

Title: PHARMACY RESIDENT PGY1 POLICY

Scope: Pharmacy practice residents (PGY1) at Auburn Medical Center, Good Samaritan Hospital and Tacoma General Hospital.

Policy Statement:

The MultiCare Pharmacy Department ensures each pharmacy resident is trained in an environment that meets the American Society of Health-System Pharmacists (ASHP) Regulations on Accreditation of Pharmacy Residencies and applicable Accreditation Standards.

Policy Contents:

- A. Application, screening, interview, rank and match
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Procedure:

A. Candidate application, screening, interview, rank and match

- a. Candidate meets criteria for application including:
 - i. Graduate (prior or anticipated) of an ACPE-accredited college of pharmacy and is licensed or eligible for licensure in Washington State.
 - ii. Registered to participate in the ASHP Residency Matching Program.
 - iii. Must satisfy eligibility requirements for employment including acceptable results on a pre-employment drug screen and background check, and must have proper work visa, if applicable.
- b. All candidate application materials must be submitted in PhORCAS and meet application deadline
 - i. Letter of intent
 - ii. Curriculum Vitae (CV)
 - iii. Letters of reference from 3 health care professionals
 - iv. Official transcripts of all professional pharmacy education from an ACPE-accredited pharmacy degree program
- c. Candidate screening process
 - i. Residency program director (RPD) and application review team are responsible for screening applicants.
 - ii. Application materials are assessed for evidence of key characteristics, including, but not limited to: initiative, assertiveness, commitment, interaction, coping/maturity, motivation/job interest, verbal/written communication skills, problem-solving and decision-making ability, clinical skills, and pharmacy practice knowledge.
 - iii. Each application component is scored utilizing a standardized assessment tool incorporating an evaluation of the key characteristics above. Application components evaluated include:
 1. Letter of intent
 2. Letters of recommendation
 3. Curriculum Vitae (CV)

- a. Work Experience
 - b. Clinical Rotations
 - c. Leadership & Extracurricular Involvement
 - d. Projects, Presentations, Research & Publications
 - e. Other – unique experiences or background that may enhance the residency learning experience
4. Transcripts – College of Pharmacy attended, candidate is expected to graduate from a reputable school of pharmacy. GPA should be above average, but is assessed as part of total application material.
- iv. RPD or coordinator is responsible for offering and scheduling resident applicant interviews
- d. Resident Ranking and Interview Process
- i. An on-site interview is required.
 - ii. Candidates will be ranked by score for on-site interviews. Ties in scores will be discussed by the residency application review team to determine who receives an interview. Each residency program will offer no more than 7 interviews per open position annually.
 - iii. Candidates will be brought on-site for a 4-5-hour interview, including hospital tour, presentation, a clinical case work-up, interviews with preceptors, current residents, and administrative staff.
 - iv. Preceptors are required to complete a scoring tool for all candidates who interview on-site. Preceptors will debrief after each interview day to review the candidates.
 - v. The Residency Advisory Committee (RAC) will meet prior to the match deadline to discuss candidates and develop a final rank list.
 - vi. After the match results are released, the RAC will meet to discuss candidates if a position wasn't matched and a decision will be made to pursue additional candidates for the Phase II match
 - 1. Final acceptance of matched applicants will be the responsibility of the RPD for communication and confirmation with matches.

B. Basic Requirements

- a. Pharmacy residents must have graduated from an ACPE-Accredited School of Pharmacy and be licensed in the State of Washington.
- b. Residents must be licensed in the State of Washington to practice pharmacy at MGSB. Ideally residents will be licensed as a pharmacist by July 1.
 - i. Intern licensure- if a RPh license is not obtained the onboarding/hire date, then an intern license must be obtained or a temporary pharmacist license (for those candidates previously licensed as a RPh).
- c. Per NAPLEX, after a failed attempt, there is 31-day waiting period before applicants may re-attempt the NAPLEX. For MPJE, after a failed attempt, there is a 30-day waiting period before applicants may re-attempt the MPJE. Therefore, resident should prepare accordingly when scheduling exams.
- d. Failure to become licensed within the required timeframe may result in termination from the program depending on circumstances that have prevented the resident from becoming licensed.
 - i. The decision will be that of the Pharmacy Residency Director and MHS in accordance with organizational policies.
 - ii. The resident is required to be a licensed pharmacist for at least 2/3 of the residency year as outlined by ASHP; for MHS, residents must be licensed by 9/15 of the current year.
- e. The resident must be able to successfully complete all pre-employment requirements:
 - i. On-line Employment Application (required upon matching with program)
 - ii. Resident must see the Employee Health Nurse prior to or on their first day of employment, per MHS *Employee Health Policy*
 - iii. Resident must complete final paperwork for Human Resources:
 1. Child/Adult Abuse Act Request for Information form
 2. Immigration Reform and Control Act form (I-9)

3. Internal Revenue Service W-4
 4. Criminal Background check
 5. Pre-employment drug screen, including nicotine
- f. The resident is not required to obtain professional liability insurance.

C. Terms of Residency

- a. The pharmacy practice residency is a one-year independent practice educational experience during which time the pharmacy resident will actively participate in the development and implementation of departmental goals and objectives which are directed towards improved patient care and ensure that patients receive safe and effective medication therapy. The training consists of predetermined learning experiences for which the resident is paid a stipend for the year. The resident will receive extensive training and experience beyond the traditional academic experiences and the undergraduate clerkships.

D. Letter of Acceptance, Contracts and Job Description

- a. An email is sent within 3 working days to the matched residents with a letter confirming match. A link to the resident manual, outlining the terms and conditions of the resident's participation is included. This policy and a job description are available for residents to review.
 - i. Matched applicants will return a signed copy of the agreement within 7 days of receipt

E. Orientation and Training

- a. Resident will attend New Employee Orientation and be oriented to the department and complete a Pharmacy Department Orientation Checklist.

F. Requirements for Issuance of a Certificate Upon Program Completion

- a. Minimum expectations for graduation – 80% of all goals and objectives must be achieved and the goal R.3.1 Demonstrate leadership skills and objectives, R3.1.1 (demonstrate personal skills critical for effective leadership), R3.1.2 (apply of process of ongoing self-evaluation and personal performance improvement) and R3.2.4 (manage ones' own practice effectively) must be marked as achieved.

- i. Reasonable progress of the resident's project along with a complete summary in manuscript form must be completed. Administrative rotation completion with associated projects completed or passed on to appropriate manager/pharmacist.
- b. Staffing commitment, including up to every other weekend, begins in September.

G. Resident Work Hours

- a. Staffing
 - i. The resident will staff as part of a longitudinal experience evaluated throughout the residency year beginning in September. Variances that are in excess or below these minimums must be approved by the RPD. Variances exceeding the minimums must also be acceptable to the resident.
 - ii. Residents will staff no more than every other weekend and may arrange trades for weekend staffing assignments between one another. Any concerns with weekend coverage should be reviewed with the RPD and scheduler a *minimum of two weeks* prior to the staffing assignment.
- b. Duty Hours
 - i. Duty Hours are defined as all scheduled clinical and academic activities related to the residency program that are required to meet the goals and objectives of the residency.
 - ii. Duty hours do not include: reading, studying, preparation time for presentations, travel time to/from conferences, and any hours not scheduled by the RPD.
 - iii. The program and resident will comply with the ASHP duty-hour standards. The program does NOT allow Moonlighting, In-House Call Programs, At-Home or other Call Programs.
<http://www.ashp.org/DocLibrary/Accreditation/Regulations-Standards/Duty-Hours.aspx>

H. Resident Time Off

- a. Residents may take a maximum of 25 paid days off per year, including vacation time, sick time, bereavement, and interview days.

- b. Residents are responsible for tracking their allotted time off (Refer to section E: Residency Certification Requirements) and reviewing this with the RPD at scheduled evaluations.
- c. Vacation Time
 - i. A maximum of 12 vacation days, including holidays, are allowed from the conclusion of the orientation month through the 2nd week of June the following year.
 - ii. No more than 3 vacation days may be taken during any one rotation period. Exceptions will be addressed on an individual basis. All vacation time must be approved by the rotation's primary preceptor and RPD.
 - iii. All time off must be accrued and requested prior to taking it.
 - iv. Unused vacation time will be paid out at the end of the residency period.
- d. Sick Time
 - i. For sick time exceeding two days during any one rotation period, the resident must meet with the rotation preceptor to develop a written plan to ensure completion of overall rotation goals. Residents are allowed up to 4 sick days during any one rotation period. For time off exceeding 4 days, (Refer to section G - g. Conditional or Extended Leave of Absence).
 - ii. If the resident is sick for a required staffing weekend, an effort should be made to have co-resident(s) cover the shift and organize a trade.
- e. Holidays
 - i. The resident is not required to work holidays; all holidays taken off occur on a weekday will be counted toward the resident's vacation time.
- f. Not included in annual vacation or sick time: Conference time for ASHP Midyear and Western States, other activities incorporated into longitudinal and/or rotational goals as determined by the RPD and rotation preceptor.
- g. Conditional Leave or Extended Leave of Absence

- i. Leaves of absence will be granted at the discretion of the RPD and pharmacy administration and in accordance with MHS policy and procedures.
 - ii. Extended leaves of absences that jeopardize the resident from completing requirements for successful completion of the program within the 12-month time frame may result in dismissal from the program.
 - iii. A conditional leave of absence from the residency program may be provided only under exceptional circumstances, at the director of pharmacy and RPD's discretion and upon the resident's request. Extension of the program will be dependent on MHS policy, budget, resident performance status and whether it will be possible to complete requirements (i.e. completion of major project and presentation at Western States Residency Conference).
 - iv. Residents are required to take accrued available paid time to any absence prior to taking time off without pay.
- h. Absence Without Approved Leave
- i. Residents are expected to communicate directly with the RPD in the event they are unable to participate in the residency program for a period exceeding 24 hours. If the resident does not communicate with the RPD, the MHS policy/procedure for unexcused absences and/or dismissal will be used.

I. Benefits

- a. Residents are considered 1.0 FTE staff and receive a stipend for the year. The residency year starts at the end of June on the last New Employee Orientation for the month. The program duration is 12 months.
- b. Medical /Dental/Life/Vision Insurance
- c. Education Funding
 - Funding for Western States Residency Conference
 - Some or all funding for the ASHP Midyear Clinical Meeting; amount disclosed prior to making reservations
- d. Free Parking
- e. Meal discounts

J. Dismissal

- a. The resident will adhere to MHS rules, regulations, procedures and policies during their residency year.
- b. MHS recognizes and asserts its right to discharge an employee "at will" with or without notice or cause at any time. To allow the employee an opportunity to correct a behavior or resolve a performance problem(s), a progressive guidance approach is the approach. However, when confronted with certain situations the employer may decide that immediate discharge is the appropriate course of action. See MHS Policy/Procedure on dismissal for details
- c. Falsification of Information – Falsification of any information during the application interview or hiring process will be grounds for immediate discharge.

K. Immediate Discharge

Based upon the results of an investigation, immediate discharge in some circumstances may be deemed as the appropriate course of action. Such circumstances may include, but are not limited to patient abuse or neglect, falsification of documents, unauthorized disclosure of confidential patient, client, or employee information, theft, harassment, insubordination, fighting, unprofessional conduct, etc.

- a. Academic deficiency- Based upon the professional and/or academic judgment of the residency program director or the director of pharmacy, unacceptable conduct or performance, including failure to achieve, progress or maintain good standing in the residency training program, or achieve and/or maintain professional standards of conduct may result in the resident’s dismissal from the program.
- b. Licensure- Failure to obtain licensure within the stated timeframe may result in termination from the program depending on circumstances that prevent resident from being licensed or if they are not be able to be licensed for at least 2/3 of the residency year.

Related Forms: Standardized assessment tool, see attachment

References: None

Point of Contact:

AMC Residency Director (253) 545-2879

GS Residency Director (253) 697-1869

TG Residency Director, (253) 403-1077

<p>Approval By: GS Pharmacy Leadership TG Pharmacy Leadership AMC Pharmacy Leadership</p>	<p>Date of Approval: 4/20</p>
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