

**Post-Graduate Year 1 (PGY-1) Community Residency**

##### **Residency Program Overview and Policies**

**Purpose Statement**

PGY-1 Program Purpose: PGY-1 pharmacy residency programs build on Doctor of Pharmacy (PharmD) education and outcomes to contribute to the development of clinical pharmacists responsible for medication-related care of patients with a wide range of conditions, to be eligible for board certification and eligible for postgraduate year two (PGY-2) pharmacy residency training.

**Program Description and Introduction**

Our program is a 12-month postgraduate curriculum that offers training opportunities in ambulatory care, drug information, drug use policy development, clinical services, community pharmacy, and pharmacy leadership. Research, education, and medication safety are also incorporated into the Marshall Health (MH) residency program, which aims to improve patient outcomes. Residents will gain the necessary experience and develop critical thinking skills needed to move forward in the ever-changing world of pharmacy practice. The program is based on six outcome measures:

* Understand all aspects of the medication use process in a complex health system
* Provide evidence-based, patient-centered medication therapy using an interdisciplinary approach
* Demonstrate proficiency in providing pharmaceutical care for various patient populations
* Participate in pharmacy practice leadership activities to advance the profession
* Educate patients and health care providers on effective and safe drug use
* Incorporate medical informatics into the medication use process

The residency program is designed to offer an individualized training plan for each resident based on their interests, goals, and past experiences. Residents are required to complete core rotations in order to build a strong knowledge base and have the opportunity to select elective rotations in many fields of interest.

Residents are required to complete additional program requirements, aimed at developing a skilled and competent practitioner. Required elements of the program include completing a major research project, patient education, student precepting, providing pharmacy services, and developing leadership and communication skills. Upon successful completion of the program, residents will be awarded a program certificate.

**Program Structure**

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| Orientation | Required Rotations | Electives\* | December: Projects |
| * Marshall Health orientation * Residency program overview * Boot camp lectures * Cerner training * ACLS * Mentor matching * Staffing training * CITI training * Research project development | * Orientation * Project month * Family medicine * Internal medicine/ Primary care * Endocrinology/ Pulmonology/ Rheumatology  (Internal medicine specialties) * Cardiology * Pick 2 of the following:   + Gastroenterology/ Infectious disease   + Neurology   + Oncology   + Psychiatry | * Geriatrics * Specialty pharmacy and policy and procedure * Addiction medicine * Anticoagulation * Professional development * Management * Research intensive * Academia * Inpatient opportunities * Lung Center * Repeat a core | * ASHP Midyear * Research project * Marshall Health Network CE * Additional tasks as assigned |
| Longitudinal | | | |
| * Service/Staffing * Research * Management * Anticoagulation * Academia * Quality management * Professional development * Medication management | | | |

\*Additional electives may be available based on residents’ interest

**Stipend and Travel Reimbursement**

Residents are given a $51,000 stipend for the 53-week term. Residents will be given an additional $2,500 allowance for travel/conference expenses. Reimbursement limits may increase annually depending on the number of state and regional showcases attended. In this event, the RPD will authorize additional reimbursement.

**Requirements for Successful Completion**

Residents in all residency programs will be required to perform or participate in a number of activities throughout the year. These activities are designed to assure competency with the goals and objectives outlined by the residency accreditation standards. These requirements must be met to receive a certificate from the residency program. In addition to the expectations outlined by the accreditation standards, we expect residents to be able to:

* Participate in the Residency Orientation Program
  + A formal orientation program for all residents is scheduled in July of each year. All new residents are expected to attend these sessions. This orientation period is used to introduce incoming residents to Marshall Health and to outline the expectations for the residency year.
* Function as pharmacy generalists
  + Rotations will be evaluated using the outcomes, goals, and objectives approved by ASHP for the specific residency program. At the beginning of each rotation, the preceptor will review the rotation expectations and learning objectives, specify the degree of autonomy the resident will have, and document this on the Learning Experience Introduction Form found in PharmAcademic. Residents will have the degree of authority documented on the form. The degree of authority may be modified at any time during the rotation by completion of a subsequent form. In addition, residents will be expected to document all activities appropriately throughout the month.
* Participate in medication use evaluations and medication policy development
* Communicate effectively in writing and verbally with other team members
* Teach others about drug therapy
  + Including but not limited to didactic teaching as a part of the Teaching and Learning Certificate program, precepting APPE and IPPE students, facilitation at MUSOP as part of your Academic longitudinal rotation and providing continuing education programs.
* Participate in at least two quality improvement and/or cost savings initiatives/projects
* Complete at least one service or research project designed to improve the services of the department and/or achieve a specific research objective. At least one project will be presented at the ASHP Midyear Clinical Meeting in December and regional residency conference during the spring of the residency year.
* Provide a service commitment designed to ensure that residents gain experience and can function as pharmacy generalists. To achieve this objective, all residents are scheduled to work as staff pharmacists in the outpatient pharmacy.
* Attain an “Achieved for Residency (ACHR)” score for 80% of all goals and objectives of the residency program and ACHR score for 90% of Competency Area R1 Objectives (i.e., 9/10 objectives “ACHR”) as assessed by the RPD in the last quarterly evaluation. 100% of the Patient Care objectives must be marked as achieved for residency. No NI’s may be present upon graduation of the program.
* Prepare and present at least one ACPE or equivalent education sessions for their site
* Present at the West Virginia Pharmacy CE Conference or equivalent
* Successfully complete the Marshall University School of Pharmacy Teaching Certificate
* Prepare and submit a manuscript suitable for publication
* Participate in department service documentation activities
* Participate in the recruitment efforts of the program
  + Each resident will assist with the recruitment efforts of the program. Because each resident is an important source of information and advice for potential candidates, there will generally be some scheduled time within the interview process for interviewees to interact with current residents. Additionally, each resident is requested to spend time providing information to interested parties during the ASHP Midyear Clinical Meeting. Residents will be asked to staff for the residency showcase. Residents will also be asked to attend local and regional residency showcases to promote the program.
* Present their project at regional residency conference
  + The residency conference is held in the spring of each year and is a forum where residents share experiences and expertise. Each resident will make a brief presentation on their project, which will be evaluated by preceptors and residents attending the conference. The resident will participate in practice sessions with Marshall Health preceptors and residents prior to the conference.
* Provide community and professional service
* Creation or review of a collaborative practice agreement, standing order, or implementation process for a state-based protocol.
* Development and implementation of a management project
* Other responsibilities may arise during the residency year. The RPD and the resident will discuss these as they arise.

**Licensure Policy**

Residents are required to obtain pharmacist licensure in the state of West Virginia. Our program will provide resources as needed to aid the resident in preparing for licensure (study guides, law review presentations, etc.). State pharmacist licensure is due by July 31st. The resident should submit appropriate documentation to the State Board of Pharmacy to obtain licensure as soon as possible. As a reminder, if you fail the MPJE, you must wait 30 days (starting from the date of the failed attempt) before you will be allowed to schedule the MPJE again. If you fail the NAPLEX, you must wait 45 days (starting from the date of the failed attempt) before you will be allowed to schedule the NAPLEX again.

If licensure is not obtained by July 31st:

* The resident is subject to immediate dismissal from the residency
* If extenuating circumstances exist in which the resident does not obtain licensure, the RAC will consider the following options:
  + Immediate dismissal from the program if it is deemed that the resident will be unable to meet the requirements of the residency
  + Unpaid leave of absence while licensure is completed. The resident will return from leave of absence after licensure is obtained and will complete a total of twelve months in the program in order to receive a residency certificate. The resident will be required to pay benefits during the leave of absence. This option will only be available if the RAC determines that this will not impact the completion of the residency requirements.
  + Other considerations can be made at the discretion of the RAC.

All missed staffing hours due to license delay must be made up outside of clinic hours. It is the responsibility of the resident to ensure all hours are made up. Failure to complete it may delay graduation from residency. All make-up hours must be approved by the staffing preceptor and RPD.

**Duty Hours**

Marshall Health follows the Pharmacy Specific Duty Hours Requirements for the ASHP Accreditation Standards for Pharmacy Residencies. Please see [*http://www.ashp.org/DocLibrary/Accreditation/Regulations-Standards/Duty-Hours.aspx.*](http://www.ashp.org/DocLibrary/Accreditation/Regulations-Standards/Duty-Hours.aspx) Residents are expected to track their hours and notify the RPD of any anticipated problems. Each resident will be expected to submit a Duty Hour Attestation within PharmAcademic every rotation.

* Residents are expected to work a minimum of 40 hours per week.
* Please note that any hours moonlighting do not count toward Duty Hours.
* Time to work on research, projects, and longitudinal rotations may be limited to after clinic hours or when the resident’s tasks/assignments have been completed for the day.

**Attendance Policy**

1. Policy
   1. Purpose: To provide a structured attendance policy that enables the resident to successfully complete the required elements of the PGY-1 Pharmacy Residency Program in accordance with departmental policies for full-time employees.
   2. Background
      1. The PGY-1 program is a complete, 12-month program encompassing all aspects of pharmaceutical care through various clinical and administrative learning experiences.
      2. In order to complete all the requirements of the program, the residency position is a full-time commitment consisting of a minimum 40-hour work week not to exceed ACGME guidelines. Residents are expected to report according to each learning experience and preceptor’s schedule. When residents are staffing, they are required to report according to the shifts to which they are assigned.
      3. The residents are solely responsible for their assigned rotations and staffing requirements. In the event of an absence, they are responsible for assuring that these service commitments are met.
         * 1. \*The residents must arrange coverage among themselves when needed.
      4. Residents are given 10 days of scheduled or unscheduled paid leave during the twelve-month residency program. This includes, but is not limited to, any vacation, sick time, or time needed for interviews. Other uses for paid leave and the procedure for using paid leave are explained in the PTO and PTU definitions, below. If the resident requires more than 10 days of time off for approved reasons, the resident may need to take an unpaid leave of absence instead. The procedure for taking a leave of absence is spelled out below.

\*No time off is to be taken during staffing weekends. Coverage must be arranged between residents.

1. Location
   * 1. Marshall Health (MH) Department of Pharmacy including clinic and community pharmacy practice.
   1. Definitions

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| Leave of absence | A leave of absence is defined as an unpaid, authorized period of absence from work. Must complete residency by September 1 deadline. |
| Paid Time Off (PTO) | This is the time which is accrued to provide payment for the absence from work.  This includes time off for a variety of reasons such as vacation, personal appointments, personal or family illness, and other approved or emergency time off. |
| Paid Time Unscheduled (PTU) | This is time off for unscheduled/non-approved occurrences. |

IV. Responsibilities

* 1. The Residency Program Director and Clinical Pharmacy Manager will be responsible for ensuring compliance with this policy.

V. Procedure

* 1. All leave requests should be discussed in advance with the involved preceptor to assure that commitments are fulfilled. All leave requests should be documented on a Resident Leave Request Form (*see Appendix 2*). An excused absence is defined as annual leave or professional leave discussed with and signed off by the respective rotation preceptor and RPD. Incomplete forms WILL NOT be accepted. After the RPD approves the leave, the resident will be sent a notice of approval and an update of time off remaining. For any leave (including sick leave) that is not planned at least two weeks prior to the absence, the resident MUST email the affected preceptor(s) and RPD as soon as possible. Failure to report planned and unplanned time off in a timely and appropriate manner can result in disciplinary action.
  2. PTO and PTU Procedures
     1. For PTU on non-staffing days: Residents are required to notify the RPD and preceptor by email or phone as soon as possible before they are to report to work.
     2. For PTU on staffing days: Residents must call the pharmacy manager a minimum of 2 hours before their shift starts and assist in finding coverage.
     3. Requests for PTO:

1. Residents submit their requests for PTO using the Resident Leave Request Form as outlined above.
2. Every effort will be made to honor requests for PTO, but approval is not guaranteed. Approval is based on length of the time requested off, number of other staff members requesting similar time off, resident’s performance, program schedule/deadlines, and the requirements or assignments required by the learning experience. All other things being equal, requests will be honored on a first-come, first-served basis.
3. PTO requests staffing weekends: Coverage must be arranged between residents.
   1. Special Residency Program Events
      1. Residents may be required to attend certain program events. In these cases, residents are required to notify RPD and preceptor when their participation in program events is necessary, including the ASHP Midyear and regional residency conferences, along with other residency program events, as soon as those dates are made available.
   2. Funeral Leave
      1. In the event of the death of an immediate family member (as defined by Marshall Health Employee Handbook), employees who have completed their 90-day probationary period are eligible for funeral leave with pay for up to three scheduled workdays.
   3. Leave of Absence
      1. A Leave of Absence is granted under certain conditions and is not guaranteed. The resident must contact the RPD and Director of Pharmacy as soon as possible to determine leave options and arrange for coverage of project and patient care responsibilities.
4. Health: A health-related Leave of Absence be granted by Director of Pharmacy for a non-work-related event resulting in injury, illness, or pregnancy. Employees must meet the eligibility requirements for an approved Leave of Absence.
5. Child or Dependent Care: A Leave of Absence for caring for a child or dependent must be granted by the Director of Pharmacy.
6. Personal: A Leave of Absence for personal reasons may be granted in order for the employee to attend to personal needs or emergencies. Upon request, the employee will be required to provide valid proof to support the need for leave.
7. If the leave of absence is two weeks or less, the resident will not be required to extend the residency program duration. However, the resident will have to complete additional assignments to ensure all program requirements are completed by their original end date.
8. If the leave of absence is greater than two weeks in length, the resident will be required to extend the residency program duration up to an 8-week maximum to complete a full 12-month program to ensure all goals and objectives of the program have been met. A Leave of Absence that lasts more than 8 weeks may make it impossible for the resident to complete all the program requirements in a timely fashion.
9. The resident will not be permitted to take a leave of absence greater than 8 weeks in order to successfully complete the program by September 1st of their graduation year.
10. Any extended absence for a period longer than 8 weeks may result in dismissal from the residency program.
11. Should there be any significant issue or event related to attendance when residents have been counseled on multiple occasions, both the Director of Pharmacy and RPD may decide program completion is not possible and a certificate may not be granted.

### Residents are expected to attend relevant functions as required by the RAC, the RPD, and rotation preceptors. The residents are solely responsible for their assigned rotations and staffing requirements. In the event of an absence, they are responsible for assuring that these commitments are met.

**Resident Disciplinary Action or Failure to Progress**

Residents are expected to conduct themselves in a professional manner at all times and to follow all relevant policies and procedures. Disciplinary actions taken against a resident are evaluated on a case-by-case basis, and the severity of an issue can influence actions (i.e., stealing may result in immediate termination). Disciplinary actions within the residency program will align with Marshall Health’s policy.

Disciplinary action may be initiated if a resident:

* Does not follow policies and procedures of the site or residency program
* Does not present him/herself in a professional manner
* Does not make satisfactory progress on residency goals or objectives
* Does not make adequate progress toward the completion of residency requirements
* Does not meet agreed-upon deadlines as outlined below

Definitions:

* *Disciplinary action*: A reprimand or corrective action in response to employee misconduct, rule violation, or poor performance.
* *Warning*: A formal, oral or written, notice of misconduct, rule violation, or poor performance; a plan of action to rectify any issues; and the potential consequences if the employee does not remedy their behavior. The warning will be documented on PharmAcademic and may be documented in the employee’s personnel file.
* *Probation*: A status in which the employee may remain employed by the organization only upon the condition that the employee complies with specified standards of conduct or other requirements or restrictions on privileges, for a specified period of time. During the specified time period, further offenses will result in more severe disciplinary actions, depending on the conditions of the probation, which may or may not include suspension and/or termination. The conditions of the probation will be formally outlined in a written document signed by the employee, RPD, and all involved parties, which will be uploaded to PharmAcademic and documented in the employee’s personnel file.
* *Suspension*: The removal of an employee from work and associated duties for a specified period of time, which may be without pay. If the resident is suspended as a result of disciplinary action, they may be required to make up the specified period of time following the originally planned end of the residency in order to complete the requirements of the residency program, depending on the specified duration of suspension. The conditions of the suspension will be formally outlined in a written document signed by the employee, RPD, and all involved parties, which will be uploaded to PharmAcademic and documented in the employee’s personnel file.
* *Termination*: The permanent dismissal and removal of an employee from their position and the workplace for disciplinary reasons.

In the event of the identification of need for disciplinary action for a resident or if a resident fails to make satisfactory advancement in any aspect of the residency program, the following disciplinary steps shall be taken:

1. *First offense: Verbal warning*  
   The resident will meet with the involved preceptor(s) and/or the RPD to discuss the identified issue(s). If the RPD is not involved in the initial discussion, he/she will be notified of the meeting and of the events that transpired. Following this discussion, an appropriate solution to rectify the behavior, deficiency, or action will be determined, in conjunction with the resident. The involved preceptor(s) will document this discussion and its end result as Verbal Feedback to the resident on PharmAcademic. The RAC and future preceptors will be notified of the resident’s issue(s) and will be asked to provide feedback on additional, ongoing, or future concerns to the RPD.
2. *Second offense: Written warning and/or Remediation*   
   The resident will meet with the involved preceptor(s) and/or RPD to discuss the identified issue(s). If the RPD is not involved in the initial discussion, he/she will be notified of the meeting and of the events that transpired. Following this discussion, an appropriate solution to rectify the behavior, deficiency, or action will be determined, in conjunction with the resident. A corrective action plan and specific goals for monitoring progress must be determined and outlined in a written document signed by all involved parties. The action plan may or may not include an outline for remediation with additional assignments to improve upon any skills related to the offense (e.g., additional presentations to practice and improve upon presentation skills). This plan will be documented in the resident’s personnel file by the RPD and uploaded to PharmAcademic. Corrective actions will be in progress before the next scheduled quarterly evaluation. The RAC and future preceptors will be notified of the resident’s issue(s) and will be asked to provide feedback on additional, ongoing, or future concerns to the RPD.
3. *Third offense: Written warning and/or Probation*  
   If the action plan created after the second offense does not yield satisfactory results as described and agreed upon, or another deficiency, behavior, or action warrants attention, the involved preceptor(s) and the RPD will meet to determine a plan and course of action. The RAC will be notified of the deficiency, behavior, or action under scrutiny, and the follow-up plan and specific goals for improvement. The RPD will appoint a Discipline Advisory Committee (DAC) to provide advice and monitoring to the RPD. The DAC will be composed of two individuals from the RAC not to include the RPD. The resident can have their mentor represent them on their behalf as a nonvoting member. The DAC will meet with the resident and review previous actions, discuss the actions, and determine an appropriate solution to rectify the behavior, deficiency, or action. A corrective action plan and specific goals for monitoring progress will be determined and outlined in a written document signed by all involved parties. The action plan will include an outline for remediation with additional assignments to improve upon any skills related to the offense (e.g., repeating a rotation which does not count toward an elective requirement). This plan will be documented in the resident’s personnel file by the RPD and uploaded to PharmAcademic. Depending on the severity of the offense, the action plan may or may not include probation.
4. *Fourth offense: Probation, Suspension, and/or Termination*  
   If the resident fails to progress satisfactorily as outlined by the action plan and outline for remediation following the third offense, or if additional shortcomings are identified, the involved preceptor(s) plus the RPD will notify the DAC. The DAC will determine a plan and course of action in conjunction with the RPD. This plan and course of action will include, at a minimum, probation and an outline for remediation, and may include and/or lead to suspension and/or termination. The plan and course of action will be outlined in a written document, signed by all involved parties, documented in the resident’s personnel file, and uploaded to PharmAcademic. The RAC will be notified of the deficiency, behavior, or action and the follow-up plan with any applicable specific goals for improvement. When and if the RPD recommends termination, the RAC will be convened. Based on the number of issues, as well as the severity or seriousness of the deficiency, behavior, or action, the RAC can be convened at any time to consider a recommendation put forth by the RPD up to and including termination.