilities of the Program to the Resident

It is important that pharmacy residency programs provide an exemplary environment for residents' learning. This area indicates policies that must be in place to help protect residents and organizations during unusual situations that may arise with residency programs (e.g., extended leaves, dismissal, duty hours).

Standard 3: Design and Conduct of the Residency Program

It is important that residents' training enables them to achieve the purpose, goals, and objectives of the residency program and become more mature, clinically competent practitioners, enabling them to address patients' needs. Proper design and implementation of programs helps ensure successful residency programs.

Standard 4: Requirements of the Residency Program Director and Preceptors

The residency program director (RPD) and preceptors are critical to the residency program's success and effectiveness. Their qualifications and skills are crucial. Therefore, the residency program director and preceptors will be professionally and educationally qualified pharmacists who are committed to providing effective training of residents and being exemplary role models for residents.

Standard 5: Requirements of the Site Conducting the Residency Program

It is important that residents learn to help institute best practices in their future roles; therefore, the organization conducting the residency must meet accreditation standards, regulatory requirements, and other nationally applicable standards, and will have sufficient resources to achieve the purposes of the residency program.

Standard 6: Pharmacy Services

When pharmacy facilities and services provide the learning environment where residents are trained, it is important that they train in exemplary environments. Residents' expectations as they leave residency programs should be to strive for exemplary pharmacy services to improve patient care outcomes. Pharmacy's role in providing effective leadership, quality improvement efforts, appropriate organization, staffing, automation, and collaboration with others to provide safe and effective medication-use systems are reviewed in this section. This section encourages sites to continue to improve and advance pharmacy services and should motivate the profession to continually improve patient care outcomes.

PGY1 Pharmacy Residency Program Overview

Definition

PGY1 pharmacy residency training at Saint Joseph Hospital is an organized, directed, accredited program that builds upon knowledge, skills, attitudes, and abilities gained from an accredited professional pharmacy degree program. Saint Joseph Hospital's PGY-1 pharmacy residency program enhances general competencies in managing medication-use systems and supports optimal medication therapy outcomes for patients with a broad range of disease states.

Purpose

The PGY1 Pharmacy residency programs build on Doctor of Pharmacy education and outcomes to contribute to the development of clinical pharmacists responsible for medication-related care of patients with a wide range of conditions. The program also enables learners to sit for board certification and participate in PGY2 pharmacy residency training.

The PGY-1 Pharmacy Residency Program at Saint Joseph Hospital will provide a learning and training environment designed to advance the practice of post-graduate pharmacists. The

resident will develop knowledge and skills with direct patient care experiences. Teaching and research will also occur in order to equip the resident to be successful in multiple pharmacy practice environments or build upon the foundation with enrollment into advanced training programs. The purpose of this program is to produce pharmacy practitioners who are able to assume leadership roles upon graduation.

Residents in the Saint Joseph Hospital (SJH) pharmacy residency program are provided the opportunity to accelerate their growth beyond entry-level professional competence in patient-centered care and in pharmacy operational services, and to further the development of leadership skills that can be applied in any position and in any practice setting. Residents acquire substantial knowledge required for skillful problem solving, refine their problem-solving strategies, strengthen their professional values and attitudes, and advance the growth of their clinical judgment. The instructional emphasis is on the progressive development of clinical judgment, a process that begins in the Advanced Pharmacy Practice Experiences (APPE) of the professional school years, but requires further extensive practice, self-reflection, and shaping of decision-making skills fostered by feedback on performance. The residency year provides a fertile environment for accelerating growth beyond entry-level professional competence through supervised practice under the guidance of model practitioners. Specifically, residents will be held responsible and accountable for acquiring the following outcome competencies: managing and improving the medication-use process; providing evidence-based, patient-centered medication therapy management with interdisciplinary teams; exercising leadership and practice management; demonstrating project management skills; providing medication and practice-related education/training; and utilizing medical informatics.

Pharmacists completing this residency will be competent and confident practitioners of direct patient care in multiple practice and patient care environments. They will be able to identify and resolve patient-specific, drug-related problems and will be accountable for achieving optimal drug therapy outcomes as members of the health care team. These pharmacists will be skilled educators, both verbally and in writing, of health care professionals, students, patients, and the community. They will demonstrate professional maturity by independently following a personal philosophy of practice, monitoring their own performance, exhibiting commitment to the profession, and exercising leadership in improving the safety of the medication-use system.

As highly trained professionals, these pharmacists will be well prepared to compete in today's job market. Pharmacists completing this residency program will be ready to accept positions as clinical pharmacists in a variety of health care settings. They will also be well qualified to compete for PGY2 residencies if specialty training is desired.

Program Description

The residency program of Saint Joseph Hospital (SJH) is an organized, directed, postgraduate training program in pharmacy practice. Training is provided in acute care.

General Structure and Information

1. The PGY1 RPD shall be responsible to oversee the residency program and work directly with the Residency Advisory Committee (RAC).
2. The resident shall meet with the RPD at the beginning of the program to evaluate their skills and knowledge. An individualized plan will be developed based on the resident's previous preparation and professional practice goals. The plan shall be reviewed and updated by the RPD and the resident quarterly and uploaded to PharmAcademic™ .
 - a. The evaluation and planning process shall be documented on the Resident Self-Evaluation and Quarterly Assessment.
 - b. The Resident Self-Evaluation will be used to develop each resident's schedule of rotations.
 - c. Once residency rotations have been assigned, the resident may request to change assigned rotations based upon availability by working with the RPD.
3. General Requirements and the SJH Pharmacy Residency Program Manual. A copy of the Program Manual shall be provided to each resident upon matching, outlining the requirements of the residency program.
 - a. Residents shall make themselves knowledgeable of all program requirements.
 - b. Residents shall be aware of and comply with all policies, procedures, and practices of Intermountain and the Pharmacy Residency including, but not limited to, Freedom from Harassment, Complaint Resolution, Constructive Discipline, Fitness for Duty, and department-specific time and attendance policies.
 - c. Residents shall adhere to important dates and deadlines set forth and identified in the Program Manual.
 - d. Residents are covered under the Intermountain Liability Insurance Policy.
4. Orientation to the hospital and Department of Pharmacy will take place during the first four weeks of the program. Residents are classified as regular, full-time, exempt employees of SJH and are eligible for benefits as such.

PGY1 Pharmacy Staffing (Service Requirements)

1. All residents are required to provide staffing support. Residents shall be required to provide staffing for the Department of Pharmacy, in the amount of Saturday and Sunday every third weekend (0700-1530). Staffing requirements serve to benefit the facility and the resident experience. Residents are asked to exchange with co-residents if they need off a scheduled weekend but may use PTO consistent with SJH Department of Pharmacy

Services policy and procedure if necessary. A formal training for the staffing requirement will begin during the first rotation of the residency program in the month of July.

2. In addition to the staffing requirement of SJH Pharmacy Residency program, the residents may staff Intermountain recognized holidays. Residents will be required to staff 1 major holiday per residency year.
 - a. Major holidays include New Year's Day, Thanksgiving, and Christmas Day.
 - b. Non-major holidays include President's Day, Memorial Day, and Labor Day. July 4th is not staffed by residents as they are not trained.
3. The fulfillment of holiday coverage will be coordinated through the RPD. See the *Holidays and Holiday Leave* Section for additional details.
4. The resident shall attend all huddles and educational meetings as scheduled.
5. Resident staffing/backfilling while on rotation
 - a. A resident should not be removed from a rotation experience to provide staffing coverage outside of their normal staffing requirements.
 - b. In rare circumstances, it may be reasonable to utilize a resident to provide unforeseen pharmacist staffing coverage if the following criteria are met:
 - i. Another pharmacist cannot be found to cover the clinical service/area.
 - ii. The RPD approves the assignment. The resident feels comfortable staffing the area.
 - iii. A pharmacist back-up is identified to support the resident and assist with questions, if needed.
 - iv. The resident is paid at a pharmacist salary for the shift covered.
 - v. The resident would not break duty hour limits by providing this staffing coverage.

Minimum Requirements for Completion of the PGY1 Pharmacy Program

Minimum requirements have been set for completion of the SJH PGY1 Pharmacy residency program. The requirements and progress will be reviewed with the resident at each quarterly evaluation. Failure to meet the minimum requirements by the end of the residency year will result in the resident not receiving a certificate of achievement and not completing the PGY1 residency program.

The minimum requirements for the PGY1 Pharmacy program include the following:

- Complete orientation and 9 learning experiences along with required activities and assignments (see [PGY1 rotation crosswalk](#)). Required learning experiences include the following:
 - Orientation (4 weeks)
 - Pharmacy Administration (4 weeks)
 - Internal Medicine (5-6 weeks)

- Infectious Diseases (5-6 weeks)
- Critical Care (5-6 weeks)
- Surgery (4 weeks)
- Emergency Department (4 weeks)
- Intermediate Care/IM (5-6 weeks)
- Research (4 weeks)
- Complete a research or quality improvement project. See the [Resident Project Section](#) for full details and requirements. Key activities include the following:
 - Complete data collection and analysis
 - Complete CITI training
 - Complete project design
 - Submit for IRB approval
 - Present final research results at Residency Conference of the Rockies or another approved conference venue
- Complete all PharmAcademic™ evaluations and requirements.
- Attain “achieved” on 100% of all objectives (including 100% of the objectives in competency areas surrounding patient care) within each of the 9 listed goals and attain satisfactory progress on all other objectives not documented as achieved by the end of the residency year.
- Obtain and maintain, Basic Life Support (BLS) and Advanced Life Support (ALS) certification and participate in management of medical emergencies.

Additionally, some residents may choose to pursue an optional, formalized teaching certificate program to further advance their knowledge.

Recruitment and Selection of PGY1 Residents

1. Purpose:
 - a. To evaluate an applicant's qualifications and select candidates for the Saint Joseph Hospital Pharmacy Residency.
2. Goals:
 - a. Develop a process of selection.
 - b. Institute consistency to the resident interview selection process.
 - c. Identify candidates that represent a "good fit" with SJH's PGY-1 residency program.
3. Procedure:
 - a. Completed applications will be screened by the RPD for minimum qualifications. The RPD will review applicants to determine qualifications and a decision will be made to:
 - i. Invite the applicant for an interview,
 - ii. Hold the applicant file for consideration at a later date, or
 - iii. To decline invitation for an interview.
 - b. Determination of which candidates will be invited to interview will be based on a review of all application materials according to a standard screening tool for each program. Saint Joseph Hospital reserves the right to not offer interviews to candidates who demonstrate academic or professional dishonesty.
 - c. If the decision is made to grant an interview, the applicant will be contacted by the RPD and an interview date will be set.
 - d. The applicant will receive an agenda specific for the date of the interview.
 - e. The SJH Residency Manual and applicable Human Resource procedures are provided to potential candidates.
 - f. The day will consist of overview, interviews, a tour of the facilities, meeting the staff and a wrap up to the day.
 - g. Once the interviews are conducted, the RPD will obtain rank lists from those who participated in the interviews to determine a final rank list for all candidates. Application packet, interview scores, and other interview activities will be used to make a rank determination.
 - h. At the end of the interview process, the RPD submits rankings to the ASHP match program. The RPD will ensure compliance with ASHP match requirements and National Matching Service's standards and guidelines.

General Residency Information

Duty Hours

1. Duty hours are defined as all scheduled clinical and academic activities related to the pharmacy residency program. This includes inpatient and outpatient care, in-house call, administrative duties, and scheduled and assigned activities (such as conferences, committee meetings, and health fairs) that are required to meet the objectives of the residency program. Duty hours must be addressed by a well-documented, structured process. The Intermountain Healthcare residency program will use PharmAcademic™ to track and log duty hours.
2. Duty hours do not include reading, studying, and academic preparation time for presentations, journal clubs, etc. It also does not include travel time to and from conferences or hours that are not scheduled by the RPD, or preceptor.
3. **Duty hours must be limited to 80 hours per week, averaged over a 4-week period, inclusive of moonlighting.**
4. Continuous duty periods of residents should not exceed 16 hours. The maximum allowable duty assignment must not exceed 24 hours even with built-in strategic napping or other strategies to reduce fatigue and sleep deprivation, with an additional period of up to two hours permitted for transitions of care or educational activities.
5. 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). Adequate time for rest and personal activities must be provided. Residents should have 10 hours free of duty between scheduled duty and must have at a minimum 8 hours between scheduled duty periods.
6. Moonlighting must not interfere with the ability of the resident to achieve the goals and objectives of the educational program. Residents may choose to moonlight internally at an Intermountain facility with the approval of the RPD. External moonlighting at an outside organization is generally not permitted during the residency year; however, exceptions may be granted with approval by the RPD.
7. All moonlighting must be considered part of the 80-hour weekly limit on duty hours.
8. Please see the [ASHP Duty Hour Requirements for Pharmacy Residencies](#) document for additional information and requirements.

Paid Time Off (PTO)

Visit Intermountain's [workforce management webpage](#) and [paid time off \(PTO\) policy](#) for complete information.

Residents accrue PTO based on hours worked. Full-time employees who have less than 5 years of service accrue 0.0962 hours of PTO for each hour worked.

Residents are permitted to use their time off during the residency year when approved by the RPD. Accrued, unused PTO will be paid out when a caregiver leaves SJH employment. Paid time off should be submitted as far in advance as possible to the RPD (ideally a minimum of 7 days prior to the date the resident will be gone), unless the time off is for legitimate, unexpected illnesses, or emergencies. The resident will first discuss the request with the affected rotation's preceptor and obtain the preceptor's permission to ensure rotation objectives will be met. Time-off days should be limited to a maximum of 2 days per rotation. If additional days are requested, the RPD must be informed to ensure rotation objectives will be met. In general, preceptors appreciate as much notice as possible when a resident expects to miss work for a scheduled absence.

Sick Leave

Residents are afforded sick leave as a benefit of their employment, which is included in their PTO bank. When the resident is unable to work as a result of illness or other emergent issue, either on their rotation assignment or staffing assignment, the resident shall immediately notify their rotation preceptor and RPD. Additionally, they must enter that they are sick in the timekeeping system. The resident shall subsequently notify the RPD of their absence from rotation or staffing assignment. If a resident is absent from work due to illness or other situation, they must enter PTO for the day.

In the event the resident must take extended time off due to illness or a family situation, all Intermountain policies and procedures concerning the Family Medical Leave Act (FMLA) shall be followed. The RPD and the resident will coordinate the requirements for completion of the Saint Joseph Hospital Pharmacy Residency.

Holidays and Holiday Leave

Residents accrue PTO for holidays as part of their total PTO accruals (see above). The fulfillment of holiday coverage will be coordinated through the RPD.

Residents may staff additional shifts for holidays consistent with the standards applied to general staff and shall receive pharmacist pay rate for holiday shifts worked as outlined below. Holiday premium is only paid on designated Intermountain holidays.

A summary of appropriate holiday pay practices for residents is provided below:

- When residents staff/work a holiday that is during the week (Mon-Fri), they will get paid at pharmacist pay rate + holiday premium differential at the pharmacist pay rate.

- However, if a resident picks up an extra holiday shift that is on the weekend (Sat/Sun and is not part of their normal pre-arranged staffing schedule), then they would get full pharmacist pay rate + holiday premium differential for that shift for all actual hours worked.
- Based on the above, residents doing a staffing shift on a weekend holiday as part of their pre-set training schedule would not get paid pharmacist pay rate.
- We do not provide comp days to the residents after they work a weekend staffing shift.

Excessive Absence During the Program

1. A preceptor or RPD may decide that absences from a rotation or the program are excessive when there is potential for a resident not to be able to complete program expectations or requirements. Excessive absence may be due to illness or other factors. When situations such as these occur, the resident must work closely with the preceptor and RPD to make arrangements to meet program requirements and rotation objectives. Possible actions may include dismissal, suspension, or a leave of absence from the residency program.
2. Residents who are not eligible for Intermountain Health's Family Medical Leave Policy or Leave of Absence Policy will be evaluated on a case-by-case basis. The RPD, in conjunction with the appropriate department leader, will work with the Human Resources representative to make this decision.
3. **Excessive absence** during the program will not be counted toward the 12-month minimum commitment for successfully completing the residency program. The residency will be extended as necessary beyond the 12-month time frame to make sure all ASHP program requirements are met.
4. If the resident takes an unpaid leave of absence, once they are reinstated in the residency program, their pay will resume through the duration of the residency.
5. Each instance of excessive absence will be evaluated on a case-by-case basis with input from the Residency Advisory Committee, Human Resource representative, and the appropriate department leader, as appropriate.
6. A customized training plan will be signed by the resident and RPD and shared with the preceptors documenting these changes to the residency program.
7. All applicable Intermountain policies and procedures will be followed, including the [Family Medical Leave Policy](#) and [Leave of Absence Policy](#).

Project Days

Residents will be allowed 1 flexible project day per rotation block. The project day includes scheduled time to work on the learner's residency project or other longitudinal residency-related activities. The resident is expected to complete an 8-hour workday. The project day should be scheduled at the resident's choosing, in coordination with the preceptor, at the start of rotation.

Disciplinary Action and Dismissal

Corrective action or dismissal from the program are actions that are considered when residents do not meet program or rotation expectations and requirements. Residents are informed of the program requirements, expectations, and deadlines. Program expectations, requirements, and deadlines are reviewed and communicated to the residents by the RPD during orientation and by reviewing this manual prior to the start of the residency program. Rotation expectations are communicated to the residents by the preceptor at the start of and during each rotation.

When issues or problems arise, which jeopardize the resident's successful completion of a rotation or other program requirement, the resident and the preceptor will discuss and attempt to resolve the issues or problems. If resolution is not achieved to the satisfaction of the preceptor, the ongoing concern will be documented and referred to the RPD.

The RPD will discuss the issues with the resident, or others involved if appropriate, and will determine whether corrective action is needed for the resident to successfully complete the rotation or residency requirement. The RPD will be notified of the issue and involved in the decision for corrective action.

When corrective action is indicated, the RPD (or rotation preceptor in conjunction with the RPD) will take appropriate action based on the situation and circumstances, while following Intermountain's [Employee Corrective Action Policy](#). Corrective action may include make-up or remedial work, repeated or alternate rotations, or other assignments or actions appropriate to the circumstance and as determined by the preceptor and RPD.

Despite all arrangements, a situation may arise where the resident has not completed the rotation requirements or met the objectives satisfactorily. One rotation may be repeated or one alternate rotation may be assigned for **failure to meet expectations**. Failure to meet the requirements of 2 rotations will result in the resident being dismissed from the program.

When dismissal from the SJH Pharmacy Residency Program is indicated, the RPD will make recommendations to the Pharmacy Director. The RPD and Pharmacy Director will make the final decision concerning dismissal from the pharmacy residency. The Chief Pharmacy Officer and Human Resource Representative will be involved as necessary.

Licensure Requirements

Residents must obtain their Colorado pharmacist license by September 1st. If the resident does not acquire licensure by September 1st, the resident may be dismissed from the program unless a formal appeal is submitted and approved.

Appeals process: In the event of an extenuating circumstance, a formal appeal may be filed to request an extension of the licensing deadline.

- The resident should submit the appeal, in writing, to the RPD in advance of the deadline and include details surrounding the circumstance and when they expect to be licensed. The RPD will review the information with the Director of Pharmacy.
- Several factors will be considered when reviewing appeals, including the timeliness of resident's scheduled testing, resident performance during the residency, etc.
- Approved licensure deadline extensions will be documented within the resident's files. Additionally, the resident and site leaders must document a written action plan that addresses specific steps the resident will take to improve. The resident should also consult with an Employee Assistance Program counselor to discuss test-taking anxiety and tools to manage stress.

Grievance Process for Residents

The resident will contact the RPD to initiate complaints. If the RPD fails to respond or inadequately responds to complaints related to the resident's program experience, the resident may bring the complaint to the Pharmacy Director. If the RPD or Pharmacy Director inadequately responds to the complaint, the resident may bring the complaint to the Intermountain Healthcare Chief Pharmacy Officer for resolution. Intermountain Healthcare maintains a Compliance Hotline to report any compliance-related concerns: 1-800-442-4845.

Academic Dishonesty and Professional Conduct

All Intermountain residents are to act with academic integrity and conduct themselves in a respectful, professional manner. Dishonest or disrespectful behavior should be immediately reported to program leadership, including the RPD. Academic dishonesty includes, but is not limited to, cheating, assisting someone else in dishonest behavior, falsifying patient records, lying to caregivers, plagiarism, and unauthorized possession of any confidential materials (e.g., patient records that should not be accessed, possession and use past resident presentations). See Intermountain's [Confidentiality Policy](#), [Privacy Incident Response Procedure](#), and [Privacy Security Sanctions Procedure](#) for additional information on inappropriate use of patient records. Unprofessional conduct includes, but is not limited to, use of inappropriate or offensive language; actions unbecoming of a healthcare professional (e.g, yelling, offensive gestures, inappropriate body language); improper dress per [Intermountain's Professional Appearance Policy](#); and inappropriate use of social media as outlined in Intermountain's [Social Media Policy](#).

Instances of academic dishonestly and unprofessional conduct will be assessed on a case-by-case basis. The severity of the infraction, history of past occurrences, resident's personal accountability, and other related factors will be considered. The program RPD will be engaged in any conversations and decisions related to dishonestly or unprofessional conduct; Human Resources should also be engaged for serious or egregious situations. Residents found guilty of

engaging in an act of dishonestly or unprofessional conduct may be required to repeat a rotation or assignment. For severe infractions, the resident may be dismissed from the program. All appropriate Human Resource policies, including the [Employee Corrective Action Policy](#) will be followed.

Residency Program Certificate

Upon successful completion of all program requirements and compliance with all conditions of the residency program, the resident shall be awarded a certificate indicating successful completion of the SJH Pharmacy Residency. Residents that fail to complete the program requirements and comply with all conditions of the residency program shall not be awarded a certificate of completion of the Intermountain Pharmacy Residency program.

Pre-Residency and Quarterly Assessments

Prior to starting the residency, residents will complete the Resident Self-Evaluation and return it to the RPD. The purpose of this assessment is to identify the resident's areas of strength and areas for development. The information will be used to plan for the resident's rotations and individualize the resident's learning year.

The RPD will meet with the resident during the orientation. The assessment materials will be reviewed, and the residency year will be planned. The RPD will complete a developmental plan summarizing this assessment process. This will include:

1. Resident's goals for the residency year
2. Summary of the resident's strengths
3. Summary of resident's areas for development
4. Plan for addressing the areas of development, notes on planning for rotations, and residency experiences.

On at least a quarterly basis, the RPD and the resident will meet to review and discuss the progress of the resident towards meeting the goals set by the plan. These quarterly assessments will occur on or before October 15th, January 15th, April 15th and June 15th of the residency year. This affords the resident a scheduled time to update their plan for the remainder of the year. Standardized forms will be used for the assessment and planning process. This information may also be entered directly into the PharmAcademic™ evaluation system.

Rotation Guidelines

1. The resident shall provide complete pharmacy services in coordination and cooperation with departmental professional and support staff, consistent with departmental policies and procedures for operations and clinical practice, meeting all the requirements and obligations of pharmacists on staff.

2. The resident shall actively participate in all rotation activities, as applicable, including team meetings, rounds, and other interdisciplinary conferences that occur on the services of their rotations. The rotation preceptor is responsible for identifying these opportunities and to commit the resident to effectively participate. It is expected that the resident will participate in the rotation activities using the philosophy of “what the pharmacist does, the resident is expected to do,” which is to say the resident will expend the required amount of time and energy needed to complete assignments and activities right along with the preceptor.
3. The resident shall identify therapeutic issues and problems and develop and present in-services to the medical, nursing, and pharmacy staff addressing those issues and problems. The resident is encouraged to seek opportunities to educate health care professionals on subjects relating to pharmacology and drug usage.
4. The residency programs at SJH take a holistic approach to post-graduate training. The expectation is that a team philosophy will be used to develop pharmacists at SJH.
5. No more than one-third of the twelve-month PGY1 pharmacy residency program may deal with a specific patient disease state and population. Residents must spend two-thirds or more of the program in direct patient care activities.
6. Non-Intermountain Rotations:
 - a. Residents are allowed to obtain limited practice experience in non- Intermountain rotations upon approval of the RAC.
 - b. Residents will be permitted a maximum of one rotation in a non-Intermountain site rotation during the residency training year; however, exceptions may be granted on a case-by-case basis by the RPD.
7. There are 9 required learning experiences during the residency year for the PGY1 Pharmacy Program : Orientation, Internal Medicine, Intermediate Care, Critical Care, Emergency Department, Infectious Diseases, Surgery, Pharmacy Administration, and Research.

Intermountain Core Curriculum Series

1. Residents participate in the core curriculum conference series, as scheduled. Typically, these conferences will be held 2 times per month, primarily at the central office but will rotate through the sites. Attendance (virtually) at these conferences is mandatory for PGY1 residents. Residents should work with their preceptors at the beginning of each rotation to ensure the resident conference schedule is calendared into the rotation schedule.
2. A schedule of discussion topics shall be developed, and a discussion leader shall be assigned. Conferences are scheduled every other Wednesday afternoon from 3:30 PM to 5:30 PM MDT. A schedule of topics will be provided and list exact topics, dates, and locations.
3. Residents are responsible to participate in and lead discussions and to be prepared by reading background materials and supplementing with additional readings.
4. Attendance at other meetings:
 - a. The residents shall attend their individual departmental meetings.
 - b. Each preceptor may determine additional meetings that the resident shall be required to attend during rotation.

External Conference Attendance

ASHP Midyear Clinical Meeting

Depending on the specific residency year, organizational finances, and other related-factors, residents will be given educational leave to attend this meeting and reasonable expenses for attending this meeting will be paid by Saint Joseph Hospital (meeting registration, transportation, hotel, meal per-diem) up to \$1500. Travel dates will be determined by the RPD depending on where the conference is being held. Residents shall spend time helping the RPD by actively participating in the Residency Showcase.

Residency Conference of the Rockies

Residents will be required to attend the Residency Conference of the Rockies. Residents will present their project to other residents, preceptors, and sponsors during this meeting. Residents are expected to attend other program's resident presentations, other assigned presentations (for evaluation), and at least 80% of all presentation sessions. Conference registration to attend this meeting will be paid by SJH.

Specialty-specific Conference Attendance

Attendance at specialty-specific conferences will be supported at the discretion of the RPD and Pharmacy Leadership Team.

Academic Teaching Certificate Program

Residents who are motivated to pursue a career in academia may choose to pursue an optional, formalized teaching certificate program to further advance their knowledge. This program is administered through the University of Colorado.

Residency Project

General Information and Overview

1. All residents, with the guidance and supervision of appropriate preceptors, complete at least one research or quality improvement project.
2. The resident with guidance from the RPD is responsible for selecting an individual to serve as a project advisor. Projects selected and conducted away from the resident's site must be approved by the RPD.
3. The project advisor will be responsible to:
 - a. Provide guidance and direction to the resident in designing, performing, and documenting the outcomes of the project.
 - b. Oversee the development of the project proposal and IRB submission.
 - c. Provide technical expertise and advice to the resident during initiation of project, data gathering and analysis, statistical analysis, and project write-up.
 - d. Work with the resident to ensure that all project deadlines are met.
 - e. Discuss and agree on authorship with the resident and all others involved in the project:
 1. Substantial contributions to the conception or design of the work; or the acquisition, analysis, or interpretation of data for the work; AND
 2. Drafting the work or revising it critically for important intellectual content; AND
 3. Final approval of the version to be published; AND
 4. Agreement to be accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved.
4. The final project manuscript will be approved by the RPD.
5. Residents are required to submit a final write up of the project to the RPD and are *strongly encouraged* to submit a manuscript to a peer-reviewed journal as a requirement for successful completion of the residency. The report shall be written using format and style consistent with publication in a professional journal, including project subject, background, methods, results, discussion and conclusions.

PGY1 Pharmacy Residency Project Timeline (2023-2024 Residency Class)

Pharmacy Residency Project Activity		Due Date/Timeline
Conceptual	Complete CITI Training	8/30/23
	Project concept discussion and approval	9/30/23
	Meet with Data Analysts to discuss data needs	10/6/23
Design	Complete draft IRB protocol and provide to project preceptors Note that an IRB-protocol is required for both research and quality improvement projects as part of the residency	10/27/23
	Preceptor review of materials; edits/optimization with resident	
	Submit final protocol to IRB (with preceptor approval) Complete final version of background section to manuscript	11/1/23
Implement	Obtain IRB approval	Month of DEC
	Data collection and project implementation	APRIL
	Complete draft of methods section of manuscript for preceptor review	April 12, 2024
	Preceptor review of manuscript and edits/optimization with resident	April 26, 2024
	Complete final methods section of manuscript	
Analyze and Present	Data analysis and generate results Set-up individual meetings with data analysts, as needed	APRIL
	Complete draft Residency Conference of the Rockies abstract	APRIL
	Preceptor review of abstract and edits/optimization with resident	
	Submit final Residency Conference of the Rockies abstract (with preceptor approval)	
	Complete draft platform presentation	MAY
	Preceptor review of presentation and edits/optimization with resident	MAY
	Submit final Residency Conference of the Rockies presentation (with approval)	
	Deliver Residency Conference of the Rockies presentation Present project results to local teams (per site requirements)	JUNE
	Complete draft results/discussion section of manuscript for review	5/15/24 (third Mon in May)
	Preceptor review of manuscript and edits/optimization with resident	
	Final, completed manuscript due and uploaded in PharmAcademic	JUNE 2024

Guiding Principles for Research Projects

- **Ongoing review of project progress should occur at least quarterly during resident quarterly assessments.**
 - The resident is responsible for submitting a detailed progress report to the RPD. The purpose of the interim report is for the resident and the residency advisory committee to assess project progress. Minimum elements of this report should include the following (when applicable):
 - Data collection goals or subject recruitment to date and total recruitment needed to complete the project/research
 - Major timeline events that have/have not been met
 - Required funding is received

- Perceived barriers to timely completion
- All interim progress reports should include a self-assessment statement co-signed by the resident and the pharmacist preceptors that the project is as follows:
 - "On track for successful completion"
 - "Slow to start-will catch up" (identify specifics for delays and plan for action)
 - "Major obstacles able to be addressed" (identify specifics for delays and plan for action)
 - "Not started or major obstacles unable to be addressed" (request meeting with site coordinator)
- The project preceptor must review and approve all completed resident work before it is finalized and submitted to any third party (such as IRB, Residency Conference of the Rockies, ASHP, etc.)

Initial Project Submission Guidelines

1. Written Project Proposal
 - a. The resident should work closely with their project advisor(s) in developing the project proposal. The proposal should be typewritten and should follow a technical style suitable for medical writing. Proper grammar and spelling are expected.

Final Project Report Submission Guidelines

1. Written Project Report/Manuscript
 - a. The resident should work closely with their project advisor and program leadership in writing the project report/manuscript. The document should be typewritten and should follow a technical style suitable for medical writing. Proper grammar and spelling are expected. Residents are highly encouraged to publish their projects in an appropriate peer-reviewed journal.
 - b. The following sections should be included:
 - i. Introduction/background that includes a statement of the problem/hypothesis
 - ii. Methods
 - iii. Results
 - iv. Discussion
 - v. Conclusions
 - vi. References of literature cited
2. Presentation of Project

PGY1 residents are expected to submit an abstract and deliver a platform presentation at the Residency Conference of the Rockies or other comparable meeting venue.

Performance Evaluation Guidelines

SJH will use ASHP's online evaluation program (PharmAcademic™). The RPD will coordinate objectives chosen by rotation preceptors to ensure the resident has adequate evaluation of residency goals and objectives. For each rotation, at least one summative evaluation will be completed by the preceptor. The resident will complete a summative self-evaluation, evaluation of rotation site, duty hour form, and preceptor evaluation. The primary preceptor seeks consensus of preceptors to determine final ratings and co-signs evaluations. Co-preceptors are encouraged to provide documentation in resident's written evaluations. Evaluations completed on PharmAcademic™ will be cosigned by the RPD.

Evaluation of Resident

The evaluation of the performance of the resident is based upon the use of predetermined goals and objectives taken from the ASHP Accreditation Standard Competency Areas, Goals and Objectives. The preceptor(s) for each rotation of the residency training program shall select goals to be evaluated during their rotation in conjunction with the RPD. The RPD will coordinate and evaluate the residents' longitudinal progress towards meeting RLS Goals and Objectives.

Rotation Evaluations

1. The resident shall be responsible for meeting on a consistent basis with their rotation preceptor to assess and evaluate their progress in the rotation. The frequency and scheduling of these sessions shall be determined by the rotation preceptor and the resident. **One day prior to the end of the rotation**, the preceptor will evaluate the overall performance of the resident using the Summative Evaluation form on PharmAcademic™, the resident will also fill out the Summative Self-Evaluation as well as the Preceptor and Learning Experience Evaluation on PharmAcademic. These evaluations will be reviewed and discussed between the preceptor and resident then co-signed on PharmAcademic™.
2. Periodic, point in time (snapshot), evaluations shall be used to assist the resident in achieving specific goals and objectives as defined and selected by the rotation preceptor. The Snapshots (to be filled out by both preceptor and resident to allow for self-evaluation) will be reviewed, discussed and co-signed by the preceptor and resident at the time the Snapshot was performed. These will be completed using the snapshot tool on PharmAcademic™.
3. All evaluations are due within one week of the end of rotation. Preceptors and residents are encouraged to complete evaluations before the last day of rotation.

Quarterly Evaluations and Planning Review

1. Quarterly evaluation and planning review sessions with the RPD shall be scheduled to assess progress toward meeting global goals and program requirements. The quarterly evaluations and review sessions shall include the completion of the Service Evaluation Form (both resident self-evaluation and RPD evaluation) and the Residency Year Plan – Quarterly Updates form. The RPD will schedule with the resident the quarterly evaluation and planning session to be held by the following deadlines:
 - a. October 15
 - b. January 15
 - c. April 15
 - d. June 15
2. Quarterly evaluation sessions with the resident’s longitudinal experience preceptor shall be scheduled to assess progress toward meeting the goals and objectives of the longitudinal experience. The quarterly evaluation sessions shall include the completion of the specific longitudinal summative evaluation form in PharmAcademic™. The resident shall schedule the sessions to be held with the longitudinal experience preceptor by the deadlines listed above.
3. Failure to demonstrate adequate performance or to meet program deadlines may result in formal disciplinary action including possible dismissal from the residency program.

Evaluation of the Preceptor(s)

One day prior to the last day of the rotation, the resident shall complete the Preceptor and Learning Experience Evaluations in PharmAcademic™. A preceptor evaluation must be completed for preceptors who precepted the resident for 33% or more of the rotation. These evaluations shall be reviewed with, and co-signed by, the preceptor. This will then be co-signed by the RPD.

Evaluation of the Program and Continuous Improvement

Residents may bring program issues to the attention of the RPD, Pharmacy Director, or RAC at any time during the year.

The RPD, RAC, and other pharmacy leaders engage in an on-going process of assessment of the residency program including a formal annual program evaluation. To this end, the resident or residency class will meet with a program leader at least twice per year to discuss program feedback and improvements. These recommendations will be reviewed, usually at the annual residency program retreat, with a plan for improvement of the residency program. The RPD will be responsible for developing a written summary report at the end of the residency program.

System Residency Advisory Committee

The purpose of the System Residency Advisory Committee (RAC) is to provide direction and oversight to the Intermountain Healthcare Pharmacy Residency Programs. The system RAC assists the RPD to remain in compliance with ASHP, Intermountain, and individual department requirements. Full details on the role of the committee and responsibility of members can be found in the [System RAC Charter](#).

Preceptor Qualifications and Appointment

Program Leaders

RPDs must meet all ASHP qualifications in order to be eligible for their role. (See ASHP Accreditation Standards for [PGY1 Programs](#)). The RPD is appointed by the Director of Pharmacy. In special circumstances, the RPD may be appointed who does not meet all qualifications but has a development plan and appropriate mentorship towards meeting full requirements.

Preceptors

Residency program preceptors include those who lead rotations or spend a significant amount of time mentoring/teaching residents. These preceptors meet the qualifications set forth by ASHP or are designated as a (See ASHP Accreditation Standards for [PGY1 Programs](#)). All preceptors of SJH's residency program are reviewed and re-appointed every other year in odd years by the RPD. New preceptors or preceptors approved quarterly. Various factors are considered, such as the preceptor's qualifications, aptitude for precepting, and prior evaluations from residents.

Documentation and Appointment Process

All residency leaders and preceptors update their academic professional records (APRs) in coordination with the RPD and their direct supervisor. APRs for existing program preceptors are submitted for review no later than **April 30th** every other year in odd years. Residency programs undergoing reaccreditation in even years will have APRs and development records for preceptors, site coordinator(s), and RPDs reviewed off-cycle in even years.

New preceptors must submit an APR and preceptor development plan before precepting residents. Submitted APRs and preceptor development plans are then reviewed by RPD.

Appendices and Links

Important Web Links

- [Residency Program Directory Self Service Portal Login](#)
 - [Instructions](#) on how to use the portal
- [PharmAcademic](#)
- [PhORCAS WebAdmit](#)
- [PPS Employers](#)
- [National Matching Service \(NMS\)](#)

General Accreditation Standards

- [Regulations on Accreditation of Pharmacy Residencies](#)
- [Accreditation Standards for PGY1 Pharmacy Residencies](#)
- [PGY1 Competency Areas, Goals and Objectives](#)
- [Accreditation Standards for PGY2 Pharmacy Residencies](#)
- [PGY2 Competency Areas, Goals and Objectives](#)
- [Starting a Residency](#)
- [Applying for Accreditation](#)
- [Residency Accreditation Survey Readiness](#)
- [After an Accreditation Site Survey](#)
- [Modifying or Changing a Residency](#)
- [Residency Program Design and Conduct](#)

Conferences

- [ASHP National Pharmacy Preceptor Conference](#)
- [ASHP Midyear](#)
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