

**St. Vincent Regional Hospital**  
**Department of Pharmacy**

**Postgraduate Year One (PGY1)**  
**Pharmacy Residency Program Manual**  
**2024-2025**



Section 1: Program Purpose and Overview .....	4
Vision and Vision Statement .....	4
Intermountain Health Mission, Vision, and Values .....	5
Residency Program Standards .....	5
Standard 1: Requirements and Selection of Residents.....	5
Standard 2: Responsibilities of the Program to the Resident.....	6
Standard 3: Design and Conduct of the Residency Program .....	6
Standard 4: Requirements of the Residency Program Director and Preceptors.....	6
Standard 5: Requirements of the Site Conducting the Residency Program .....	6
Standard 6: Pharmacy Services.....	6
Section 2: Administration of the Residency Program .....	7
Residency Program Leadership Functions and Responsibilities .....	7
Expectations of the Resident .....	10
Section 3: General Information.....	11
Requirements.....	11
Benefits .....	13
Other .....	15
Section 4: Requirements to Complete PGY-1 Pharmacy Practice Residency at St. Vincent Regional Hospital .....	16
Requirements for Program Completion .....	16
PGY1 Continuing Education (CE) Series Expectations.....	18
Section 5: Program Orientation .....	22
Section 6: Program Structure.....	22
Pharmacy Organizational Chart .....	22
Rotation Calendar .....	22
Learning Experiences .....	23
Rotation Descriptions .....	24
Evaluations.....	26
Section 7: Resident and Preceptor Well-Being.....	29
Available Resources .....	29
Section 8: Recruitment Process .....	29
PGY-1 Candidate Selection Process .....	29

St. Vincent Regional Hospital Ranking Process .....	30
ASHP Matching Program.....	31
Section 9: Preceptor Requirements.....	32
Appointment Process.....	32
Requirements for Rotations.....	33
Removal of Preceptors.....	35
Preceptor Development.....	35

## Section 1: Program Purpose and Overview

### Vision and Vision Statement

#### 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 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 enterprise to facilitate the resident's choice of specialty.
- Intermountain 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.
- Intermountain 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 purpose of the St. Vincent Healthcare PGY1 Pharmacy Residency Program is to build on Doctor of Pharmacy (Pharm.D.) education and outcomes to contribute to the development of clinical pharmacists responsible for medication-related care of patients with a wide range of conditions, eligible for board certification, and eligible for postgraduate year two (PGY2) pharmacy residency training.

## Intermountain Health Mission, Vision, and Values

**Our Shared Mission:** Helping People Live the Healthiest Lives Possible®

**Our Vision:** Be a model health system by providing extraordinary care and superior service at an affordable cost

### Our Values:



### 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>.

#### **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.

## Section 2: Administration of the Residency Program

### Residency Program Leadership Functions and Responsibilities

**Pharmacy Director:** A professionally competent, legally qualified pharmacist shall manage the pharmacy enterprise. The Director of Pharmacy is knowledgeable about and is expected to have experience in hospital pharmacy practice and management. The Pharmacy Director is responsible for the following:

- ∄ Having ultimate oversight for the residency program and appointing the Residency Program Director.
- ∄ Designating the individual responsible for the administration and coordination for the PGY1 Residency Program
- ∄ Establishing the mission, vision, goals, and scope of services of the pharmacy based on the needs of the patients served, the needs of the hospital (and any health system of which the hospital may be a component), and developments and trends in healthcare and hospital pharmacy practice
- ∄ Developing, implementing, evaluating, and updating plans and activities to fulfill the mission, vision, goals, and scope of services of the pharmacy
- ∄ Actively working with or as a part of hospital or health-system leadership to develop and implement policies and procedures that provide safe and effective medication use for the patients served by the institution
- ∄ Mobilizing and managing the resources, both human and financial, necessary for the optimal provision of pharmacy services
- ∄ Ensuring that patient care services provided by pharmacists and other pharmacy personnel are delivered in adherence to applicable state and federal laws and regulations, hospital privileging requirements, and national practice standards
- ∄ Responsible for handling grievances that are still disputed beyond the Residency Program Director (RPD) and Resident Advisory Committee (RAC level)

**Residency Program Director (RPD):** The individual responsible for directing the activities of a particular residency program, responsible for maintaining the program's compliance with the provisions of the current version of the ASHP Regulations on Accreditation of Pharmacy

Residencies throughout the accreditation cycle. Responsibilities include activities related to the recruitment, selection, instruction, supervision, counseling, evaluation, advancement of residents, evaluation and development of preceptors, and the maintenance of records related to program accreditation. The Residency Program Director is responsible for ensuring the following:

- ∄ Residents are adequately oriented to the residency program and Pharmacy Services
- ∄ Overall program goals and specific learning objectives are met

- € Training schedules are maintained
- € Appropriate preceptorship levels for each rotation are provided
- € Resident evaluations are based on pre-established learning objectives and are routinely conducted
- € The residency program meets all standards set by American Society of Health Systems Pharmacists (ASHP)
- € Communication with residents throughout the program is maintained to ensure an optimal experience and to resolve problems as they arise
- € All resident requirements are completed prior to the recommendation of certification
- € Meeting routinely with the resident and maintaining the resident developmental plan

**Preceptors:** The individuals assigned to educate, train and evaluate the resident within their practice area or area of expertise who:

- € Contributes to the success of residents and the program
- € Provides learning experiences in accordance with ASHP Accreditation Standard 3
- € Participates actively in the residency program's continuous quality improvement processes
- € Demonstrate the ability to precept residents' learning experiences by use of clinical teaching roles (i.e., instructing, modeling, coaching, facilitating) at the level required by residents
- € Demonstrate practice expertise, preceptor skills, and strive to continuously improve
- € Adhere to residency program and department policies pertaining to residents and services
- € Demonstrates commitment to advancing the residency program and pharmacy services
- € As part of their annual performance review will be assessed on the following:
  - € End- of- year preceptor self-assessments
  - € Review quality of written feedback (sample from each preceptor)
  - € Review resident evaluations of preceptors and learning experiences for trends
  - € Participation and input for the Resident Advisory Committee meetings
- € Maintain individual learning experience documents and develop appropriate activities to meet goals and objectives of the residency program
- € Ability to complete preceptor development in a timely manner

**Research Preceptors:** The research preceptor(s) will be assigned as a primary co-investigator. The research preceptor(s) responsibilities include:

- € Advises the resident in defining a project that will be completed within the residency allotted time



- € Assists the resident in developing the research protocol including study hypothesis, study design, methodology and analysis
- € Coordinates research resources for statistical review and advice in the protocol, design, and analysis and power determination.
- € Assists the resident in obtaining any approvals such as Institutional Review Board (IRB) if necessary
- € Ensures that the resident maintains progress on the project according to the research timetable
- € Guides the resident on the data collection, data analysis and summary of results
- € Assists the resident in preparation of the platform presentation needs for various conferences
- € Ensures resident's research project is written in manuscript form suitable for publication as required by the residency requirements.

**Residency Advisory Committee (RAC):** Oversight team to discuss and monitor the progress of the resident and the PGY1 residency. Membership consists of preceptors involved in the PGY1 residency program, as appointed by the RPD. RAC meetings will occur monthly, and minutes will be maintained as a permanent record of the committee proceedings and actions. Minutes will be prepared by one delegated member of the committee. Attendance logs will be prepared and maintained by one delegated member of the committee. Programmatic changes will be voted upon and noted in the minutes and appropriate documents will be drawn up as needed. The RAC member responsibilities include:

- € Annually reviews the incoming resident's developmental plan for residency, training schedule, and learning objectives and quarterly reviews the resident's progress toward residency completion.
- € Assures that overall residency program goals and specific learning objectives are met, training schedules are maintained, appropriate preceptorship for each period of training is provided and resident evaluations are conducted in a timely manner
- € Establishes residency application requirement, applicant procedures, and form review process for evaluation and selection of the resident
- € Reviews, maintains and updates the educational and learning experiences of the residency program which is consistent with the ASHP Residency Learning Model
- € Provides annual review of preceptor qualifications, preceptor training and development process
- € Attends monthly meetings acting as an advisor for the PGY1 residency program
- € Reviews and votes on the minutes of the previous meetings

- € Agenda for the meetings may include progress on the following: resident projects, scheduling of learning experiences, other resident initiatives, and program requirements.
- € Engage in Continuous Residency Program Improvement planning and implementation
- € Includes the current resident in the RAC meeting (unless closed door session) to provide ongoing feedback to the resident with progress toward goals as appropriate
- € Serve on the Preceptor Development Committee
- € Maintains a continuous Program Improvement Process including the monthly RAC meetings, annual summer retreat to evaluate the program and modification to the residency program in response to ongoing program assessment.

### Expectations of the Resident

**Professional Conduct:** The PGY1 residency is committed to providing excellence in patient care, teaching and research in an environment that is respectful of others, adaptive to change and accountable for outcomes. The resident must understand that he/she is representative of the SCL Health St. Vincent Healthcare Pharmacy Department and is expected to always conduct him/herself in a professional manner. It is the responsibility of all residents to adhere to the Intermountain Health [code of conduct](#).

**Professional Commitment:** The resident's primary professional commitment must be to this residency program. The resident must be committed to the following:

- € The mission, vision, and values of Intermountain Health and the St. Vincent Regional Hospital Department of Pharmacy
- € Completing the goals and objectives for training established by our residency program
- € Making an active use of the constructive feedback provided by our residency program preceptors and to actively seek constructive verbal and documented feedback that directs learning

**Time Commitment:** Residency is a full-time obligation. It provides an exceptional learning opportunity that demands considerable time commitment from the resident to meet the requirements of certification. The resident must manage his/her external activities so as not to have days interfere with the program. It is expected that a minimum of 2100 hours will be required to successfully complete the program. Residents are expected to spend the majority of their time in direct patient care activities. Time spent attending scheduled meetings, case presentations, etc. will be considered patient care activities. Preparation for these scheduled meetings will not be considered patient care activities. Should scheduling conflicts arise between patient care and non-patient care related activities, you will need to contact your preceptor or program director. Additional time dedicated to presentations, assignments and research projects will be required.

## Section 3: General Information

### Requirements

#### Licensure

- ☒ Pharmacy residents must have a current State of Montana intern license or a current State of Montana pharmacist license when they start the program. Current license must be maintained throughout the program.
- ☒ Residents are required to obtain a pharmacist license **by October 1st**. Failure to meet and maintain licensure requirements for the program will result in termination of employment as per Human Resources Licensure/Certification policy.

**Certifications:** The resident will obtain and maintain basic life support (BLS) and advanced life support (ALS) certification during the program

**Competencies:** The resident will be held accountable for completing departmental competencies at the beginning of residency as well as throughout the year as applicable

**Duty Hours:** St. Vincent Regional Hospital adheres to the guidelines laid out by ASHP with regards to Duty Hours. [Duty Hours Requirements for Pharmacy Residencies](#)

- Duty hours are defined as all scheduled clinical and academic activities related to the pharmacy residency program. This includes inpatient and outpatient care, administrative duties, and scheduled and assigned activities (such as conferences, committee meetings, and health fairs) required to meet the residency program's objectives.
- Duty hours must be addressed by a well-documented, structured process. The Intermountain Health residency program will use PharmAcademic™ to track and log duty hours.
- 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.
- **Duty hours must be limited to 80 hours per week, averaged over a 4-week period, inclusive of all in-house activities and all moonlighting.**
- 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.
- Regarding the mandatory time free of duty, residents must have at least 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.
- Duty hours and fatigue levels are self-reported by residents and tracked within monthly evaluations in PharmAcademic™. Any instance of non-compliance will be addressed by the RPD. The RPD will develop an action plan to prevent future instances (e.g., moonlighting will be restricted, or the resident will not be allowed to moonlight).

### **Vehicle Registration and Parking**

- € All hospital associates and those working on the campus are required to annually register any vehicle that will be parked on hospital property.
- € Completed forms shall be submitted to associate managers, Public Safety, or Human Resources (for new hires). [Vehicle Parking Permit Registration - SVH Form \(DPS\)](#)
- € Parking for Patients and Visitors: Parking lot R, lot F, the 1st and 2nd level of the parking garage, and designated valet spaces are set aside for patients and their visitors.
- € Associates, Students/Job Shadows, Vendors/Contractors, and Allied Health Practitioners: Designated parking areas for these individuals are Lot M, Lot K and the 3rd level of the parking
- € [Parking and Traffic Control Policy](#)



**Period of Appointment**

Start date: June 24, 2024 duty

Length of residency: 52 weeks

**Benefits**

**Salary:** \$62,000

**Healthcare:** Medical/Dental/Vision; Flexible Spending Accounts; Life Insurance/AD&D Coverage; Short-Term Disability & Long-Term Disability Benefits; Employee Assistance Program (EAP); 401K Retirement Savings Plan

Opportunity to obtain a Teaching Certificate through The University of Montana

**Equipment**

- Computer Access: a laptop and desktop computer will be provided for use by the resident
- Computer Network Drives: access to a Shared Microsoft Network will be provided
- Office Space: the resident will be provided designated desk/office space within the central pharmacy

**ID Badge:** An Identification Badge must be worn for proper identification while working at any of the Intermountain Health facilities. This includes all Intermountain Health owned hospitals, clinics, corporate offices and other owned and leased locations. The ID Badge includes a photo.

- [Name Badge Identification & Access Control](#)
- [Physical Access System Usage and Identification Badge Control](#)

**Travel Reimbursement:** All travel dates and arrangements must be approved in advance. Travel support for one professional and one regional meeting will be reimbursed based on approved receipts and those arrangements made with the RPD. Approval to attend other meetings not previously discussed will be determined by the RPD and the Director of Pharmacy. Paid time off and funding may be contingent upon budgetary issues and the value of the specific meeting.

**Paid Time Off (PTO):** Residents are permitted paid time off (PTO) in accordance with Intermountain's PTO policy. Time away from residency does not exceed 37 days per 52-week training period. If a resident exceeds 37 days away from the program, in order to fulfill the requirements of the Standard, the program must be extended the number of days the resident is away from the program in excess of 37.

- Time away from the program is defined as the total number of days taken for vacation, sickness, interview, and personal days; holidays; religious time; jury duty; bereavement leave; military leave; parental leave; leaves of absence; and extended leave.
- Conference and/or education days, are also defined as "time away" for the purposes of the ASHP Residency Accreditation Standard.
- The calculation of time away does *not* include service commitment/staffing days nor are compensatory days for staffing shifts counted in the calculation.

Residents are permitted to use their time off during the residency year when approved by the RPD. This includes leave time granted for interviewing for positions. Accrued, unused PTO will be paid out when a caregiver leaves Intermountain employment. Requested time off (RTO) should be submitted as far in advance as possible to the RPD/RPSC (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. RTO requests must be submitted via email to the RPD and discussed at least a week in advance with the impacted rotation preceptor.

Time-off days should be limited to a maximum of 3 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.

- [Attendance Policy](#)

## Other

**Poster Printing:** For research presentations, St. Vincent Regional Hospital will provide poster printing services to take to relevant conferences.

**Moonlighting:** Moonlighting will be at the discretion of the Residency Program Director while participating in Residency at St. Vincent Regional Hospital. Residents are expected to prioritize the residency program and any outside hours should not interfere with performance in the program.

- 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 with the approval of the RPD. All moonlighting must be considered part of the 80-hour weekly limit on duty hours.
- Residents will be expected to meet regularly with the RPD to discuss progress and at any time the RPD reserves the right to limit moonlighting should the resident not meet expectations of the program.

**Dress Code:** A professional appearance must be maintained at all times. Residents are expected to come to work appropriately attired. All residents must dress professionally and wear their identification badge when engaged in direct patient contact and when providing service on the nursing units or other hospital areas. [Dress Standards Policy](#)

**Corrective Action:** If the pharmacy resident does not adhere to St. Vincent Healthcare's behavior, conduct, or performance standards, the Corrective Action policy will be followed

- € The HR business partner and HR Vice President will be involved in any termination of employment
- € Associates who are terminated from employment shall be given a copy of the hospital's grievance procedure (ER.2.3) within ten (10) days of termination
- € [Corrective Action Policy](#)

**Leave of Absence:** The Pharmacy Residency Program is designed to be completed in a single and continuous 52 week period. An absence may impact the resident's ability to successfully complete the requirements of the program within this 52 week period. St. Vincent Regional Hospital will work with residents within the guidelines of State laws and regulations and established policies on the same basis as all other associates.

- If an extended leave of absence is approved (beyond the accrued days of allowable Paid Time Off (PTO)), St. Vincent Healthcare, at its sole discretion on a case-by-case basis,

may consider accommodating an extension of a residency at the end of the leave in order to complete all required work

- The extension of the residency must not extend beyond 12 weeks
- [Other State, Federal and Company-Discretionary Leave of Absence Policy](#)

### **Pertinent Phone Numbers**

- [Department Phone List](#)
- JoEllen Maurer (director): 406-237-8111
- April Chapman (RPD): 406-237-8123
- Main Pharmacy: 406-237-8101
- Technical Assistance Center (TAC): 406-237-4321
- Resident Desk Phone: 406-237-8119

### **Policies and Procedures**

- MyIntermountain Home Page > My Tools > PolicyTech (generic access)
- [PolicyTech Link](#)

## **Section 4: Requirements to Complete PGY-1 Pharmacy Practice Residency at St. Vincent Regional Hospital**

### **Requirements for Program Completion**

Pharmacy residents must complete at least 80% of competency area goals (with 100% of patient care goals marked as achieved), and any other residency requirements established by the Residency Advisory Committee, prior to receiving a certificate of residency. A resident portfolio containing learning experience and residency requirement documents must be kept and reviewed with the RPD and RAC prior to completion of the residency program.

- ⊘ Complete all 52 weeks of the residency program, including all required experiences
- ⊘ Successfully completes both hospital and departmental orientation programs with licensure by October 1st
- ⊘ Achievement of Intermountain Health and St. Vincent Regional Hospital required educational competencies, goals and objectives
- ⊘ Completes all learning experiences
- ⊘ Completes all required evaluations in PharmAcademic
- ⊘ Required to achieve 80% of program competencies, goals and objectives (100% of patient care objectives) prior to last week of graduation year
- ⊘ Completion of research project
  - Presented at a regional residency conference
  - Submission of a written manuscript to program director and research



coordinator 2 weeks before residency program end date

- ∕ Completion of one Medication Utilization Evaluation
- ∕ Present an ACPE-accredited CE presentation at Grand Rounds (see details below)
- ∕ Present required number of case presentations
- ∕ Present required number journal clubs
- ∕ Delivery of TEN formal presentations including the following required presentations which may include:
  - Rocky Mountain PA lectures
  - Montana Pharmacy Association
    - MPA Winter Meeting
    - MPA Spring Conference
  - Residency Conference of the Rockies or Mountain States Conference
  - Grand Rounds/CE Presentation
- ∕ Attend American Diabetes Association Camp Montana
- ∕ Maintain good standing with the department of pharmacy with adherence to departmental policies and procedures
- ∕ Complete required service/staffing hours and required departmental competencies
- ∕ Participation in at least one community event
- ∕ Complete CITI training
- ∕ Maintain BLS certification
- ∕ Complete and maintain ALS certification
- ∕ Schedule and attend quarterly performance evaluation meetings with program director
- ∕ Curriculum Vitae
- ∕ Teaching certificate and portfolio (optional)
- ∕ ASHP duty hours standards tracking form through PharmAcademic

#### Staffing Requirements

- Residents are required to complete central pharmacy orientation and demonstrate ability to staff independently prior to first weekend shift
- Minimum staffing requirement for completion of residency: 350 hours
- Residents are expected to work 10-hour shifts for weekend staffing (centralized shifts, either 0700-1730 or 1030-2100)
- Residents will provide coverage of approximately 10 initial staffing days during the general orientation period following initial training
- Required staffing every third weekend, on average
- Required staffing on three holidays (recognized holidays: 4th of July, Labor Day, Thanksgiving, Christmas, New Year's Day, and Memorial Day)
  - One must be Thanksgiving or Christmas

**Major Project:** The St. Vincent PGY1 residency program requires the resident to participate in a research project with the goal to educate the resident on the many phases involved with scientific research. The resident will learn about developing a project proposal, collecting data, IRB submission and presenting their findings accordingly. The resident may decide to do original research, identify a process improvement or establish a new service. If the resident develops their own project it must be approved by the RPD and RAC. Preceptors and residents will collaborate to identify a research question, create a project proposal and establish a timeline to ensure success.

- Sample timeline:
  - Project Idea: July
  - Proposal Development: August
  - IRB submission: September
  - Data Request Submission: October
  - Data Collection: December
  - Data Analysis: February
  - Preliminary Slides for review: March
  - MPA Spring presentation: April
  - RCOR Practice: April
  - Residency Conference of the Rockies: June, Colorado

### **PGY1 Continuing Education (CE) Series Expectations**

#### Requirements for ACPE-Accredited Presentations

1. 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.
2. The resident and preceptor(s) are expected to read, review, and follow the [Continuing Pharmacy Education \(CPE\) Faculty Guidance Document](#).
3. Presentation deadlines are described in the tables below.
  - a. Deadlines may be subject to change based on program-specific requirements and resident needs.
4. The resident is responsible for:
  - a. Selecting a presentation topic from a predetermined needs assessment list.
  - b. Selecting two to three preceptors with additional input from the EPTPM. Any individual who has influence over presentation content must be listed as preceptor. At least one preceptor must be a subject content expert.
  - c. Designating a lead preceptor for the project.
  - d. Submitting materials and revisions to preceptors, EPTPM, and Intermountain Interprofessional Continuing Education (IPCE) accredited education coordinator based upon requested deadlines.
  - e. Developing continuing pharmacy education materials in concordance with ACPE requirements, including:

- i. Learning outcomes appropriate to target audience and educational need.
    - ii. Learning outcomes using ACPE-approved verbiage.
    - iii. Content which is equitable and fair-balanced (free from commercial support).
    - iv. Content applicable to pharmacy practice for both pharmacists and pharmacy technicians.
    - v. Fully referenced instructional materials based upon literature and evidence-based practices.
    - vi. Teaching strategies and learning assessment designed for adult learners.
    - vii. Active learning and post-test questions mapped to the target audience and associated learning outcome.
  - f. Content designed with target of 50-55 minutes of content for every one (1) hour of ACPE credit offered.
  - g. Submission of letter of agreement (LOA), conflict of interest (COI) forms and a CV requested by the IPCE accredited education coordinator within two (2) weeks of original request. This ensures compliance with ACPE standards.
  - h. Verbally present the live seminar to pharmacists and pharmacy technicians. Presentations are broadcasted across the system via teleconferencing technology.
  - i. Effectively answer participant questions at the conclusion of the presentation.
5. The lead presentation preceptor is responsible for:
- a. Serving as the main point of contact between the resident and other preceptors.
  - b. Coordinating feedback within five (5) business days with the residents, EPTPM, and other preceptors to allow adequate time for the resident to make needed revisions.
  - c. Conducting review of resident materials prior to submission to EPTPM to ensure compliance with ACPE accreditation standards.
  - d. Scheduling at least one (1) full verbal practice session of the resident CE prior to the live presentation.
  - e. Attending the live presentation delivered by the resident.
  - f. Providing feedback to EPTPM on resident performance on communication with preceptors, accountability and timeliness, and quality of presentation.
6. All presentation preceptor(s) are responsible for:
- a. Providing guidance with designing learning outcomes.
  - b. Reviewing presentation materials to ensure information is independent, balanced, evidence-based, and pertinent to current pharmacy practice.
  - c. Reviewing active learning materials.
  - d. Providing written feedback to residents with requested changes in presentation materials.
  - e. Submission of LOA, COI forms, and CV requested by the IPCE coordinator within two (2) weeks of original request. This ensures compliance with ACPE standards.
  - f. Providing feedback to residents on verbal presentation skills. Presentation preceptor(s) may request additional practice presentations at their discretion.
7. The Education and Postgraduate Training Pharmacy Manager (EPTPM) is responsible for:

- a. Developing and maintaining a list of presentation topics and associated education gaps.
- b. Evaluating the learning outcomes are appropriate for target audience and education needs.
- c. Reviewing presentation materials to ensure compliance with ACPE requirements and adult learning principles.
- d. Providing feedback within five (5) business days to the resident and local preceptors to allow for revisions as needed.
- e. Providing final approval of topic selection, preceptor selection, activity title, learning outcomes, presentation content, and active learning strategies.
- f. Facilitating delivery of ACPE-accreditation presentation to system-wide pharmacists and pharmacy technicians.
- g. Completing a finalized learning experience evaluation in PharmAcademic™, incorporating feedback from the lead preceptor.

**Table 1. CE Deadlines by Month**

	February	March Dates	April Dates	May Dates
Activity Part	Due Date	Due Date	Due Date	Due Date
<b>Part 1:</b> Topic Selection	Friday, October 18, 2024	Friday, November 1, 2024	Monday, December 2, 2024	Monday, January 6, 2025
<b>Part 2:</b> Objectives, Preceptors, & Disclosures	Friday, November 8, 2024	Friday, November 22, 2024	Friday, January 3, 2025	Friday, February 7, 2025
<b>Part 3:</b> Draft Materials	Friday, January 17, 2025	Friday, January 31, 2025	Friday, February 21, 2025	Friday, March 21, 2025
<b>Part 4:</b> Finalizing Materials	Friday, February 14, 2025	Friday, February 21, 2025	Friday, March 21, 2025	Friday, April 18, 2025

**Table 2: PGY1 ACPE-Accredited Presentation Responsible Parties**

Activity Requirement	Responsible Party
<b>Part 1: Topic Selection</b>	
Submit completed <a href="#">PGY1 Continuing Pharmacy Education (CPE) Seminar Topic Selection Form</a> to <a href="mailto:RxEducationResearch@imail.org">RxEducationResearch@imail.org</a>	PGY1 resident
Approval of topic, preceptor mentors, and/or suggestions for other preceptors.	EPTPM
<b>Part 2: Objectives, Preceptors, and Disclosures</b>	
Submit completed <a href="#">PGY1/PGY2 Continuing Pharmacy Education (CPE) Seminar Activity Form</a> to <a href="mailto:RxEducationResearch@imail.org">RxEducationResearch@imail.org</a>	PGY1 Resident
Final approval of presentation title and learning outcomes <sup>a</sup>	EPTPM
Complete electronic letter of agreement, conflict of interest form, audio video recording release, and upload curriculum vitae (CV) as required for ACPE accreditation.	PGY1 resident and local preceptor(s)
<b>Part 3: Draft Materials</b>	
Presentation materials due to local preceptors to review.	PGY1 resident
Review presentation and active learning for content.	Local preceptor(s)
Update presentation materials based upon preceptor feedback.	PGY1 resident

<b>Completed</b> presentation materials including: <i>PowerPoint with:</i> <ul style="list-style-type: none"> <li>• Disclosure slide</li> <li>• Objective slide for pharmacists</li> <li>• Objective slide for pharmacy technicians</li> <li>• References on each slide footer and formal bibliography at the end of the presentation</li> <li>• At least 3 active learning questions</li> <li>• Target audience for each active learning question</li> </ul> <i>Post-test question (added at the end of the PowerPoint)</i> <ul style="list-style-type: none"> <li>• Five for pharmacists</li> <li>• Five for pharmacy technicians</li> <li>• Key including correct answer and justification why each option is correct/incorrect</li> </ul>	PGY1 resident
Initial review of materials for ACPE compliance and feedback sent to resident.	EPTPM
Additional presentation draft(s) due to EPTPM <sup>a</sup>	PGY1 resident
<b>Part 4: Finalizing Materials</b>	
<b>Finalized</b> presentation materials due <sup>c</sup>	PGY1 resident
Practice presentation(s) at local site with preceptors	PGY1 resident

<sup>a</sup>The EPTPM may provide additional interim deadlines to ensure the resident revises materials and has approval of these changes from local site preceptors. Once the title and learning objectives have been finalized by the EPTPM, they cannot be changed.

**Table 3. CE Presentation Calendar**

February 2025 – total of 2 CE presentations	
Wednesday	Thursday
<b>February 26:</b> PGY1 Resident CE #1	<b>February 27:</b> PGY1 Resident CE #2

March 2025 – total of 8 CE presentations	
Wednesdays	Thursdays
<b>March 5 -</b> PGY1 Resident CE #1	<b>March 6:</b> PGY1 Resident CE #2
<b>March 12:</b> PGY1 Resident CE #3	<b>March 13:</b> PGY1 Resident CE #4
<b>March 19:</b> PGY1 Resident CE #5	<b>March 20:</b> PGY1 Resident CE #6
<b>March 26:</b> PGY1 Resident CE #7	<b>March 27:</b> PGY1 Resident CE #8

April 2025 – total of 9 CE presentations	
Wednesdays	Thursdays
<b>April 2:</b> PGY1 Resident CE #1	<b>April 3:</b> PGY1 Resident CE #2
<b>April 9:</b> PGY1 Resident CE #3	<b>April 10:</b> PGY1 Resident CE #4
<b>April 16:</b> PGY1 Resident CE #5	<b>April 17:</b> PGY1 Resident CE #6
<b>April 23:</b> PGY1 Resident CE #7	<b>April 24:</b> PGY1 Resident CE #8
<b>April 30:</b> PGY1 Resident CE #9	

May 2025 – total of 6 CE presentations	
Wednesdays	Thursdays
	<b>May 1:</b> PGY1 Resident CE #1
<b>May 7:</b> PGY1 Resident CE #2	
<b>May 14:</b> PGY1 Resident CE #3	<b>May 15:</b> PGY1 Resident CE #4
<b>May 21:</b> PGY1 Resident CE #5	

## Section 5: Program Orientation

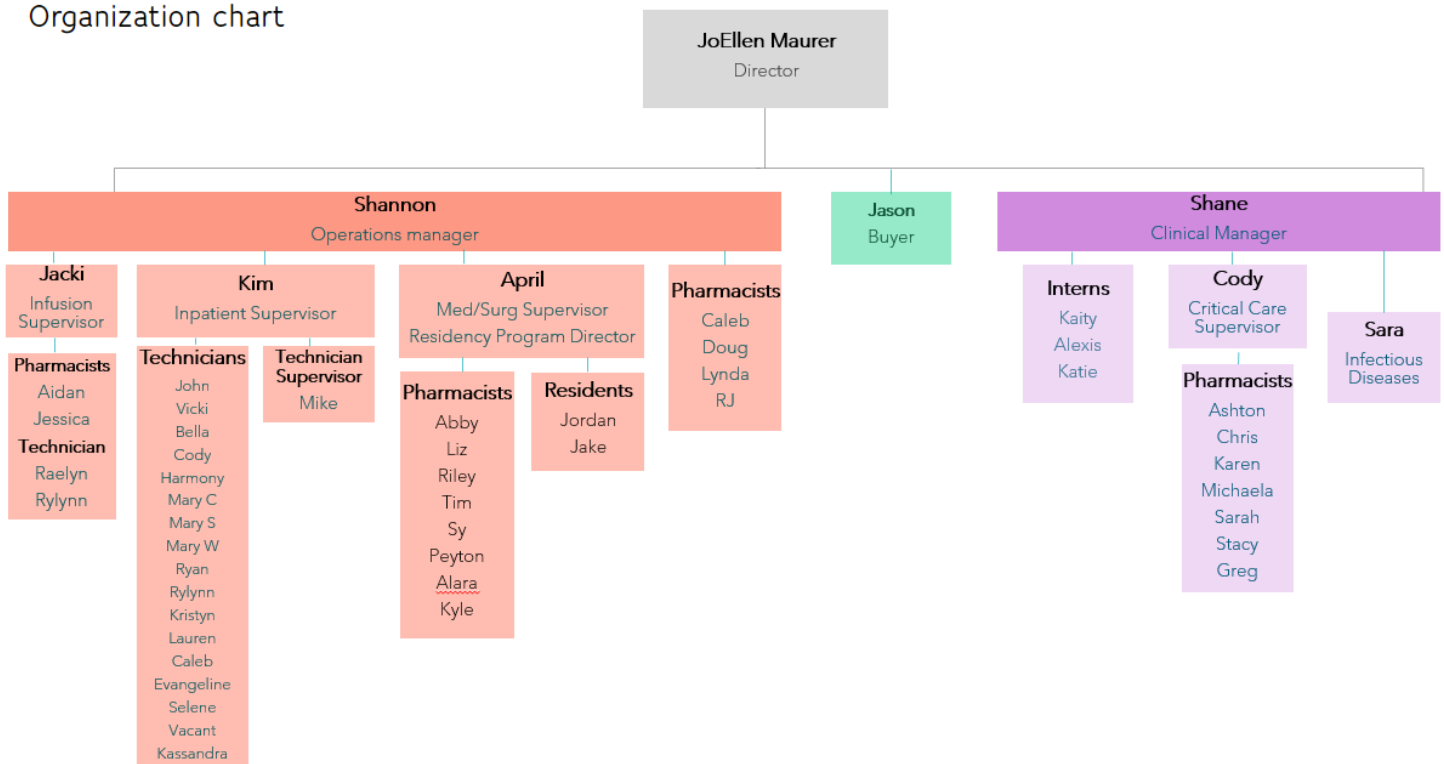
The residents will attend a two-week orientation that includes both hospital and department introductions. During the residency orientation, the Residency Program Director (RPD) will review the following:

- Orientation schedule
- Residency manual
- Design of the residency program including program requirements
- Residency schedule
- Evaluation strategy
- Review of PharmAcademic and overall evaluation process
  - Preceptor Summative Evaluation of Resident
  - Learning Experience Evaluation by Resident
  - Preceptor evaluation by resident
  - Formative Feedback
- Policies, terms, and conditions relevant to the residency

## Section 6: Program Structure

### Pharmacy Organizational Chart

Organization chart



### Rotation Calendar

Dates	Rotation	Preceptor
-------	----------	-----------

6/26-7/7	Orientation	Caleb Gee
7/10-9/22	Medicine I / Service Staffing	Riley Grubbs
9/25-10/27	Ambulatory Care	Haley Pressley
10/30-12/1	Cardiology	Sarah Wheeler & Abby Agatep
12/11-1/5	Elective #1 – Infectious Diseases	Sara Brown
1/8-2/9	Critical Care	Stacy Emmett
2/12-2/16	Project Week	---
2/19-3/22	Pediatrics	Tim Hanson
3/25-4/26	Emergency Medicine	Cody Maldonado
4/29-5/24	Elective #2 – Advanced Ambulatory Care	Jessica Doherty
5/27-6/21	Elective #3 – Administration	JoEllen Maurer
Longitudinal	Service Staffing	Caleb Gee
Longitudinal	Drug Information	Michaela Bruner
Longitudinal	Practice Management	JoEllen Maurer
Longitudinal	Project Management	April Chapman

## Learning Experiences

### Required Rotations (5 weeks)

- Orientation (2 weeks)
- Medicine I
- Cardiology
- Critical Care
- Emergency Medicine
- Ambulatory Care
- Pediatrics

### Elective Rotations (4 weeks)

- Administration
- Outpatient Oncology
- Infectious Diseseses
- Advanced Emergency Medicine/Trauma
- Advanced Ambulatory Care/Neurology

### Longitudinal Rotations (year-long)

- Service/Staffing
- Project Management
- Teaching/Presentations
- Practice Management

## Rotation Descriptions

Orientation (Caleb Gee, Pharm.D.): This two week core learning experience provides the resident with orientation, training and practical experience in the pharmacy department and hospital operations. The resident will learn to staff in the central pharmacy and is responsible for ensuring safe and effective medication use for patients throughout the hospital.. The resident will train within the central pharmacy to learn medication distribution processes and develop an understanding of overall pharmacy operations. The resident will utilize St. Vincent Healthcare policies and procedures, automation and the electronic medical record.

Medicine I (Riley Grubbs, Pharm.D., BCPS): This five week core learning experience provides the resident with an opportunity to be responsible for ensuring safe and effective medication use, monitoring medicine patients, addressing non-formulary drug requests, and providing drug information and education to healthcare professionals, patients, and caregivers.

Critical Care (Stacy Emmett, RPh, BCCCP): This five week core learning experience provides the resident an opportunity to practice in the treatment of critical care patients in the Intensive Care Unit. Residents will review patient profiles, monitor target medications, and consult on specific disease states and general hospital prophylactic measures. Residents will participate in daily multidisciplinary rounds, making recommendations to therapeutic regimens and providing needed drug information.

Infectious Disease (Sara Brown, PharmD, BCIDP): This four week elective learning experience provides resident training in pharmacokinetic consults and the treatment of patients with infectious disease processes. The resident will have the opportunity to work on interdisciplinary teams to manage patients throughout the hospital who are receiving antibiotic therapy. The resident will complete kinetic consults, review medication profiles of patients receiving antibiotic regimens, review positive culture results, help formulate therapeutic plans, and make appropriate recommendations based on the most current clinical guidelines.

Pediatrics (Tim Hanson, RPh, BCPPS): This five week core learning experience will provide the resident with training in the treatment of pediatric medicine patients in the Pediatric Unit, Pediatric Intensive Care Unit, Neonatal Intensive Care Unit, and Mother Newborn Care Unit. The resident will review patient profiles, monitor medications, consult on specific disease states, formulate therapeutic plans and make recommendations to health care providers when appropriate.

Emergency Medicine (Cody Maldonado, Pharm.D., BCCCP and Ashton Larson, Pharm.D.): This five week core learning experience will provide the resident with training in the acutely ill patients in the emergency department (ED). The resident will have an opportunity to conduct thorough medication review for all ED orders, conduct medication reconciliation on all patients admitted, and initiate and manage several medication therapies. The resident responds to all activations including CPR, trauma, stroke, and septic swarms. The resident will have the opportunity to assist ED providers with dosing for procedural sedations and rapid sequence intubations, lumbar punctures, and closed reductions of joint subluxations and long-bone fractures.

Administration (JoEllen Maurer, RPh, MHA): This four week elective learning experience provides the resident an opportunity to learn and understand aspects of pharmacy administration, participate in administrative activities and utilize leadership skills. The resident will experience administrative aspects of pharmacy including departmental strategic planning, regulatory and safety requirements, financial



management, policy/procedure development and maintenance, technology, human resource issues, committee responsibilities, inter- and intradepartmental relationships, and time management.

Oncology (Carrie Barnhart, Pharm.D., BCOP): During this four week elective learning experience, the resident will gain experience in the treatment of oncology patients. Areas of focus during this experience include reviewing medication orders, including monitoring important patient parameters and verifying dosing and indication, providing answers to drug information questions, compounding chemotherapy, and procurement and restocking of medications.

Ambulatory Care (Mason Bowman, Pharm.D.): This five week core learning experience provides the resident an opportunity to develop skills necessary to provide Comprehensive Medication Management (CMM) pharmacy services. The resident will become proficient in individualizing care plans that achieve the intended goals of therapy, by maximizing the benefits medications offer in improving patient outcomes. The resident will work directly with patients, caregivers and prescribers while developing collaborative professional and pharmacist-patient relationship skills. The resident will be responsible for ensuring safe and effective medication use for all patients by systematically identifying and resolving drug therapy problems, and scheduling appropriate follow-up.

Cardiology (Sarah Wheeler, Pharm.D. and Abigail Agatep, Pharm.D.): The Cardiology rotation is a five week core rotation experience that provides training in the treatment of cardiac, cath lab and heart failure patients. Pharmacists who routinely work with these Cardiology-based patients provide direct patient care by reviewing patient profiles, managing and optimizing medication therapy, and providing medication education. Residents will have hands-on experience providing direct patient care with preceptor oversight.

Service / Staffing (Caleb Gee, Pharm.D.): This longitudinal learning experience will provide the resident with training and practice experience in staffing an inpatient pharmacy. Residents will train to increase proficiency in all areas of the medication use system at St. Vincent Healthcare (SVH). The resident will have the opportunity to work more independently, gaining confidence by assuming responsibility for safe and effective pharmacotherapy. The resident will be presented with unique situations thus enhancing their ability to form relationships and manage support staff.

Project Management (April Chapman, Pharm.D., BCCCP): This longitudinal learning experience provides the resident an opportunity to develop and implement a practice-related project. Areas of focus during this experience include time management, project management and practice leadership. The resident will learn about St. Vincent Healthcare policies and procedures regarding research (Investigational Review Board), statistics and appropriate quality indicators, and how to collect and analyze data. The resident will also develop both verbal and written communication skills.

Teaching/Presentations (Michaela Bruner, Pharm.D., BCPS, BCCCP): This longitudinal learning experience provides the resident an opportunity to focus on professional and accurate dissemination of drug information through evidence-based practice and research. Areas of focus during the rotation include formal drug information responses, formulary reviews, drug class reviews, drug protocols, medication use evaluations, presentation materials, and patient education materials.

Practice Management (JoEllen Maurer, B.S.Ph, M.H.A): This longitudinal learning experience will provide the resident an opportunity to understand and practice pharmacy leadership and management

functions and skills. The resident will experience administrative aspects of pharmacy including departmental strategic planning, regulatory and safety requirements, financial management, change management, and the overall pharmacy enterprise. The resident will also learn to manage their own personal and professional development through self-assessment, time management, goal setting and planning, adherence to core values, and involvement in pharmacy association activities.

## Evaluations

Regular assessment is vital to the success of the resident and program in several ways:

- € Ensuring that the resident is meeting the defined goals and objectives to be a quality well-rounded practitioner.
- € Providing the resident with opportunities for self-assessment and reflection for personal development and growth.
- € Allowing for assessment of the preceptor and learning experience (by the resident) for continued growth and success of the program.

Evaluations are done using PharmAcademic software tools. Residents, preceptors, and residency program director (RPD) all have access to this system with a unique login and password.

### Evaluation Scale for Learning Experiences

- Achieved (ACH): Fully accomplished the ability to perform the objective independently in the learning experience
  - Rarely requires assistance to complete the objective; minimum supervision required
  - No further developmental work needed
- Satisfactory Progress (SP): Resident is performing and progressing at a level that should eventually lead to mastery of the goal/objective
  - Adequate knowledge/skills in this area
  - Sometimes requires assistance to complete the objective
  - Able to ask appropriate questions to supplement learning
  - Requires skill development over more than one rotation
- Needs Improvement (NI): Deficient in knowledge/skills in this area
  - Often requires assistance to complete the objective
  - Unable to ask appropriate questions to supplement learning
- Achieved for Residency (ACHR): Resident consistently performs objective independently at the Achieved level, as defined above, across multiple settings/patient populations/acuity levels for the residency program. Must obtain ACH in two separate rotations for an objective to reach ACHR status.

### Types of Evaluations

- **Resident Self-Reflection:** Each resident will self-reflect on areas that are going well and areas for improvement within the residency program as well as the impact of the resident's communication and behavior on the achievement of goals. This will be discussed on the first day of each learning experience.
- **Resident Self-Evaluation:** Evaluation based on the resident's performance during the learning experience. This evaluation is to be reviewed at the end of the rotation during the discussion of the resident's summative evaluation.
- **Resident's Evaluation of Preceptor and Experience:** Each resident will complete an evaluation of the preceptor and experience within one week of the end of the experience or quarterly for longitudinal experiences. The evaluation reminder will be sent to the resident via PharmAcademic. The Resident evaluation of the preceptor will be reviewed by the preceptor at the end of each rotation. The RPD will also use the evaluations as a tool and discussion during the preceptor's evaluation when applicable.
- **Preceptor's Evaluation of Resident's Performance:** Each preceptor will complete a criteria-based evaluation of the resident within one week of the end of the experience or quarterly for longitudinal experiences. The preceptor will be sent a reminder to complete the evaluation within PharmAcademic. The preceptor should let the resident know what criteria they are using for the evaluation process in a narrative and summative process. The evaluation is to be discussed with the resident at the end of the learning experience.
- **Longitudinal Evaluation Process:** Longitudinal activities, when applicable, will be evaluated at least once per quarter and will be set up in PharmAcademic. The evaluations must be completed within seven days of the end of the quarter to allow adequate time for the Residency Program Director to incorporate the comments from the evaluations into the resident's quarterly evaluation.
- **Development Plan- Prepared by the RPD and Resident:** An incoming and quarterly developmental plan will be reviewed to determine progress toward achieving program goals and objectives. The RPD will review the resident's progress and/or evaluations to date and add comments to the plan accordingly and determine if program outcomes and goals are being achieved. The RPD will also consider residents self-evaluation and preceptor feedback to determine achievement of residency program goals for that quarter. Assessing information collected about a resident is a component of the development plan, but is not the plan itself. The RPD, preceptors and resident will customize the training program for the resident based upon assessment of the resident's ongoing growth, knowledge, skills, attitudes, abilities and career interests. Any necessary updates to the developmental plan will be made and reviewed with all preceptors at the next RAC meeting. Adjustments to the developmental plan will be

made based upon review of the resident performance relevant to the previous quarter's plan as follows:

- Using input from preceptor(s) and resident as per discussion at the monthly RAC meeting
  - Identifying new strengths or areas for improvement based on preceptor formative and summative evaluation feedback
  - Recognizing changes in residents' short- or long-term career goals and interests
  - Identifying at least three potential goals or actions for the resident to focus on
  - Noting if there is no need for changes in the development plan based on current progress
  - Uploading into PharmAcademic to be shared with all preceptors of the program in a timely manner
- **End of Residency Self-Evaluation:** At the end of the year, each resident should review their goals and objectives and self evaluate their achievement.

**Development Plan:** The RPD and resident will meet quarterly to review the resident's interests, strengths, areas for improvement, and feedback to develop a residency schedule facilitating successful completion of the program and an ideal learning experience to challenge the resident.

- ⊘ RPD will review the Quarterly Development Plan with the resident at the end of each quarter. Residents will perform a self-assessment on their progress during the discussion with the RPD and updates to the developmental plan will be made based on the resident's self-assessment.
- ⊘ An evaluation of the residents' progress in achieving the program's goals and objectives will be completed as part of the Developmental Plan. The RPD will review the resident's evaluations quarterly and add comments accordingly. The RPD will determine if program outcomes and goals are being achieved. The RPD will also consider residents self evaluation and preceptor feedback to determine achievement of residency program goals for that quarter (Achieved for Residency status).
- ⊘ Adjustments to the first, second, and third quarter plans are made based upon review of the resident performance relevant to the previous quarter's plan:
  - With input from preceptor(s) and residents
  - The identification of new strengths or areas for improvement
  - Changes in residents' short- or long-term career goals and interests
  - A quarterly resident review at RAC committee will be used as a mechanism by which adjustments to the development plan will be made based on both formative and summative feedback
  - If there is no need for changes in the development plan, this is documented.

- Assessment information collected about a resident is a component of the development plan, but is not the plan itself

## Section 7: Resident and Preceptor Well-Being

### Available Resources

The Intermountain Health Employee Assistance Program (EAP) is a support program for caregivers, spouses or domestic partners, and their children (dependents ages 6-26) offering free confidential counseling; trainings; leader support; and 24-hour crisis services.

[MyIntermountain > Life & Benefits > Caregiver Well-Being and Wellness](#)

Contact: Call 1-800-832-7733 (available 24/7) or email [eap@imail.org](mailto:eap@imail.org)

## Section 8: Recruitment Process

### PGY-1 Candidate Selection Process

The St. Vincent Regional Hospital PGY1- residency program participates in the ASHP Resident Matching process also known as the “Match”. The Match provides an orderly process to help our residents obtain a position in our residency program. The American Society of Health-System Pharmacists (ASHP) is responsible for establishing the rules and monitoring the implementation of the Match. The administration and conduct of the Match is carried out by National Matching Services Inc. on behalf of ASHP. To participate in the Match, an applicant must be a graduate of or graduating from an ACPE- accredited college of pharmacy, or otherwise is eligible for licensure.

**PhORCAS:** Potential candidates are received using the ASHP/NMS online PhORCAS system

**Interview:** Interviews are scheduled with top candidates

- Emails are sent to chosen candidates notifying them of their interview status and inviting them for an on-site or virtual interview, depending on their availability and preferences
- Once interview dates are established, candidates receive an email that outlines the following:
  - Interview location
  - Schedule for the day
  - The Resident Selection Committee for the PGY1 program consists of the following: Leadership (pharmacy director), RPD, preceptors as selected by RAC, staff as selected by RAC
- The interview committee will receive the following in preparation for interviews:
  - Candidate CV
  - Interview schedule
  - Interview questions with scoring matrix

- After all the interviews are completed, the interview committee convenes to determine the Rank Order list of the Match for desirable candidates for the PGY1 program. The Rank is then submitted in order of program preference. Each applicant submits a Rank Order List on which the applicant lists the desired programs, in numerical order of the applicant's preference (first choice, second choice, etc.)

## St. Vincent Regional Hospital Ranking Process

### ∄ Interview Metrics

- Applicants are scored out of a total of 595 points with the points allocated to each interview sessions as follows:
  - Pharmacy Leadership 95 points
  - Residency Program Director 110 points
  - Residency Preceptor Clinical Case 120 points
  - Current Resident Clinical Case 150 points
  - Staff Interview 120 points
- Residency Applicant Interview & Ranking Process
  - Review of Residency applicants-Top candidates are selected based on screening tool rubric (Residency Candidate Selection Tool)
  - Written applications will be reviewed by preceptors and current resident(s)
  - Each applicant will be evaluated by preceptor using the Residency application [Residency Candidate Selection Tool](#)
  - Selected applicants will be offered on-site interview
- Each applicant is evaluated during on-site interview by Resident Selection Committee (RPD, RAC, current resident(s), 2 non-precepting staff members)

### ∄ Group discussion is held after the interviews are fully completed. Evaluations of each candidate will be filled out individually. Scores will be given to RPD for entry into the Interview Scoring Spreadsheet

- At the beginning of the evaluation/ranking process current resident(s) will state their thoughts, concerns, and provide input FIRST
- Discussion from RAC, leadership, RPD will follow-current residents may remain for discussion
- Current resident(s) will then be asked to turn in spreadsheets/score cards and leave the room
- RAC, leadership, RPD will then place votes to Rank/No-Rank followed by Rank order
  - Each applicant's score from preceptors is totaled and averaged with results documented and presented to the committee

### ∄ Applicants who are invited to participate in an interview will be assumed TO RANK

- € Discussion and voting (preceptors who participated) TO NOT RANK CANDIDATE
  - Vote by a show of hands to not rank a candidate
  - Majority vote required to not rank a candidate
  - “Raise your hand if you do not wish to rank”
  - Each participant must vote
- € Discussion and voting (preceptors who participated) of RANK ORDER TO SUBMIT TO PHORCAS
  - Numerical ranking from evaluation is used as a start; then discussion of applicant, review of
  - Vote by a show of hands
  - Majority vote required for rank order
  - “Raise your hand if you wish to rank \_\_\_\_\_ as #1,” etc.
  - Each participant must vote
- € Copies of Excel spreadsheets/score cards with evaluation totals are destroyed by shredding
- € Rank order will be submitted by RPD to PhORCAS

## ASHP Matching Program

### Phase I

- € The Match then places individuals into positions based entirely on the preferences stated in the Rank Order Lists and each applicant is placed with the most preferred program on the applicant’s Rank Order List that ranks the applicant and does not fill all its positions with the more preferred applicants. Similarly, each program is matched with the most preferred applicants on its list. Applicants and programs do not receive information about the rankings submitted by other applicants and programs. Each applicant is given only the result the applicant obtains in the Match while each program is provided only the final result of the match including the names of the applicant it matched.

### Phase II

- € If after Phase I of the Match the PGY1 program has an unfilled position, the Match will offer those positions to unmatched applicants in Phase II of the Match. Applicants who did not participate in Phase I of the Match may also be added into Phase II of the Match. All applicants seeking positions after Phase I and all programs with available positions after Phase I- submit their Rank Order Lists by the deadline for Phase II of the Match. A second match will be carried out using those Rank Order Lists, and the results of Phase II of the Match will then be distributed.

- € The Match results constitute a binding commitment from which neither the applicant nor the program can withdraw without mutual written agreement.
- € A letter, putting in writing an appointment agreement with the matched applicant is sent to the matched applicant and is postmarked no later than 30 days following the receipt of the results for each Phase of the Match

### **Post Phase II Match Process (Scramble)**

- Upon completion of both Phases of the Match, residency programs that have one or more positions left unfilled may then make other direct offers (verbal or written) to applicants who remain unmatched or to applicants who did not participate in the Match. Applicants who receive their Match results and who remain unmatched may then receive other direct offers of admission.

## **Section 9: Preceptor Requirements**

### **Appointment Process**

RPD will query the current residency preceptors in February of residency year

- € Wish to continue to precept?
- € Wish to resign?
- € Wish to change rotation?
- € Ideas for residency projects for upcoming year submission request
- € Ideas for new rotations for upcoming years submission request

RPD will query non-precepting staff in February of residency year

- € Interested in precepting residency rotation?
- € Provide a list of requirements and deadlines for application
- € Ideas for residency projects for upcoming year submission request
- € Ideas for new rotations for upcoming years submission request

Pharmacists interested in precepting a PGY-1 rotation shall submit an application by March 31st to the RAC consisting of:

- € Letter of intent, describing desired rotation
- € Curriculum Vitae
- € ASHP Academic and Professional Record
- € St. Vincent Healthcare PGY-1 preceptor scorecard

The RAC will meet to make recommendations on the appointment of preceptors when necessary (resignation, removal, expiration of appointment, initiation of new rotation).



Decisions will be made based on preceptor qualifications and feedback regarding preceptor skills including evaluations completed by past residents and/or students.

Applicants with previous precepting experience from another facility may be appointed as preceptors without going through preceptor-in-training process.

First time residency preceptors shall be appointed for a ONE year period while experienced residency preceptors will receive FOUR year appointments. Preceptors will then need to re-apply by March 31st in the year prior to the expiration of their appointment.

The RPD will review preceptor evaluations and seek feedback regarding preceptor performance and bring any concerns to the RAC.

## Requirements for Rotations

### Minimum Expectations for Residency Rotations

#### All Rotations:

- Primary preceptor will be scheduled to staff in the rotation site for a minimum of 40% of the time the resident is on rotation (excluding preceptor PTO if taken)
- A schedule with dates of all topic discussions, journal clubs, case presentations, and all other requirements will be developed by the resident and primary preceptor by the end of the first week of the rotation
  - The primary preceptor will distribute the schedule to all other pharmacists on the team by the end of the first week of the rotation.
  - All pharmacist on the team are expected to follow the developed resident schedule
- Formal meeting at end of rotation for feedback will be completed on final day of rotation between primary preceptor and resident
  - All preceptors who worked with the resident are expected to provide written feedback to the primary preceptor by the second to last day of the rotation
- All pharmacists who work in a team (PEDS, ER, OR, ICU, etc) when a resident is on rotation are required to participate in the residents learning and schedule. If a pharmacist on a team does not wish to participate in resident education then they will not be scheduled on that team during the resident's rotation.

#### Evaluation of

##### Maintenance:

- Completion of ASHP Academic and Professional Record
- Annual RAC review of **Saint Vincent Requirements for Residency Preceptorship Scorecard**
- Identified poor performing preceptors must go through preceptor development

- If identified as a poor performer 2 years in a row, will be asked to not serve as primary preceptor
- Feedback for current preceptors annually by RPD

**New Preceptors:**

- Application to RPD by March 31st annually
  - Letter of intent, describing desired rotation
  - Curriculum Vitae
  - ASHP Academic and Professional Record
  - St. Vincent Healthcare PGY-1 preceptor scorecard
- RAC Review and decision
  - Majority vote
- Must go through preceptor development first year

St. Vincent Preceptor Scorecard

Membership on Local or System Committee with ≥80% Attendance (0.5 Pt Each; 1 Pt Max) ● ●	
Pharmacy Department Informal Education / In-service [Minimum 20 minute presentation] (0.5 Pt Each; 1 Pt Max) ● ●	
Obtain (2 Pts) or Maintain (1 Pt) a Pharmacy Professional Certification [BPS, SIDP, Pain, ER, etc] (2 Pts / 1 Pt) ●	
Outside Department In-service [Minimum 20 minute presentation] (1 Pt Each; 2 Pt Max) ● ●	
New Pharmacist Led Protocol Development or Major Revision (>50% Revised) to Existing Protocol; Annual reviews and serving as a guide on Resident Protocols <u>DO NOT</u> count (1 Pt) ●	
State or National Society Committee or Subcommittee Position; Membership <u>DOES NOT</u> Count (1 Pt) ●	
Serve as a Peer Reviewer for a Professional Publication [Journal Article, Book Chapter, etc] (1 Pt Each; 2 Pt Max) ● ●	
Attendance of a State or National Professional Conference [ <i>this is only applicable if a department in service is provided post conference about what was learned at the conference</i> ] (1 Pt)	

☒	
Local / System Formal Continuing Education Presentation ☒ CE Accreditation Through: ☒ CE Accreditation Through:	(2 Pts Each; 4 Pts Max)
State / Regional / National Formal Continuing Education Presentation ● CE Accreditation Through ● CE Accreditation Through:	(3 Pts Each; 6 Pts Max)
Co-Author and Major Co-Contributor on Resident Required Poster Presentation	(1 Pt each; 2 Pts Max)
Regional or National Conference Peer-Reviewed Poster Presentation [Author or Co-Author] (3Pts) ●	
Completion of Formal Teaching Certificate Program ●	(1 Pt)
Serve as a Moderator at a State / Regional/ National Conference ●	(0.5 Pts)
Publication of Peer-Reviewed Journal Article ● ●	(4 Pts Each; 8 Pts Max)

\*\*\***One (1) Point is required to come from presentation(s)**\*\*\*

5 Points Required for Preceptorship (initial year)

### Removal of Preceptors

A residency program preceptor may be removed from an appointment under the following circumstances:

- ☒ Poor performance (Requires unanimous vote of RAC)
- ☒ At the discretion of the RPD due to violation of facility code of conduct/policies

### Annual RAC review of **St. Vincent Requirements for Residency Preceptorship Scorecard**

- ☒ Identified poor performing preceptors must go through preceptor development
  - If identified as a poor performer 2 years in a row, will be asked to not serve as primary preceptor

### Preceptor Development

The facility will provide ongoing annual preceptor development in the form of:

- ☒ Opportunity to travel to preceptor development conference(s)
- ☒ Opportunity to obtain University of Montana Teaching Certificate
- ☒ Quarterly preceptor development presentations/exercises

€ New preceptor mentoring