



Slidell Memorial Hospital

Postgraduate Year One (PGY1) Pharmacy Residency Manual

2022 – 2023



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Welcome Letter

Greetings!

On behalf Slidell Memorial Hospital (SMH), I would like to welcome you to the SMH Post-Graduate Year One (PGY1) Pharmacy Residency Program. We are delighted to be a part of your pharmacy career journey and look forward to working with you over the next 12 months. We are committed to providing you with training tailored to your development into a pharmacy clinician able to pursue various post-residency opportunities.

We offer our residents the opportunity to actively participate in a variety of clinical settings, including transitions of care, infectious diseases, critical care, oncology, ambulatory care, internal medicine, and emergency medicine. Our hospital culture allows residents to actively engage with multidisciplinary team members to provide safe and effective evidence-based care. Our staff is dedicated to acting as a guide and resource for the residents.

The preceptors will provide you with tasks designed to cultivate your learning experiences. They will provide direction and feedback aimed at helping you achieve your potential.

Congratulations on your choice to further your career! The time and energy you are investing by choosing to pursue formal postgraduate training will open the doors to more opportunities and exposure. The experiences you will encounter are catalysts for your future, both professionally and personally.

Best regards,

Julia Jackson, PharmD, BCPS
PGY1 Pharmacy Residency Director
Clinical Pharmacy Coordinator

Slidell Memorial Hospital's Mission, Vision, & Values

Mission: To Improve the Quality of Life in Our Community

Vision: To Become Nationally Recognized for Superior Quality

Values: Positive Attitude, Compassion, Professionalism, Knowledge/Competency

Equal Opportunity Employment

Slidell Memorial Hospital (SMH) provides equal employment opportunities for all employees and applicants and does not discriminate on the basis of age, race, color, sex/gender, disability, national origin, religion, genetic information or any other status, characteristic or activity protected by law. Equal employment opportunities are defined as, but not limited to, recruitment, selection, placement, training, compensation, promotion, transfer, reduction in force, termination, benefits, and performance evaluation. Please refer to the SMH Equal Opportunity Employment Policy No. HR-020.

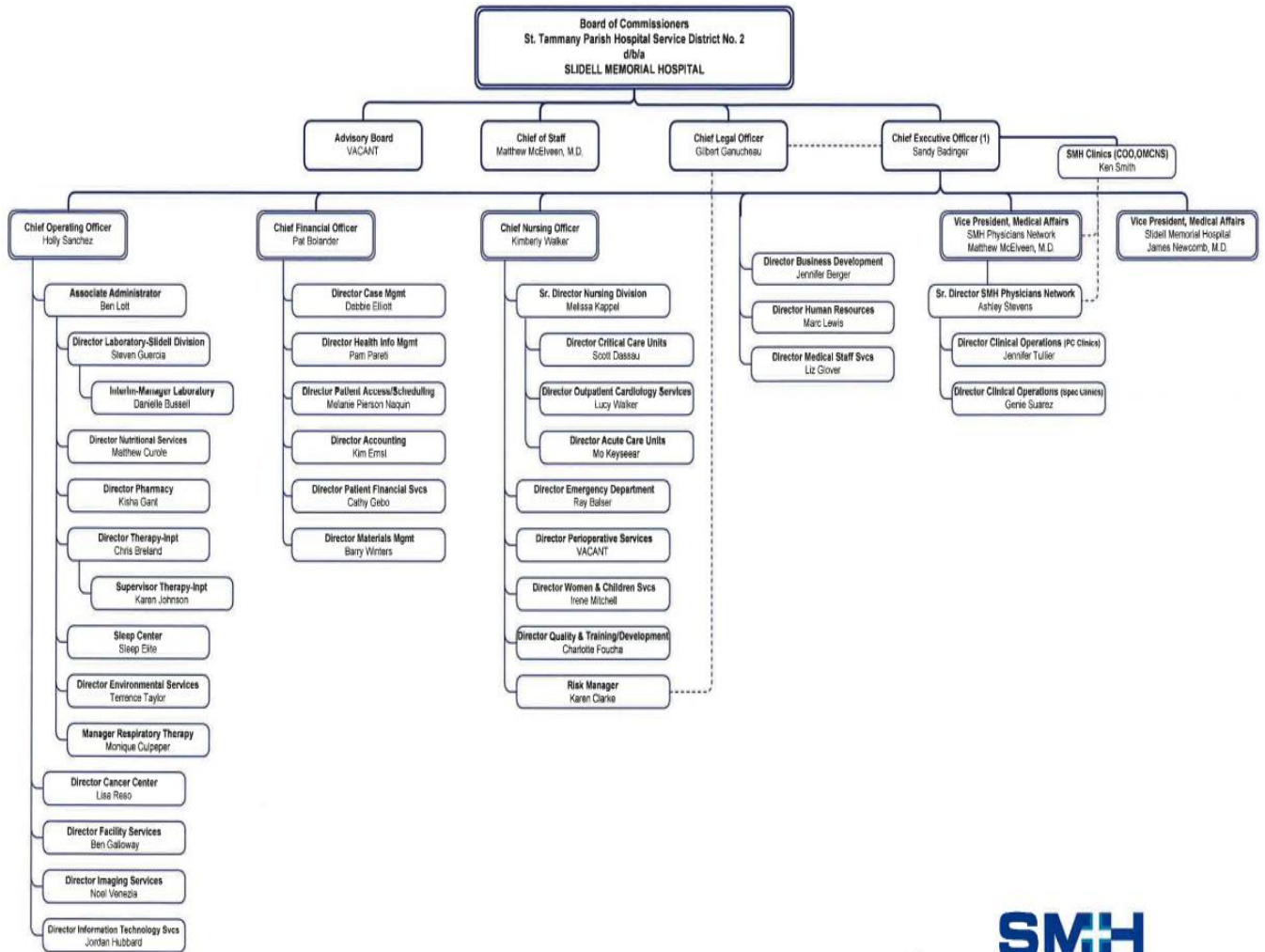
Harassment, Including Sexual Harassment

It is the policy of SMH to maintain a working environment free from all forms of harassment of any employee or applicant for employment on the basis of age, race, sex, gender, disability, color, national origin, religion, or any other status, characteristic or activity protected by law. Harassment in any manner or form is expressly prohibited and will not be tolerated. The Hospital is committed to vigorously enforcing this policy against harassment. Employees will not be penalized or retaliated against for utilizing this procedure. No employee who exercises his/her right to report an incident involving harassment will be subject to retaliation. All reported or suspected occurrences of harassment will be promptly, impartially and thoroughly investigated. Where harassment is determined to have occurred, the Hospital will take appropriate disciplinary action, including suspension, transfer, and/or termination. Please refer to the SMH Harassment, Including Sexual Harassment Policy No. HR-030.

Americans with Disabilities Act

SMH is committed to providing equal opportunities for persons with disabilities and to providing Reasonable Accommodations under the Americans with Disabilities Act (ADA). The ADA is a federal law designed to eliminate the barriers faced by disabled individuals in the workplace and public places generally. The ADA requires employers to make reasonable accommodations to the known disability of qualified applicants or employees, unless the accommodation would impose an Undue Hardship on the employer or pose a direct threat. SMH shall maintain a workplace this is free from discrimination on the basis of protected characteristics, including disability as defined by the ADA, as amended and section 503 of the Rehabilitation Act, as amended (the "Acts"). SMH is committed to providing reasonable accommodations for individuals with a qualified disability when it does not cause undue hardship and/or cause a direct threat to workplace and/or patient safety. Employment opportunities shall not be denied to anyone because of the need to make reasonable accommodation due to the individual's disability. Disabled individuals shall be afforded the opportunity to provide reasonable accommodations for themselves if the accommodations would impose undue hardship on the operation of the business. Please refer to the SMH Americans with Disabilities Act Policy No. HR-080.

SMH Organizational Structure



(1) Slidell Memorial Hospital is part of a Joint Operating Agreement with Ochsner Health System. In accordance with the JOA, the SMH CEO is the CEO over the Slidell Division, including Ochsner Medical Center North Shore Hospital, and Slidell Memorial Hospital and their related operations. In this capacity, the SMH CEO has a reporting relationship both to the SMH Board of Commissioners and to the Ochsner Health System Northeast Region CEO & Market Integration to ensure proper integration and operation of the JOA.


 Your Hospital for Life.

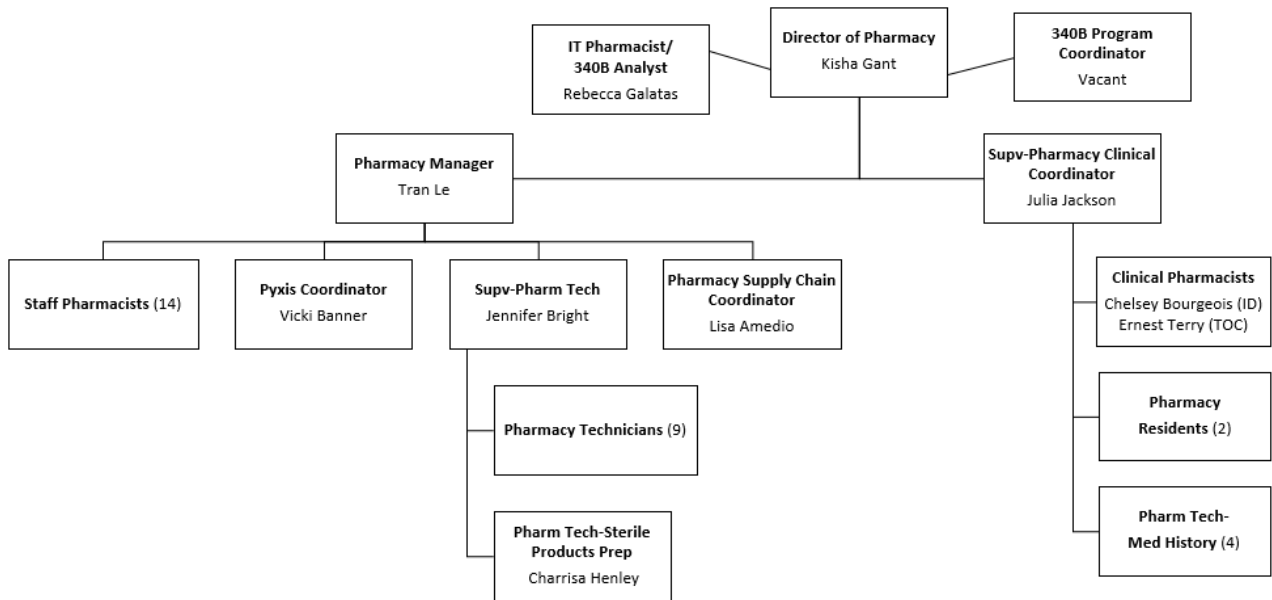
 Slidell Memorial Hospital
 Chief Executive Officer
 Effective Date: 1/10/2022

Pharmacy Department Mission & Vision

Mission: To provide innovative and evidence-based care in collaboration with the interdisciplinary healthcare team for our Slidell community.

Vision: To become nationally recognized for providing advanced care in the field of pharmacy.

Pharmacy Department Organizational Structure



PGY1 Program Purpose

PGY1 pharmacy residency programs 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.

Program Description

The Slidell Memorial Hospital (SMH) Postgraduate Year One (PGY1) Pharmacy Residency (referred to as “the residency program”) is a full-time, temporary appointment with an anticipated duration of twelve (12) months.

Program Mission

The mission of the Slidell Memorial Hospital (SMH) PGY1 Pharmacy Residency Program is to provide residents with individualized experiences to gain the knowledge and skills essential to succeed as practicing clinicians in an ever-evolving multidisciplinary setting.

Resident Selection Process

Residency applicants must be candidates for graduation or a graduate of an Accreditation Council for Pharmacy Education (APCE) accredited college/school of pharmacy. Application materials must be submitted via PhORACS before the assigned deadline. Application materials include the PhORCAS application, official college transcript(s), three letters of recommendation (one from a clinical preceptor), letter of intent, and curriculum vitae (CV). The applications are evaluated for interview by the Residency Advisory Committee (RAC) using a pre-interview selection score and RAC member input.

Applicants invited for an onsite interview must also present a formal presentation. The interviewed applicants are ranked based on their interview scores, presentation scores, program fit, and RAC member input. The final selection of residents is determined by the National Matching System (NMS) ASHP Residency Match Program. The resident selection process for the Phase II and Post-Match Process of the National Matching System (NMS) ASHP Residency Match Program is similar to Phase I with the following exceptions: interviews are conducted via videoconferencing and no formal presentation is required.

This residency site agrees that no person at this site will solicit, accept, or use any ranking-related information from any residency applicant.

Overview of PGY1 Pharmacy Residency Standard

Purpose of this Standard: the ASHP Accreditation Standard for Postgraduate Year One (PGY1) Pharmacy Residency Programs (hereinafter the Standard) establishes criteria for training pharmacists to achieve professional competence in the delivery of patient-centered care and pharmacy services. A PGY1 pharmacy residency is a prerequisite for postgraduate year two (PGY2) pharmacy residencies.

The Standard describes the criteria used in evaluation of practice sites that apply for accreditation. The accreditation program is conducted under the authority of the ASHP Board of Directors and is supported through formal partnerships with several other pharmacy associations. The ASHP Regulations on Accreditation of Pharmacy Residencies describes the policies governing the accreditation program and procedures for seeking accreditation (available at <https://www.ashp.org/-/media/assets/professional-development/residencies/docs/accreditation-regulations-residencies.ashx?la=en&hash=AA4A384DE7E2D709F529217011CB33BDA4FF35F4>). The complete *ASHP Accreditation Standard for Postgraduate Year One (PGY1) Pharmacy Residency Programs* is available at <https://www.ashp.org/-/media/assets/professional-development/residencies/docs/pgy1-residency-accreditation-standard-2016.ashx?la=en&hash=9FF7C76962C10562D567F73184FAA45BA7E186CB>.

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 United States of America-applied 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.

Required PGY1 Competency Areas, Goals, and Objectives

The competency areas, goals, and objectives are for use with the ASHP Accreditation Standard for Postgraduate Year One (PGY1) Pharmacy Residency Programs. The first four competency areas described herein are required, and the others are elective. The complete *Required Competency Areas, Goals, and Objectives for Postgraduate Year One (PGY1) Pharmacy Residency Programs* is available at <https://www.ashp.org/-/media/assets/professional-development/residencies/docs/required-competency-areas-goals-objectives>.

The required competency areas and all of the goals and objectives they encompass must be included in all programs. Programs may add one or more additional competency areas. Programs selecting an additional competency area are not required to include all of the goals and objectives in that competency area. In addition to the potential additional competency areas described in this document, programs are free to create their own additional competency areas with associated goals

and objectives. Each of the goals encompassed by the program's selected program competency areas (required and additional) must be evaluated at least once during the residency year. In addition, elective competency areas may be selected for specific residents only.

Competency Area R1: Patient Care

Competency Area R2: Advancing Practice and Improving Patient Care

Competency Area R3: Leadership and Management

Competency Area R4: Teaching, Education, and Dissemination of Knowledge

Adverse Accreditation Actions

Current residents will be informed of any adverse accreditation actions regarding the residency programs.

Program Rotation Descriptions

Critical Care

Slidell Memorial Hospital is a 223-bed acute care community hospital with 28 critical care beds (6 surgical intensive care beds, 22 medical intensive care beds). During the required 8-week rotation, the resident will manage all intensive care (ICU) patients.

The overall goal of the critical care rotation is to develop the resident's ability to manage ICU patients through the development of the resident's pharmaceutical knowledge and clinical and communication skills. The ICU team consists of an intensivist, ICU Nursing Director, ICU Charge Nurse, ICU floor nurses, clinical pharmacist, registered dietician, and social worker. The resident will round with the team, manage the drug therapy for all ICU patients, and serve as the team's drug information resource and pharmacy liaison. The resident will identify any potential drug therapy problems, develop, and implement evidence-based modifications to drug regimens. The resident will be responsible for completing comprehensive, pharmaceutical care plans and drug information question responses. The resident will also document his/her interventions in the pharmacy intervention tracking system and for the resident's records.

The clinical pharmacist is responsible for ensuring the safe, effective, and appropriate use of medication for all ICU patients in collaboration with other healthcare professionals. The pharmacist evaluates patients' medication regimens for, but not limited to, stress ulcer prophylaxis, deep vein thrombosis (DVT) prophylaxis, prevention of opioid-induced constipation, lab monitoring, adverse drug event monitoring and reporting, drug information, home medication review, and medication optimization based on evidence-based medicine and patient specific factors.

Emergency Medicine

The emergency medicine rotation is an elective, 6-week rotation for pharmacy residents. Prerequisites for this experience are successful completion of the Internal Medicine and Critical Care rotations or permission of the Residency Program Director (RPD) and Residency Advisory Committee (RAC). This ER rotation will consist of providing clinical pharmacy services to an emergency medicine service in the 36-bed (2 trauma rooms) emergency department under the preceptorship of the emergency department's medical director and clinical pharmacy specialist. The practice environment will require daily interactions with physicians, medical residents, mid-level practitioners, nursing staff, pharmacy staff and other healthcare professionals necessary to optimize

pharmacotherapy for patients. In addition to monitoring and consulting on pharmacologic issues, the resident will also provide educational presentations to nursing, pharmacy, and physician staff members and other healthcare providers.

The common disease topics the resident will encounter during their experience through patient care experience, topic discussions, and literature reviews includes, but not limited to: Cardiology, Neurology, Nephrology, Psychiatry, Infectious Disease, Endocrinology, Pulmonology, Trauma, Toxicology/Overdose, Hematology, Pain Management, Gynecology and Gastrointestinal disorders. The preceptor will be available to the resident throughout their experience for patient discussions, consultations, topic discussions, and formal and informal performance feedback. The resident will gain experience through both guided and independent learning experiences.

The clinical pharmacy specialist is responsible for ensuring safe and effective pharmacotherapy for patients of varying acuities, including critically ill patients. Routine responsibilities include medication reconciliation, discharge counseling, assisting with medication acquisition for patients and healthcare providers, and participating in codes. The pharmacist will also provide drug information and education to healthcare professionals as well and patients and caregivers.

Infectious Diseases I & II

The Infectious Diseases I rotation is a required six-week learning experience and Infectious Diseases II is an elective six-week learning experience at Slidell Memorial Hospital (SMH). SMH is a 223-bed acute care, community hospital located in southeast Louisiana primarily serving both southeast Louisiana and southern Mississippi. Medical services include cardiology, oncology, orthopedic, and emergency medicine. Besides traditional hospital services, our pharmacy department includes clinical pharmacy programs to help manage medication therapies, an infectious diseases program, and a transition-of-care program.

Pre-requisites for this rotation include working knowledge of our hospital information system including pharmacy, medical staff, and nursing systems. Residents should have experience in pharmacy operations, including: order entry processes, preparation and dispensing of IV medications. Residents should have basic knowledge of common infectious disease states. Basic working knowledge of Excel™ worksheets is preferred.

Residents must have successfully completed an Infectious Diseases I rotation or equivalent, or have demonstrated knowledge of common infectious diseases beyond a basic, introductory level; acceptance of residents into the Infectious Diseases II rotation without prior successful completion of an Infectious Diseases I rotation is at the preceptor's discretion.

Infectious Diseases activities will include a subset of our Antimicrobial Stewardship Program's (ASP) activities. Residents will participate in activities that optimize clinical outcomes while minimizing unintended consequences of antimicrobial use, including toxicity, the selection of pathogenic organisms (such as *Clostridium difficile*), and the emergence of resistance. Thus, the appropriate use of antimicrobials is an essential part of patient safety. Appropriate antimicrobial use should reduce health care costs and should not adversely impact quality of care. These goals may be accomplished through standardization of treatment for common infectious syndromes, optimal antibiotic use, and utilization of evidence-based practices including treatment guidelines as recommended by expert organizations such as Infectious Diseases Society of America, Centers for Disease Control, World Health Organization, and The Joint Commission.

Responsibilities of the Infectious Diseases Pharmacist include review of antimicrobial utilization, adjusting medications doses and/or frequencies, making recommendations for medication de-escalation or discontinuation, daily vancomycin pharmacokinetic monitoring including surveillance for nephrotoxicity and review of positive blood culture results. Annual reports include an assessment of ASP: number of

interventions made and percentage accepted and antimicrobial usage. Staff (doctors, pharmacists, nurses) education focuses on current topics and identified areas for improvement.

Internal Medicine

Internal Medicine (IM) is a six-week learning experience developed to provide the opportunity for residents to manage acutely ill patients with a variety of disease states.

The IM clinical pharmacist serves a diverse general medicine and cardiac/telemetry population. He/she is responsible for identifying medication related issues, answering drug information questions, and collaborating with other healthcare professionals to optimize patient care. The resident shall accomplish this through attendance on multidisciplinary morning rounds and independent patient work up. The resident will participate in and provide clinical pharmacy activities including but not limited to:

- Therapeutic drug monitoring services (i.e. aminoglycosides and vancomycin)
- Education of patients, providers, ancillary staff, or pharmacy students
- Patient case discussions, topic discussions and journal clubs
- Drug information requests

The resident should ensure safe and effective use of all medications including medication and/or dose adjustment when needed (based on culture results, renal function, weight, monitoring parameters)

Excellent communication skills and interpersonal skills are essential for success in this experience. The resident must develop and implement time management skills to efficiently accomplish the required activities during this experience. At the end of the rotation, the resident should be able to efficiently review a patient and identify pharmacotherapeutic problems, implement medication regimens, develop a plan with measurable endpoints and subsequently monitor the regimens for effectiveness and adverse effects.

Oncology

Oncology is an elective, 6-week learning experience at Slidell Memorial Regional Cancer Center (SMHRCC) for PGY1 residents.

The ambulatory oncology service covers patients admitted to the outpatient infusion center for chemotherapy treatment. Hours are Monday through Friday from 7am to 4pm. This service consists of the pharmacist preceptor and pharmacist. The PGY1 resident will also interact regularly with Medical Oncologists as well as multiple other provider disciplines.

The oncology pharmacist is responsible for the oversight and preparation of the chemotherapy administered to patients at SMHRCC. The pharmacist is responsible for verifying the appropriateness of the therapies ordered by the physicians. Once deemed appropriate, the pharmacist checks the dosing parameters and dose of the medication. If there are any discrepancies, the pharmacist notifies the physician and corrects the order. After the dosing check, the pharmacist then enters the order in the pharmacy system allowing a label to be generated and information to be transmitted to the nursing record keeping system. The pharmacist is also responsible for the preparation of the hazardous oncology medication in accordance with the guidelines set forth in USP<797> and USP<800> and providing drug information to patients, caregivers, and healthcare providers. Quality improvement and intervention tracking are done by the pharmacist as well. Supervision of the Certified Pharmacy Technicians is another responsibility of the pharmacist.

Orientation

During the first 4 weeks of the residency year (July), the resident will train and orient throughout the department with various staff members. Additionally, the resident will orient to the residency program, including reviewing the residency manual and PharmAcademic™. The resident will become competent in the following areas: electronic health record, pharmacy automation equipment, sterile compounding, order entry, drug procurement, standard operating procedure, and research. The resident will be expected to complete and pass all departmental and computer-based learning (CBL) competencies by the last day of orientation. The resident will attend the mandatory SMH Orientation and complete BLS/ACLS training upon first availability.

The preceptors will be available to the resident throughout the experience for formal and informal performance feedback. The resident will gain experience through both guided and independent learning experiences.

Pharmacy Management

The required 32-week longitudinal administrative rotation will allow pharmacy residents to become familiar with the organization and department structure, management techniques, human resources, pharmacoeconomic rationale, strategic planning, departmental performance and improvement efforts, quality and safety practices, and budgeting. The goal of this rotation is to create a learning environment that emulates the pharmacy administrator's role in projects and situations that include long-term development.

The rotation will begin in November and continue through May and consist of biweekly 2-hour meetings with the preceptor to discuss various topics and project development, progress, and implementation. Additionally, the resident will be invited to administrative meetings that enhance the learning experience. In preparation for the meetings, the preceptor will discuss the issues and topics of concern for each meeting.

Pharmacy Research

The Residency Research Project Rotation is a required 52-week longitudinal rotation with a 4-week concentrated learning experience usually during the month of December. The resident will conduct a residency project. The resident will be provided with a suggested list of topics early in the residency year. The resident may submit his/her own idea if it is feasible and relevant to the organization. The resident will work with a pharmacist preceptor to complete the project by all of the assigned deadlines. The resident will submit a poster outlining their project's background and methods at the American Society of Health-System Pharmacists (ASHP) Midyear Meeting in December. Project results are required to be presented in platform format at the regional residency conference (ALCALDE) and at relevant committee and department meetings. The project methodology and results will be written in manuscript format suitable for submission to a peer-reviewed biomedical journal. The project write-up will be submitted to the preceptor, residency program director, and department director.

Pharmacy Staffing

Slidell Memorial Hospital is a 223-bed community hospital. The centralized inpatient pharmacy provides around-the-clock services to the entire hospital. The staffing rotation is a longitudinal rotation in which the resident will perform staffing and/or clinical duties from August – June of the residency year. The resident will become competent in the following areas: electronic health record, pharmacy automation equipment, sterile compounding, order entry, drug procurement, and standard operating procedure. The resident will also be expected to address the clinical needs of the patients, including but not limited to nutrition, pharmacokinetic (PK), and clinical pharmacy consults; medication counseling; anticoagulation management; formulary requests; automatic renal dosing and IV-to-PO interchanges; emergency response; and prevention, detection, and monitoring of adverse reactions and medication errors.

The preceptors will be available to the resident throughout the experience for formal and informal performance feedback. The resident will gain experience through both guided and independent learning experiences.

Transitions of Care I & II

Transitions of Care I is required 6-week rotation and Transitions of Care II is an elective 6-week rotation is designed to help health care providers understand the processes for successful transitions to/from levels of hospital care, to/from home care, to/from skilled nursing facilities, and to/from outpatient therapy for home care patients. Residents will have the opportunity to reflect on what they are learning through daily work experience through chart review, patient education and patient requirement needs. The resident's goal is to decrease hospitalizations or re-hospitalizations of patients in hospital care settings related to issues with care transitions processes.

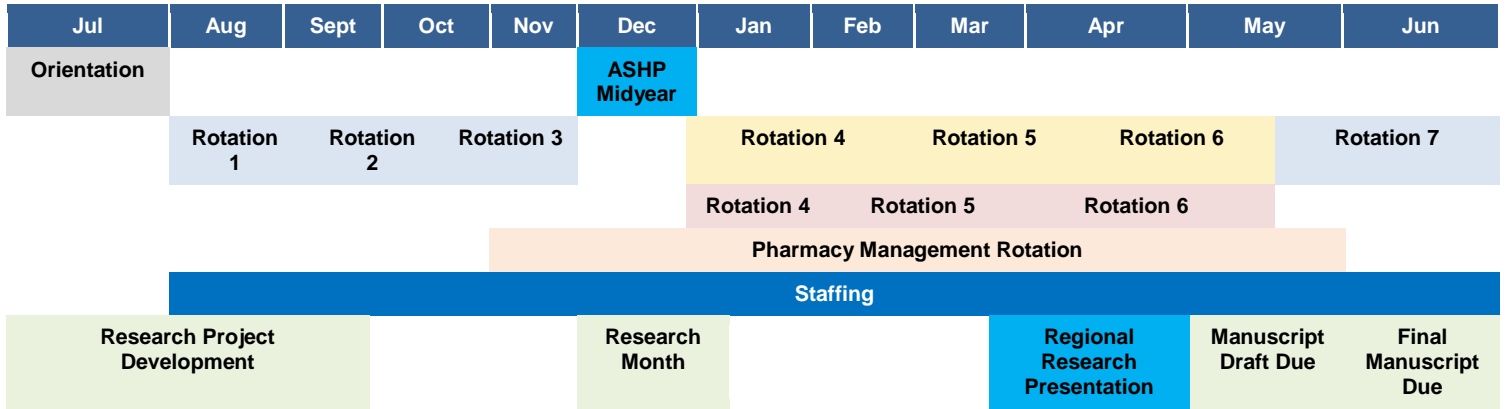
Completion of Transitions of Care I is a prerequisite for Transitions of Care II.

Hospitalization or re-hospitalization continues to be an issue for adults. One of the factors influencing the patient's ability to return to home safely is the effective transition of care between hospitals and the home care settings. This program will focus on the role of the clinician in managing the care transition process to reduce issues associated with care that increases the risk of complications and the need to return to the hospital.

Role of the Transitions of Care Pharmacist

1. Lead care transitions activities, whether it is on admission, throughout the hospitalization, at discharge and post discharge.
2. Support the role of trained/certified technicians, pharmacy students and residents as part of the program
3. Review the history and physical of the patients being reviewed
4. Assess clinical appropriateness of the medication regimen and provide recommendations.
5. Correct errors associated with medication reconciliation medications/regimens.
6. Document/Identify metrics to evaluate the effectiveness of the transitions of program
7. Assess each patient for medication adherence and literacy to identify patients for post-discharge follow-up.
8. Work to promote safe transitions for patients being discharged from the hospital to home, skilled nursing facilities or other healthcare facilities.
9. Identify and help eliminate medication errors and barriers to medication adherence that can arise at discharge.
10. Conduct post discharge follow up using the Healthcare Care Software System (HCS)
11. Identify and help resolve adherence concerns post discharge.

Program Timeline



Orientation Structure

Orientation will introduce the residents to the organization in order to ensure a smooth transition throughout the residency program. Each resident will:

1. Attend hospital-wide orientation (1 day)
 - a. Residents are required to attend the mandatory hospital orientation and complete the New Hire Checklist.
 - b. Residents will be oriented to the residency program. The residency manual will be reviewed and discussed.
2. Tour of facilities and introduction to staff (1/2 day)
 - a. Residents will receive a tour of all the areas in which they will practice and meet the preceptors of each of the areas.
3. Residents will meet with both the Resident Program Director (RPD) and Residency Coordinator once a week for 4 weeks.
 - a. Residents will meet with both the RPD and Residency Coordinator to discuss the progression of the resident through the orientation process.
 - b. Residents will meet with the RPD and Residency Coordinator to choose a residency project, discuss expectations for the year, develop a resident development plan, and establish a tentative calendar for the year.
4. Shadow and train with staff/clinical pharmacists (4 weeks)
 - a. Each resident will be trained by staff pharmacists on the Hospital Information Systems (HIS).
5. Complete initial self-evaluations
6. PharmAcademic™ orientation
7. BLS/ACLS certification
8. Research review

Licensure Requirements

All residents must have taken their North American Pharmacist Licensure Exam (NAPLEX) and Louisiana the Multistate Pharmacy Jurisprudence Examination (MPJE) exams no later than July 1st. All residents must be licensed no later than August 31st. In the event of unforeseen circumstances, the resident may be granted an extension at the discretion of the residency director.

Liability Insurance

All residents are required to purchase their own professional liability insurance and provide proof of insurance to the Residency Program Director (RPD) no later than July 31st.

Resident's Expectations and Responsibilities

Each resident will have required activities that are either assigned by the preceptor or required for successful completion of the program. Below are some of the required expectations of the program:

1. Meeting attendance at the following meetings are required:
 - a. Pharmacy Therapeutics & Infection Prevention (P&T/IP) Workgroup
 - i. Residents are required to take minutes at this meeting.
 - b. Medication Management Workgroup
 - c. Pharmacy Department Staff Meetings
 - d. Additional workgroups or committees that require Pharmacy Department participation may include:
 - i. Code Blue Committee
 - ii. Critical Care Workgroup (CCWG)
 - iii. Policy and Procedures (P&P) Committee
 - iv. Sepsis Committee
 - v. Stroke Committee
2. Provide live education presentations to the medical, nursing, pharmacy and other healthcare personnel. Each resident is required to present a minimum of one education session per rotation.
3. Attend and present topics as requested at Pharmacy Department staff meetings.
4. Residents are expected to work as a staff pharmacist every other weekend in addition to one major and one minor holiday.
 - a. Major Holidays: New Year's Day, Thanksgiving, and Christmas
 - b. Minor Holidays: Mardi Gras, Easter, ~~Fourth of July~~, and Labor Day
5. Residents are required to complete:
 - a. One manuscript
 - b. One research project
 - c. Research presentation at ALCALDE Southwest Leadership Conference
 - d. Two medication use evaluations (MUEs)
6. Pharmacy residents will provide clinical services throughout the residency under the general supervision of a preceptor. These services include, but are not limited to:
 - a. Medication order entry
 - b. Pharmacokinetic consults
 - c. Anticoagulation consults
 - d. Nutrition support consults
 - e. Automatic renal dosing
 - f. Automatic IV-to-PO interchange
 - g. Patient education
 - h. Medication in-services
 - i. Interdisciplinary rounds
 - j. Drug therapy reviews
 - k. Prevention, detection, and monitoring of adverse reactions and medication errors
 - l. Formulary management
 - m. Regulatory compliance audits
 - n. Emergency response

Inpatient Staffing

Residents are expected to work as a staff pharmacist, performing both distributive and clinical duties, every other weekend in addition to one major and one minor holiday.

1. Major Holidays: New Year's Day, Thanksgiving, and Christmas
2. Minor Holidays: Mardi Gras, Easter, Fourth of July, and Labor Day

When a resident works five (5) consecutive days plus required weekend staffing, the resident is allowed the following **Monday off** as approved by the residency program director or preceptor (See Duty Hours for more information).

Attendance

Residents must work a minimum of 40 hours per week onsite. During times when a preceptor is not at the rotation site or assigns the resident an independent assignment, the resident is still expected to be onsite at SMH, or the offsite rotation facility, a minimum of 8 hours unless otherwise approved by the Residency Program Director. Attendance at all rotations must conform to the goals and objectives of that rotation. Any absences must be excused in accordance with the procedures of the program and be approved by the preceptor of record (or designee) and the RPD. Please see the Paid Time Off/Sick Leave and Leave of Absence sections of this manual for more information.

Duty Hours/Moonlighting

The resident is expected to spend sufficient time at the practice site. The resident is expected to be onsite for 40 hours per week performing residency-related activities in pursuit of meeting the program goals and objectives. Work hours are dependent upon preceptor and program requirements. While the minimum workday is considered to be 8 hours, additional time may be necessary based upon patient care responsibilities. The resident is required to record their duty hours weekly on the timesheet located on the W-drive under "Pharmacy Resident Resources", including offsite residency-related experiences, and expected to be at work as per expectations. The timesheets will be reviewed monthly by the Residency Program Director (RPD). The resident should expect to commit additional non-duty hours, as necessary, to complete assignments and projects by the assigned deadlines.

The SMH PGY1 Pharmacy Residency Program follows the Pharmacy Specific Duty Hours Requirements for the American Society of Health-System Pharmacists (ASHP) Accreditation Standards for Pharmacy Residencies located at <https://www.ashp.org/-/media/assets/professional-development/residencies/docs/duty-hour-requirements.pdf> .

As per the ASHP Accreditation Standards for Pharmacy Residencies:

1. Duty Hours are defined as all scheduled clinical and academic activities related to the pharmacy residency program. This includes inpatient and outpatient care; in-house call; administrative duties; and scheduled and assigned activities, such as conferences, committee meetings, and health fairs that are required to meet the goals and objectives of the residency program.
2. Duty hours **DO NOT** include: reading, studying, and academic preparation time for presentations and journal clubs; travel time to and from conferences; and hours that are not scheduled by the RPD or a preceptor.

Duty hours must be limited to 80 hours per week, averaged over a four-week period, inclusive of all in-house call activities. Moonlighting consists of compensated hours beyond the resident's salary and are not part of the scheduled duty periods of the residency program. These hours will be counted towards the 80 duty hours per week. The resident will not moonlight internally.

1. Moonlighting is discouraged. If the resident desires to moonlight externally, he/she must seek the approval of the RPD. The resident is allowed to moonlight up to a maximum of 10 hours per week. Moonlighting is prohibited during resident duty hours. If the resident fails to meet deadlines, is unprepared, uses excessive leave, or schedules moonlighting time during residency activities, the resident will be given the option to either resign from the residency program or their secondary employment.
2. The resident must be provided with one day in seven free from all educational and clinical responsibilities, averaged over a four-week period, inclusive of call. The resident should have 10 hours free of duty between scheduled duty and must have a minimum 8 hours between scheduled duty periods.
3. Continuous duty periods of the resident 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.
4. The resident will report any additional hours worked outside of the residency to the RPD for review and determination of compliance with the ASHP duty hour guidelines.

Paid Time Off/Sick Leave

Paid time off (PTO) may be used for any approved reason, holidays, reduced staffing or unanticipated short-term illness (sick leave). A separate account, Extended Illness Bank (EIB), is used for longer-term illness. Please see the SMH Sickness and Disability/Extended Illness Bank (EIB) Policy No. HR-440 for more information. Planned PTO should be approved by the primary preceptor(s) and the Residency Program Director (RPD). For unplanned leave (sick and emergency leave) the resident must notify the preceptor and RPD as soon as possible. The resident is responsible for any missed assignments or other activities occurring during their leave as outlined by the preceptor and RPD. Please refer to the SMH Paid Time Off (PTO) Policy No. HR-415 for details on how PTO will be accrued.

PTO will be paid out at the end of the program. Residents are allowed to take no more than three consecutive days of PTO. All requests for PTO usage must be submitted via email to the RPD and preceptor (and/or designee) at least two weeks in advance. The resident must also notify any other relevant parties associated with missed assignments/events/meetings of their absence. Every effort will be made to honor requests for PTO, but it is not a guarantee. Approval is based on length of the time requested off, number of other staff members requesting similar time off (first come, first serve), and the requirements or assignments required by the learning experience. Residents may request PTO for only one staffing weekend. Due to the rigorous, educational nature of the residency program, it is expected that residents minimize the use of PTO days.

The holidays SMH recognizes are New Year's Day, Mardi Gras, Easter Sunday, Fourth of July, Labor Day, Thanksgiving Day, and Christmas Day. Residents are required to work at least one major and one minor holiday. Residents must request PTO for the unassigned holidays.

Leave of Absence

A leave of absence must be requested in all situations where an employee will be absent from work in excess of three (3) scheduled shifts for any reason other than vacation. Leave of absences are granted under certain conditions and are not guaranteed. The resident will be required to contact the Leaves Administrator to review eligibility, applicable leave policies, and the potential need for completion of a 'return to work' form. If such an occurrence is not reported by or on behalf of the employee by the fourth day, the absence must be reported to Employee Health by the employee's supervisor. Reasonable notice is in the best interest of serving our patients, families, guests and colleagues. If reasonable notice is not given, leave may be denied or delayed, unless prohibited by state or federal law.

During a leave of absence, an employee must utilize all paid time off (PTO) and Extended Illness Bank (EIB) benefits. After all appropriate PTO and EIB are used, the leave will be unpaid unless the employee has Short Term Disability. Please refer to the SMH Leaves of Absence-Non FMLA Leaves Policy No. HR-640 and Family Medical Leave Act Policy No. HR-650.

The resident must contact the Residency Program Director (RPD) as soon as possible to determine leave options and arrange for coverage of project and patient care responsibilities. In the event the extended absence will be longer than 3 months, the resident may still be expected to complete a full 12 month program or complete additional assignments to ensure all goals and objectives of the program have been met. The resident may be required to extend their residency program for a period of up to 3 months. The final decision in regards to program completion will be made under the discretion of the RPD. Missing more than one quarter or three (3) months of the program will result in dismissal from the residency program. **The exception is military leave.**

Employee Assistance Program

The Employee Assistance Program (EAP) will assist employees who have personal problems which could affect their ability to perform their jobs according to their job description and/or affect their health and well-being. The EAP is a confidential assessment of employees' concerns and problems, short-term counseling, and referral service. The EAP will comply with all federal and state guidelines concerning confidentiality. For more information, please refer to the SMH Employee Assistance Program Policy No. HR-570.

Travel

Residents will be required to attend at least two conferences per year [as approved by the Residency Program Director (RPD)]. In addition to attending the conference, each resident will be required to attend all seminars as outlined by the RPD and present either a poster or live presentation at the conference, when applicable. Upon return from the conference, the resident will be responsible for presenting educational pearls from the meeting to the various SMH healthcare professionals determined by the RPD.

Prior to registering for any professional meeting, the resident must get approval from the RPD. The resident should submit a travel request form, along with a memo explaining the purpose, to the Director of Pharmacy. The resident is responsible for making all arrangements, including registration, hotel accommodations, and travel in accordance with the SMH Travel and Travel Pay, including Continuing Education Reimbursement Policy No. HR-510. An Expense Report with attached original receipts must be submitted to the RPD within one week after the travel is conducted. (Travel forms are available on the SMH Portal.)

Dress Code

All residents must wear a laboratory coat with their hospital provided identification badge when engaged in direct patient contact and when providing service on the nursing units or in other hospital areas. A professional appearance must be maintained at all times. Residents are expected to come to work appropriately attired. For more information, please refer to the SMH Dress and Personal Appearance Policy No. HR-170.

Lab Coats

Since Occupational Safety and Health Administration (OSHA) regulations require lab coats or protective clothing, the resident will be provided one lab coat for the pharmacy resident.

Parking

Residents will park in designated areas as defined by the SMH Employee Parking Policy No. HR-660.

Gifts

No employee shall solicit or accept, directly or indirectly, anything of "economic value" as a gift or gratuity from any person who has or is seeking a contractual, business, or financial relationship with the hospital, including patients, patients' families, physicians, and vendors. Please refer to the SMH Gifts Policy No. HR-970 for more information.

Email

The resident will receive a SMH email address to be used for residency- and hospital-related business. The resident should check their emails at least twice daily (once in the morning and after 4 pm). The resident is expected to respond to emails within two business days to confirm receipt and/or ask clarifying questions. The resident should not assume electronic communications are private; all messages created, sent, or retrieved over the Internet should be considered public information and accessible to others unless the communication was encrypted. All email communications should reflect positively upon the integrity, professionalism, and competence of SMH employees and the reputation of the hospital. The use of email in any way that violates SMH's policies, rules, or administrative orders, may be grounds for immediate dismissal. Please refer to the SMH Email Acceptable Use Policy No. IM-180 for more information.

Passwords

Passwords are confidential information. No employee is to give, tell, or hint at their password to another person, including Information Systems (IS) staff, administrators, superiors, other co-workers, friends, or family members, under any circumstances. If an employee is asked by anyone to share his/her password, the person requesting the password should be referred to this policy or should be directed to contact the IS Director. Passwords are not to be transmitted electronically over the unprotected Internet, such as via e-mail. However, after approval by the IS Department and for specific purposes, passwords may be used to gain remote access to SMH resources via SMH's IPsec-secured Virtual Private Network, SSL-protected Web site, or via VMware View. If it is necessary to keep a record of a password, then it must be physically secured if in hardcopy form or in an encrypted file if in electronic form. If a user either knows or suspects that his/her password has

been compromised, it must be changed immediately and reported to the IS Department and the Information Security Officer as a security incident. Random audits will be performed of user security access to the hospital systems. These audits will include physical audits as well as system security log file reviews. All computer system users should be aware that current applications, especially those that process or store Protected Health Information (PHI), are capable of tracking user access. For more information, please refer to SMH Password Policy No. IM-013.

Wireless Mobility

Mobile device connectivity within hospital facilities will be managed at the sole discretion of the Information Systems (IS) Department. Non-sanctioned connections of mobile devices to SMH information resources is strictly forbidden. SMH confidential information, such as protected health information (PHI), personnel and financial information should never be stored on a personally-owned mobile device unless the device is encrypted. SMH provides a guest wireless network for nonemployees (patients, visitors, etc.) as well as for employees to use with their personally-owned mobile devices. Employees should use the guest wireless network instead of using SMH-owned computer workstations and systems for checking their personal email or for social media. Noncompliance with this policy may result in disciplinary actions including the suspension of any or all Remote access privileges, disciplinary action, and possibly termination of employment or professional relationship with SMH (for non-employees). Please refer to SMH Wireless Mobility Policy No. IM-270 for more information.

Social Networking

SMH respects the right of employees to use social networking, and does not want to discourage employees from self-publishing and self-expression. Employees of SMH will be expected to follow the guidelines set forth in this policy to ensure that all social media actions reflect our core values of positive attitude, compassion, professionalism and knowledge/competency.

When sharing content online, existing hospital policies apply, in particular, those pertaining to patient privacy, proprietary information, Standards of Performance, and Code of Conduct. The following guidelines pertain to all employees, except those authorized to create, edit, monitor, respond or otherwise interact with social media as part of their role as an employee.

1. The use of or participation in Social Media During work hours is prohibited. Employees may use Social Media during non-work time (e.g., break or lunch).
2. The use of SMH equipment to access or participate in Social Media sites for personal use is prohibited.
3. If you are representing yourself as an SMH employee on any form of Social Media (e.g., About Me Section, Blog, Status Update) your behavior should adhere to all hospital policies and procedures even if you are not presently on the premises of SMH.
4. Be professional and adhere to the Standards of Performance when posting on social media. Please avoid anger, sarcasm, criticism and any language that may be discriminatory, threatening, offensive, and defamatory towards anyone associated with or doing business with SMH.
5. Taking or sharing photographs and or videos, containing PHI or sensitive electronic information related to SMH (e.g.; Photos of patients/staff members, wounds, body parts, etc.) on personal or professional social media sites is strictly prohibited.
6. Commenting on or discussing job responsibilities or specific situations that happened on the unit/department related to clinical care on social media is prohibited.

7. Discussing and or sharing confidential or proprietary business information (e.g.; Research protocol, contractual terms, financial information, quality data and student/employee personal information) on social media is prohibited.
8. Unless you have been pre-approved to do so, never represent yourself as a spokesperson for SMH. If the subject of the content you are posting on Social Media pertains to SMH, be transparent about the fact that you are an employee, and make it clear that your views do not represent those of SMH, our patients, physicians, suppliers or partners.
9. Unauthorized usage of the SMH logo on personal/professional Social Media outlets is prohibited.

SMH investigates and responds to reports of violations of the social networking policy and other related policies. Violations of this policy will result in disciplinary action up to and including termination. SMH reserves the right to take legal action where necessary against employees who engage in prohibited or unlawful conduct.

For more information, please refer to SMH Social Networking Policy No. HR-960.

Mobile Phones

Unless otherwise authorized, the use of cell phones and other personal electronic devices in the workplace should follow the guidelines shown below:

- Cell Phones & other personal electronic devices should be in silent or vibration mode at all times, and should not be visible in patient care areas.
- Headsets or earpieces are not to be worn during active work hours, even when not in use, unless the device is approved as work-related equipment.
- Personal cell phone usage should be limited to break and lunch periods in non-patient care areas whenever possible.
- Unless pre-approved by your Director, work-related cell phone usage is prohibited.
- The taking of photographs, videos, or the recording of conversations in patient areas is strictly prohibited unless otherwise authorized.

We expect that our patients and visitors will use common courtesy along with their cell phones, and will remind them if needed. Patient or visitor use of the camera function of their cell phone is permitted, providing the photography does not include SMH staff or other patients. Department/Unit directors reserve the right to establish more restrictive policies regarding cell phone usage governing their unique departments, operations, patients and visitors. Please refer to SMH Cellular Phone Use Policy No. HR-950 for more information.

Confidentiality

Patient information is to be utilized and accessed by those employees responsible for care of the patient or who need such information in the course of their assigned duties as an employee of the hospital. Any requests for information by an employee not providing direct patient care should be examined to determine if the information is confidential and truly needed by the requesting party.

Employees shall treat any information overheard or obtained outside the scope of their need to know as confidential and shall disclose such information to no one. Directors and Supervisors are responsible for ensuring the protection of confidential information used by members of their workforce.

Sanctions for Health Insurance Portability and Accountability Act (HIPAA) Violations: Employees are prohibited from unauthorized or inappropriate accessing, using, disclosing, viewing or handling of protected health information (PHI), or for causing an unauthorized disclosure. Doing so will result in disciplinary action. If it is determined that policy has been violated, the Human Resources department, in coordination with the SMH Privacy Officer and the employee's Director, will identify the offense and determine appropriate actions. Please refer to the SMH Protected Health Information: Confidentiality and Disclosure Policy No. IM-021 Addendum B for examples of HIPAA violations for more information.

Residents will not discuss their patients with other patients, family members, or anyone not directly related to each case. Residents will also refrain from discussing patients in areas where people not directly related to the patient's case may overhear. Residents will not leave confidential documents (profiles, charts, prescriptions, etc.) in public places. Residents are required to complete Health Insurance Portability and Accountability Act (HIPAA) training and comply with all HIPAA policies as outlined by their respective practice sites. Residents should understand that inappropriate conduct is unacceptable and may result in disciplinary action including dismissal from the program. Residents should understand that they may be required by the practice site(s) to sign an additional confidentiality statement. For more information, please refer to the SMH Protected Health Information: Confidentiality and Disclosure Policy No. IM-021 and policies of respective practice sites.

Evaluation Process

Definitions

1. Summative evaluation: evaluates resident goals and objectives for learning experiences. Both the resident and preceptor complete a summative evaluation for a given learning experience.
2. Snapshot evaluation: evaluates resident progress in meeting one objective. Like summative evaluations, in a snapshot self-evaluation both the resident and the preceptor complete an evaluation for a specified objective of the learning experience.
3. Learning experience evaluation: resident evaluation of the learning experience.
4. Preceptor evaluation: resident evaluation of the preceptor.
5. PharmAcademic™: electronic software used to document resident progress, complete and submit evaluations, and develop resident schedules.

Policy

1. A customized resident development plan will be developed for each resident no later than the last day of the Orientation rotation. The Residency Program Director (RPD) and resident are responsible for updating the plan at least quarterly.
2. All preceptors will provide the resident with a written description of their learning experience on or prior to the first day of the resident's rotation.
3. All preceptors will provide an appropriate orientation to the learning experience, which includes, but is not limited to, a review of educational goals and objectives chosen, learning activities, expectations, and evaluation methods and schedule ideally on the first day of rotation.
4. Preceptors will provide on-going, criteria-based feedback throughout each learning experience to assist the resident's skill development processes.
5. Written formative evaluations are encouraged and should be used as a means to provide criteria-based feedback. Appropriate formative evaluation instruments may include formative feedback via PharmAcademic™, patient monitoring forms, drafts of newsletters, monographs, Medication Use Evaluations (MUEs), and anything else deemed necessary by the residency preceptors.
6. For each learning experience, the following evaluations must be completed via PharmAcademic™:
 - a. Summative evaluation by the Preceptor (*due on the last day of rotation; last day of the quarter for longitudinal rotations*)
 - b. Summative evaluation by the Resident (*due two days prior to the last day of the rotation; last day of the quarter for longitudinal rotations*)
 - c. Learning Experience Evaluation by the Resident (*due two days prior to the last day of the rotation*)
 - d. Preceptor Evaluation by the Resident (*due the two days prior to the last day of the rotation*)
7. Residents and preceptors must ensure summative evaluations are discussed face-to-face. The evaluating preceptor should invite the oncoming preceptor to attend the resident evaluation session to provide continuity between learning experiences, if deemed necessary.
8. The Residency Advisory Committee (RAC) will meet at least quarterly to review residents' progress toward achievement of program goals and objectives.
9. Residency certificates are awarded upon successful completion of residency program requirements. This includes achieved for residency ("ACHR") for 100% of all R1 goals and objectives (patient care) and at least 80% of non-R1 goals and objectives as established by ASHP and the residency program (see the "Requirements for Residency Certificate" section for full list of requirements). Residents also must not have an Needs Improvement ("NI") score on or after June of the program year to be considered for a certificate of completion.

Procedure

1. Summative evaluation process
 - a. Residents and preceptors will use the following evaluation scale for summative evaluations:
 - i. NI = Needs Improvement
 - ii. SP = Satisfactory Progress
 - iii. ACH = Achieved
 - iv. NA = Not Applicable
 - b. Goals marked as “NI” or “ACH” by the resident or preceptor must have an appropriate explanation in the comment section.
2. Formative evaluation process
 - a. Residents and preceptors will use the “Provide Feedback to Resident” feature to create snapshot evaluations in PharmAcademic™.
3. Learning Experience evaluation process
 - a. Residents will use the following evaluation scale for learning experience evaluations:
 - i. Consistently true
 - ii. Partially true
 - iii. False
4. Preceptor evaluation process
 - a. Residents will use the following evaluation scale for preceptor evaluations:
 - i. Always
 - ii. Frequently
 - iii. Sometimes
 - iv. Never
 - b. Preceptor Evaluation of Resident’s Attainment of Goals and Objectives
 - i. Preceptors will provide on-going, criteria-based feedback throughout each learning experience to assist the resident
 - ii. Only those goals listed in the program design and those that might be added for an individual resident will be evaluated.
5. Achievement of goals & objectives for the Program
 - a. The RPD will designate a goal as “Achieved for the Residency” once:
 - i. For R1.1 objectives, resident achieves “ACH” on at least 3 rotations
 - ii. For non-R1.1 goals, resident must “ACH” on at least 1 evaluation
 1. This excludes resident-specific electives goals and objectives
 2. The RAC reserves the right to discuss and vote on an “ACHR” designation based on RPD and preceptor input and evaluations
 - iii. The RAC has reviewed resident progress and agrees there is sufficient documentation to mark the goal as “Achieved for the Residency.”

Additional Criteria for Successful Completion of Learning Experiences

- To successfully complete a learning experience, the resident must complete all of the criteria listed below:
 1. Successful completion of all patient care goals/objectives
 2. Successful completion of all project requirements
 - a. Includes meeting all deadlines or discussing with preceptor in an appropriate timeframe extending deadlines if needed
 3. The resident is able to consistently practice independent patient care at the level expected of the resident at this stage of the residency
 4. The resident is able to consistently practice safe patient care at the level expected of the resident at this stage of the residency

Requirements for Residency Certificate

The resident who successfully completes the residency program will be awarded a certificate. It is the desire of the program that the resident will successfully matriculate through the program and be awarded a certificate of completion. The program allows for modification of the resident's schedule of learning experiences such that all can be accommodated. Requirements for the successful completion of the residency and attainment of a certificate of completion include:

1. Successful completion of all American Society of Health-System Pharmacists (ASHP) PGY1 Pharmacy Residency Requirements
2. Successful completion of all learning experiences
3. Achieved for residency "ACHR" for 100% of all R1 goals and objectives (patient care) and at least 80% of non-R1 goals and objectives as established by ASHP and the residency program
4. No score of "Needs Improvement" (NI) on or after June of the program year
5. Documentation of the resident's progress towards the completion of the residency program's goals and objectives can be found in PharmAcademic™ and will be discussed with the resident. In addition, the resident's progress will be monitored by the Residency Program Director (RPD) and discussed at the Residency Advisory Committee (RAC) meetings.
6. Completion of all required evaluations
7. Successful completion of the American Heart Association (AHA) Basic Life Support (BLS) and Advanced Cardiopulmonary Life Support (ACLS) certifications
8. Compliance with all institutional and residency program policies
9. Successful completion of all assigned projects including but not limited to:
 - A. Drug Use Evaluation (DUE)
 - B. Major Project
 - i. Institutional Review Board (IRB) approval (if applicable)
 - ii. To be presented at the spring ALCALDE Southwest Leadership Conference
 - iii. Manuscript suitable for publication
 - C. Newsletters
 - D. Policies/Guidelines
10. Teaching Activities
 - A. Pharmacotherapy Rounds
 - B. Journal Club Presentations
 - C. Pharmacy student precepting
 - D. Optional participation in and completion of the ASHP Teaching Certificate for Pharmacists
 - E. Inservices
 - F. Other teaching opportunities as applicable
11. Staffing Responsibilities:
 - A. Operational and Clinical Staffing is a required, longitudinal, learning experience for the resident.
 - i. Staffing:
 - i. The resident will provide operational and/or clinical staffing in the Inpatient Pharmacy every other weekend which may include days, evenings, and nights.
 - ii. Over the weekend, the resident will staff approximately eight hours on both Saturday and Sunday.
 - iii. The resident will receive one day of compensatory leave to be taken (unless otherwise approved) the Monday after their staffing weekend.
 - iv. The resident is required to staff one major and one minor holiday that does not correspond with their assigned

weekends or overlap with the other resident's staffing schedule.

1. Major Holidays: New Year's Day, Thanksgiving, and Christmas
 2. Minor Holidays: Mardi Gras, Easter, Fourth of July, and Labor Day
- v. Clinical Staffing:
1. The resident will be expected to address the clinical needs of the patients, including but not limited to pharmacokinetic (PK), and clinical pharmacy consults; medication counseling; anticoagulation management; formulary requests; automatic renal dosing and IV-to-PO interchanges; emergency response; and prevention, detection, and monitoring of adverse reactions and medication errors.
 - b. Although the resident is expected to staff the above hours listed, the resident may also be requested to staff additional hours based on department needs.
 - c. The resident is not compensated beyond their residency stipend for required staffing hours.
 - d. All staffing (including additional hours) will be in compliance with the Duty Hours Policy.

Probation/Dismissal and/or Withdrawal Policy

The resident may be placed on probation, dismissed, or voluntarily withdrawn from the program should there be evidence of putting patients at risk or the inability to function effectively. Examples which would require action include, but are not limited to the following:

1. Behavioral or professional misconduct or unethical behavior that may occur on or off the premises;
2. Unsatisfactory attendance;
3. More than one unsatisfactory performance evaluation on rotations;
4. Improper use or theft of institutional equipment, including breaches of cybersecurity;
5. Mental impairment caused by substance abuse;
6. Poor performance despite a corrective action plan;
7. Violation of Slidell Memorial Hospital or other rotation settings' policies.

Preceptor Requirements

Residency Program Director (RPD)

The Residency Program Director (RPD) is appointed by the Director of Pharmacy and must meet the eligibility and qualifications outlined by the *ASHP Accreditation Standard for Postgraduate Year One (PGY1) Pharmacy Residency Programs* available at <https://www.ashp.org/-/media/assets/professional-development/residencies/docs/pgy1-residency-accreditation-standard-2016.ashx?la=en&hash=9FF7C76962C10562D567F73184FAA45BA7E186CB>.

Preceptors

Preceptors are appointed by the Residency Program Director (RPD) and Director of Pharmacy based on rotation availability and resident preference. The preceptors will receive preceptor development as determined by surveying the preceptors' interests and needs and the Residency Advisory Committee (RAC). The preceptor development activities will be assessed annually for effectiveness and documented in the RAC minutes. An annual preceptor development plan will also be created.

Determination of a preceptor's eligibility and qualifications is evaluated annually by the RPD.

Preceptors must complete the following:

1. Submit an ASHP Preceptor Academic and Professional Record form annually to the RPD for this purpose (<http://www.ashp.org/-/media/assets/professional-development/residencies/docs/academic-and-professional-record-form-2016.ashx>).
2. Meet the eligibility and qualifications outlined by the ASHP Accreditation Standard for Postgraduate Year One (PGY1) Pharmacy Residency Programs available at <https://www.ashp.org/-/media/assets/professional-development/residencies/docs/pgy1-residency-accreditation-standard-2016.ashx?la=en&hash=9FF7C76962C10562D567F73184FAA45BA7E186CB>.
 - A. Failure to meet the ASHP eligibility and qualification requirements outlined above will result in a change of designation from preceptor to preceptor-in-training (please see the section titled "*Preceptors-in-Training*" for more information).
3. Complete 10 hours of continuing education every 2 years as outlined below:
 - A. 5 hours in their respective area of practice
 - B. 5 hours of preceptor development

The RPD will also review the residents' evaluations of the preceptors to determine potential areas of development.

Preceptors-in-Training

Any preceptor that does not meet the eligibility and qualifications as outlined in the "Preceptors" section above will be deemed a preceptor-in-training. The preceptor-in-training will be assigned a qualified preceptor to act as a coach/advisor and create and document a preceptor development plan. The preceptor development plan will consist of activities leading the preceptor-in-training to become a qualified residency preceptor within two years.

Non-Pharmacist Preceptors

Rotations with non-pharmacist preceptors will occur at the end of the resident's training once it is determined by the Residency Advisory Committee (RAC) that the resident is prepared to practice independently. A pharmacist preceptor will work closely with the non-pharmacist preceptor to select the educational goals and objectives for the learning experiences, ensure completion of the PharmAcademic™ evaluations, and assist the non-pharmacist preceptor with rotation-related activities.

Preceptor Responsibilities

1. The preceptor and resident will meet at the beginning of the rotation. At this time, the preceptor will:
 - a. Discuss the goals, objectives, and expectations of the rotation
 - b. Assess the resident's baseline knowledge, previous experiences, and abilities
 - c. Design the rotation to reasonably incorporate the resident's specific goals, interests, and expectations for the rotation
2. The preceptor will instruct using the four preceptor roles: instructing, modeling, coaching, and facilitating.
3. The preceptor will interact with the resident throughout the rotation by providing direction, support, and supervision.
4. The preceptor will provide the resident with formal and informal feedback about the resident's progress and performance throughout the rotation.
5. The preceptor will provide the following accommodations during his/her absence:
 - a. When the primary preceptor is absent, the resident shall be supervised by the scheduled pharmacist in the clinical area for that day.
 - b. If for any reason there is not a pharmacist scheduled for the clinical area in which the resident is rotating through, the primary preceptor must assign a pharmacist that will be available for the resident's questions and other patient care issues.
6. The preceptor will complete a PharmAcademic™ resident evaluation ideally on the last day, but no later than 7 days following the end of the rotation. This form is to be discussed with the resident at the end of the rotation before its submission to the Residency Program Director (RPD).
7. The RPD will review each evaluation form and discuss any issues with the preceptor and/or resident immediately following the form's submission. If deemed relevant, the RPD will bring issues to the Residency Advisory Committee (RAC) for further review. The committee will then decide upon further action, if necessary.

Grievance Process

Grievances are dealt with in a confidential manner to the extent practicable and without fear of retaliation. A good faith effort must be made by an aggrieved resident and the preceptor, and/or any persons involved, to resolve a grievance at an ***informal level***. If a resident is unable to resolve his/her grievance directly with the person(s) involved, the grievance procedure may be initiated as follows:

1. Program Level
 - a. The aggrieved resident must submit a written statement of grievance to the Residency Program Director (RPD). This notification must occur within 14 calendar days of the event precipitating the grievance and should include the following information:
 - i. factual description of the grievance,
 - ii. the hospital and/or program policy that may have been violated,
 - iii. the date on which the grievance occurred; and,
 - iv. the remedy sought.
 - v. The letter should include, as attachments, any documentation relevant to the grievance.
 - b. Once a grievance is received, the RPD will notify all parties involved, at which time those involved parties will submit written documentation of the situation to the RPD.
 - c. Within 7 calendar days after notice of the grievance is given to the RPD, the resident and the RPD will set a time to discuss the complaint and attempt to reach a solution.
 - d. The Program Level grievance process will be deemed complete when the RPD informs the aggrieved resident in writing of the final decision.
 - e. A copy of the RPD's final decision will be kept in the resident's file and all involved parties will be notified of the final decision.
2. Administrative Level Hearing
 - a. If the resident is not satisfied with the resolution of the grievance reached at the program level, the resident may appeal the RPD's decision and pursue formal resolution of the grievance with the Director of Pharmacy.
 - i. The appeal of the grievance must be in writing and include copies of the final written decision from the RPD. The appeal of grievance must be submitted to the Director of Pharmacy Service for their administrative review within 10 calendar days after receiving the program level decision. The grievance will be considered final on the basis of the program level decision if such a request is not presented within the 10 day period.
 - ii. Upon receiving the grievance appeal, the Director of Pharmacy will conduct a preliminary investigation as a background for analysis and discussion and meet with the resident within 10 days after receiving the grievance appeal to hear his/her viewpoint.
 - iii. The Director of Pharmacy will make a decision on the outcome of the grievance, and a copy of the decision will be provided to the resident and the RPD. A copy will also be placed in the resident's file, and the final decision will be forwarded to all involved parties.
3. A resident who believes he/she has been harassed or discriminated against on the basis of his/her race, color, creed, religion, sex, national origin, disability, age, handicap or veteran status shall follow those procedures stipulated in the SMH Human Resources policies and procedures.

Appendix A: Orientation Checklist

Name _____

Activity	Due Date	Date Completed
Review Residency Manual	July 8, 2022	
Take NAPLEX	July 31, 2022	
Take Louisiana Pharmacy MPJE	July 31, 2022	
Orient to PharmAcademic™	July 8, 2022	
Complete PharmAcademic™ Self-Evaluations	July 8, 2022	
Complete Enneagram (https://enneagramacademy.com/enneagram-test/)	July 15, 2022	
Review Effective Feedback Article & Discuss with RPD	July 15, 2022	
Attend Hospital-Wide Orientation	July 5, 2022	
Complete Computer Based Learning Modules	July 29, 2022	
Complete SMH Staff Pharmacist Competency Assessment Checklist	July 29, 2022	
Select Residency Project	August 5, 2022	
Provide proof of liability insurance	July 31, 2022	
BLS/ACLS Certification	TBD	
Complete Enhancing Self-Assessment: Guidance for Pharmacy Practitioners (http://elearning.ashp.org/products/5513/enhancing-self-assessment-guidance-for-pharmacy-practitioners)	July 29, 2022	
Meet with RPD & Residency Coordinator weekly for 4 weeks	July 8, 2022	
	July 15, 2022	
	July 22, 2022	
	July 29, 2022	
Complete ASHP Essentials of Practice-Based Research for Pharmacists Modules (http://elearning.ashp.org/products/5427/essentials-of-practice-based-research-for-pharmacists-not-for-ce)		
<i>Components of a Resident Research Plan</i>	July 11, 2022	
<i>Identifying Contemporary, Relevant and Practical Research Questions</i>	July 11, 2022	
<i>Study Design and Sample Selection</i>	July 15, 2022	
<i>Project Management for Residency Projects</i>	July 15, 2022	
<i>Data Acquisition and Data Cleaning</i>	July 22, 2022	
<i>Data Management</i>	July 22, 2022	
<i>Data Analysis</i>	July 22, 2022	
<i>Presenting Residency Project Results</i>	July 29, 2022	
<i>Publishing a Scientific Report of Residency Project Results</i>	July 29, 2022	
<i>Putting it All Together – An Example of a Residency Research Project</i>	July 29, 2022	

Resident/Date

Residency Program Director/Date

Resident – Print Name

Residency Program Director – Print Name

Appendix B: Residency Requirements Checklist

Name _____

Activity	Due Date	Date Completed	RPD Initials
BLS/ACLS Certification	TBD		
Complete Computer Based Learning Modules	July 29, 2022		
Complete Required Evaluations			
<i>Orientation</i>	July 29, 2022		
<i>Rotation #1</i>	September 9, 2022		
<i>Rotation #2</i>	October 21, 2022		
<i>Rotation #3</i>	December 2, 2022		
<i>Track 1</i>			
<i>Rotation #4</i>	February 24, 2023		
<i>Elective #1</i>	April 7, 2023		
<i>Elective #2</i>	May 19, 2023		
<i>Track 2</i>			
<i>Elective #1</i>	February 10, 2023		
<i>Elective #2</i>	March 24, 2023		
<i>Rotation #4</i>	May 19, 2023		
<i>Elective #3</i>	June 30, 2023		
Completion of Manuscript	June 30, 2023		
Completion of Staffing Responsibilities	June 30, 2023		
No scores of "Needs Improvement" (NI)	June 30, 2023		
Successful Completion of Assigned Teaching Activities (Optional)	June 30, 2023		
Successful Completion of All ASHP PGY1 Residency Requirements	June 30, 2023		
Successful Completion of Assigned Projects	June 30, 2023		
Achieved for the Residency "ACHR" 100% of ASHP/Residency Program Goals & Objectives for R1.1 and at least 80% of non-R1.1 goals & objectives	June 30, 2023		
Terminate Residency Project IRB	June 30, 2023		
Complete Timesheet	June 30, 2023		
Complete Exit Summary	June 30, 2023		
Complete Residency Binder	June 30, 2023		
Submit Manuscript for Publication	June 30, 2023		
Complete Exit Interview (HR)	June 30, 2023		
Turn in Badge & Keys	June 30, 2023		
Turn in Parking Tag	June 30, 2023		

Resident/Date

Residency Program Director/Date

Resident – Print Name

Residency Program Director – Print Name

Notes

Notes
