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Purpose Statement

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.

Evaluation and selection of applicants

Requirements for acceptance into residency program

Mandatory requirements:

- Graduates or candidates of an ACPE accredited PharmD program or an FPGEC equivalent program.
- License to practice pharmacy in Massachusetts or Eligible for licensure within 90 days of hire.

Evaluation of Applicants

Applicants are initially evaluated on overall strength of their interview packet. Information included in this evaluation may include academic transcript, professional experiences, research experiences, and strength of letters of recommendation. All applicants are scored using a standardized rubric which is created by the RAC prior to evaluation.

The decision to interview is based upon number of available interview slots (determined by RAC) and the applicants overall score. Any variation (not including an interview candidate with a qualifying score or offering an interview to a candidate with a packet score lower than qualifying score) can be done by majority decision by the RAC.

Interviewees are then evaluated on parameters such as clinical skills, problem solving, and a number of different personality characteristics (integrity, ethics, leadership ability, and work ethic). These parameters may be assessed by a number of different ways including clinical cases, behavioral interviewing techniques, simulated scenarios. Specific interview components will be created and decided upon by the RAC (by majority vote) prior to the interview process. All interviewees will be evaluated by a rubric and given a numeric score. Those scores are weighted and averaged to derive a rank list. The rank list initially is ordered based on interview / packet score. Alterations to finalized rank list may be done based on majority decision by the RAC.

Second Match

In the event that we are unable to match one or both positions in the initial round of interviews, the residency program will pursue an applicant in a second round of the match. The number of applicant slots, review of applications for interview and interview process will be conducted in the same manner as outlined above in the "Evaluation of Applicants" section.

Post-Match Scramble

The RAC will determine if the residency program will fill any vacant positions left unfilled after the second round of the match process. If applicants are pursued, the RPD will begin to coordinate residency

interviews. The RPD will determine the number of applicants invited for interview and schedule them based on interviewer availability. The RPD will determine who will be invited to interview based on an applicant's packets, recommendations, and telephone interviews. All candidate invited for interview will be evaluated by an interview rubric similar to the one used in the 1st and 2nd match process. Ranking will be determined based on each applicant's score on the interview rubric. Offers for employment will be offered by the RPD directly to the highest ranking applicant, and will continue until the position is filled.

See the attached figure for an overview of the resident selection procedure.

Required areas to be covered in the interview:

- Requirements for completion of residency
- Policies for professional / family / sick leave and consequences for leave
- Licensure requirement and consequences of not receiving licensure within 90 days
- Other support including meeting attendance, poster production, support with residency project

The PGY1 Pharmacy Practice Residency participates in the match program

Pay, Benefits, and Leave

Pay is determined by the Pharmacy Director in conjunction with Human Resources and is based on comparable salaries for PGY1 residents at other institutions.

Leave and vacation time:

All residents accumulate earned time of (ETO) on a weekly basis per Human Resources Policy.

Residents are allowed 10 days of ETO during their residency.

- This time can be used at the resident's discretion, but should encompass
 - Sick time
 - Days off for interviews
 - Any days off for family or personal commitments
- Any time off for professional meetings (Midyear Clinical Meeting, Eastern States) is not included in this tally.

Policies for extended leave (family / sick leave) and consequences for leave:

Due to the pace of a residency program, and the relatively short duration of the program, extended leave for any reason is highly discouraged. We do acknowledge that these instances may be necessary in certain circumstances such as health and family emergencies.

Most residents will be ineligible for Family and Medical Leave Act (FMLA) due to the following reasons:

- An employee has to have worked for the employer for at least 12 months as of the date the FMLA leave is to start
- Has at least 1,250 hours of service for the employer during the 12-month period immediately before the date the FMLA leave is to start

If a resident were to qualify for FMLA during the residency (i.e. was a hospital employee prior to initiation of residency) or qualify for Massachusetts Maternity Leave Act (MMLA), we will comply with all required statutes.

If a resident requires any leave beyond the allotted 10 days of earned time off, all missed days will be unpaid. The resident will be required to make up this missing time after their originally scheduled graduation date. If a resident takes more than 10 additional days of leave that is non – protected by FMLA or MMLA, the resident will be dismissed from the residency program.

Practice Commitment

The PGY1 pharmacy practice residency is a 12 month commitment

Duty hours

The PGY1 pharmacy practice residency follows ASHP's statement on Duty –Hour Requirements for Pharmacy Residencies

This document can be found on ASHP's website at the following address: <https://www.ashp.org/-/media/assets/professional-development/residencies/docs/duty-hour-requirements.pdf>

Duty Hours: 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.

Duty hours do not include:

- Reading, studying, and academic preparation time for presentations and journal clubs
- Travel time to and from conferences
- Hours that are not scheduled by the residency program director or a preceptor.

Scheduled duty periods: Assigned duties, regardless of setting, that are required to meet the educational goals and objectives of the residency program. These duty periods are usually assigned by the residency program director or preceptor and may encompass hours which may be within the normal work day, beyond the normal work day, or a combination of both.

Moonlighting: Voluntary, compensated, pharmacy-related work performed outside the organization (external), or within the organization where the resident is in training (internal), or at any of its related participating sites. These are compensated hours beyond the resident's salary and are not part of the scheduled duty periods of the residency program.

Continuous Duty: Assigned duty periods without breaks for strategic napping or resting to reduce fatigue or sleep deprivation.

Strategic napping: Short sleep periods, taken as a component of fatigue management, which can mitigate the adverse effects of sleep loss.

Maximum Hours of Work per Week and Duty-Free Times

Duty hours must be limited to 80 hours per week, averaged over a four-week period, inclusive of all in-house call activities and all moonlighting.

Moonlighting (internal or external)

Moonlighting both within CDH and externally is allowed, however moonlighting must not interfere with the ability of the resident to achieve the educational goals and objectives of the residency program.

All moonlighting hours must be counted towards the 80-hour maximum weekly hour limit.

Information regarding all moonlighting shifts (internal or external) must be forwarded via email to the RPD 24 hours prior to working the shift.

If a preceptor or RPD deems that a resident's moonlighting is interfering with a resident's ability to achieve educational objectives or patient care responsibilities, then the RPD may limit or stop any moonlighting at their discretion.

Mandatory time free of duty: residents must have a minimum of one day in seven days free of duty (when averaged over four weeks).

Residents should have 10 hours free of duty between scheduled duty, and must have at a minimum 8 hours between scheduled duty periods.

Maximum Duty-Period Length

Continuous duty periods of residents should not exceed 16 hours. The maximum allowable duty assignment must not exceed 24 hours even with built in strategic napping or other strategies to reduce fatigue and sleep deprivation, with an additional period of up to two hours permitted for transitions of care or educational activities.

Monitoring of duty hour requirements

Quarterly, all residents are required to attest that they are in compliance with the duty hour policies as well as whether they have worked any additional moonlighting shifts. This will be documented in the appropriate electronic system (i.e. Pharmacademic). This will be monitored by the RPD on a monthly basis.

If the residency program has violated the duty hour standards, it is the responsibility of the RPD to remediate this immediately.

Attendance

- The resident is expected to report to the hospital on scheduled days
- Typically, this is Monday through Friday and every other weekend. A single comp day (free from clinical responsibilities) is provided either the day before or day after their weekend working
 - The specific day is typically the Friday before the weekend worked, but this can be flexible with the residency Program Director's (RPD) approval.
- On days that the resident is working, they are expected to work at least 8 hours a day and not leave hospital campus without express preceptor permission. Reasons to leave campus include
 - Attending offsite clinics / clinic meetings

- Attending pre-approved educational activities (i.e. resident teaching seminar)
 - Any other activity that has been approved by the preceptor ahead of time
- If the resident wishes to leave campus they must have approval from their preceptor. If the preceptor is unavailable they must get approval from the RPD. If the RPD is unavailable they must get approval from the Clinical Coordinator, if the Clinical Coordinator is unavailable they must get approval from the Director of Pharmacy. If the Director of Pharmacy is unavailable, the resident must get approval from the staff pharmacist working in the pharmacy.
- Unless specifically stated by the preceptor, the resident should arrive at the hospital by 8 am
 - Arrival times may differ on specific rotations or specific days (i.e. evening shifts) at the preceptor's discretion

Activities on patient care rotations

- Providing direct patient care should be the primary priority on most inpatient rotations, particularly during internal medicine, critical care, and oncology rotations.
- Patient care responsibilities should be the prioritized above all other responsibilities the resident may have.
 - Exceptions may be made on a case by case basis ahead of time by the preceptor and / or the RPD.
- When participating in inpatient direct patient care rotations the resident will be on the appropriate inpatient floors a minimum of the first four hours of each working day
 - It should be noted that this is a minimum requirement, and longer time periods of providing direct patient care (within an 8hour a day maximum) can be mandated by the preceptor or RPD.
 - Exceptions can be made on a case by case basis with prior approval of the preceptor or RPD.

Disciplinary actions for absences

Any variance from the above policy may be considered an unexcused absence from work. Appropriate disciplinary action may be taken by the RPD after discussion with the Residency Advisory Committee and in conjunction with Human Resources Policy. This can include suspension or termination of employment.

Staffing requirement

Residents are required to staff the pharmacy and provide clinical support every other weekend.

Program Structure

Rotations

Required (8 months)

- Orientation (1 month)
- Internal Medicine (2 months)
- Critical Care (2 months)
- Administration (1 month)
- Hematology / oncology (2 month)

Elective (4 months)

Repeat any of the above required rotations, or select from below

- Emergency Medicine / EMS / Code Blue
- Academia
- Antimicrobial Stewardship

Longitudinal Experience

Staffing

Research

Medication Safety

Staffing requirement

Every other weekend

Primarily clinical responsibilities

- Rounding in the ICU
- Antibiotic stewardship
- Anticoagulant monitoring
- Drug information
- Clinical support of pharmacy staff

Single comp day given after weekend worked

Precepting by non-pharmacist preceptors: residents may be precepted by a non-pharmacist preceptor (physician, dietician, nurse) at the discretion of the RPD. Any rotation with a non-pharmacist preceptor will be done in the second half of the year, and the resident must have completed at least 2/3 of required rotations (including one month of internal medicine and ICU).

Residency Project:

- All residents are required to complete a residency project before completion of the residency.
- The project will be developed based on institutional requirements (identified by the RAC) and the resident's professional interests.
- All projects will be vetted by the RAC and a preceptor co-investigator will be identified.
- The co-investigator and the RPD are responsible with helping the resident complete the residency project.
- Residents are required to complete a manuscript based on their project that is suitable for submission for publication.
- Residents are required to present their projects at a national or regional meeting (i.e. Eastern States Residency Conference)

Evaluation of residents

Documentation: all written feedback and evaluation must be kept on file. Documentation of oral feedback is required if a resident is not meeting expectations or requires remediation

Development Plans

Initial development plan: Upon acceptance of the position, the resident will be sent out an initial self-evaluation which will contain the following information:

- Short and long term goals
- Strengths
 - Professional
 - Personal
- Areas for improvement
 - Professional
 - Personal
- Incoming learning interests related to required or elective learning opportunities

Within 30 days of hire, the RPD will work with the RAC in developing an initial development plan which may include:

- Modification of resident schedules
- Determination of elective rotations
- Addition of goals and objectives to required or elective learning experiences
- Changing or increasing summative evaluations / self evaluations, formative evaluations / self evaluations and preceptor feedback

This development plan will be reviewed and modified by the RPD / RAC on a **quarterly** basis throughout the year. Modifications to the development plan may be prompted by factors such as resident feedback, preceptor feedback, changes in the resident's professional goals, and individual resident progress or remediation of lack of progress. Another potential reason for a change in a resident's development plan may be due to unforeseen changes to the residency program itself.

Formative and summative feedback for learning experiences

Formative feedback : Preceptors will provide on-going feedback to residents about how they are progressing and how they can improve that is **frequent, immediate, specific, and constructive**. Preceptors must make appropriate adjustments to residents' learning activities in response to information obtained through day-to-day informal observations, interactions, and assessments

- The feedback should use criteria for evaluation that is related to specific objectives that are to be completed during that learning experience.
- Some feedback may be written, such as comments on residents' SOAP notes or on evaluations of residents' presentations, projects, monographs, etc.
- Frequency of ongoing feedback varies based on residents' progress and time of the year.

- Residents who are not progressing according to expectations receive more frequent formative feedback.
- Specific recommendations for improvement and achievement of objectives are documented for residents who are not progressing satisfactorily.
- Preceptors ensure residents' responsibilities and/or activities align with residents' progress within each learning experience.

Summative feedback: At the end of each learning experience, residents will receive, and discuss with preceptors, verbal and written assessment on the extent of their progress toward achievement of assigned educational goals and objectives, with reference to specific criteria.

Each evaluation will contain ratings for the pre specified goals and objectives (i.e. achieved, satisfactory progress, needs improvement) that must be documented. In addition, qualitative written comments are also required for each goal and objective.

Qualitative written comments:

- Are specific and actionable.
- Use criteria related to specific educational objectives.
- Recognize residents' skill development.
- Focus on how residents' may improve their performance.

For learning experiences greater than or equal to 12 weeks in length, a documented summative evaluation must be completed at least every three months.

Preceptor Approval of Evaluations: All preceptors will provide input to the primary preceptor who will document the joint evaluation. The primary preceptor seeks consensus of preceptors to determine final ratings and co-sign evaluations. If a primary preceptor is a preceptor trainee, a co signature of the preceptor advisor / coach is required. Co-preceptors are encouraged to provide documentation in residents' written evaluations. If a preceptor trainee is the primary preceptor, then that trainee's advisor / coach must co-sign the evaluation.

Resident evaluation of preceptors and learning experiences

Residents must complete and discuss at least one evaluation of each preceptor at the end of the learning experience.

Residents must complete and discuss an evaluation of each learning experience at the end of the learning experience.

Disciplinary action and dismissal: The RPD holds the primary responsibility of disciplinary action for the residency program. Preceptors are required to notify the RPD of any event that may require disciplinary action. In most cases, the resident will discuss the issue with the RPD and potentially any other parties involved. With the exception of severe cases (i.e. assault, diversion, working under the influence of drugs or alcohol) a remediation plan will be agreed upon by the involved parties. This remediation plan will also be reviewed by the RAC.

If remediation is not appropriate or effective, the RPD and in conjunction with the pharmacy director and human resources may pursue dismissal from the residency program. This will be done according to Colley Dickinson / Partners HR policy and all applicable laws and regulations

Failure to receive licensure within 90 days: Residents are required to receive licensure within 90 days of hire. Failure to receive licensure within 90 days requires an immediate remediation plan. The RPD, in conjunction with the Pharmacy Director, reserve the right to dismiss a resident who is unable to obtain licensure within 120 days.

Completion of the Program

Requirements for completion of residency

- MA license within 3 months of hire
 - Must have a remediation plan if no license by 90 days
 - Failure to achieve licensure within 120 days will result in dismissal
- Successful completion of required rotations
- Completion of residency project and a manuscript worthy of submission for publication in a peer reviewed journal
- Presentation of project at a regional pharmacy meeting

A minimum of 50% of required objectives deemed “achieved for residency” in Pharmacademic

Criteria for Preceptors

Preceptor Appointment Criteria

- Meets all ASHP preceptor eligibility and qualifications
- Must actively practice in learning experience area

Annual requirements:

- Academic and Professional form on file
- Annual preceptor self-assessment

Preceptor Re-Appointment Criteria

- Preceptors shall be reviewed for reappointment at least every two years
- Must actively practice in learning experience area
- Meets all ASHP preceptor eligibility and qualifications
- Consistent timeliness of residency evaluation completion
- Involvement in at least ONE resident project as primary advisor to any of the following
 - Residency research project
 - Formulary review
 - MUE
 - CE lecture

Preceptors in training

- Pharmacists new to precepting who do not meet the qualifications for residency preceptors will have a preceptors-in-training development plan to meet the qualifications for becoming a residency preceptor within two years
- Preceptors -in-training will be assigned a preceptor who has significant experience precepting residents
- RPD and RAC will review annually for promotion to fully qualified preceptor by ASHP standard

Preceptor *eligibility*: In order for a pharmacist to be eligible to be a preceptor a pharmacist must meet one of the following criteria:

- ASHP-accredited PGY1 residency and one year experience
- ASHP – accredited PGY1 residency, ASHP-accredited PGY2 residency, and six months experience
- Three or more years of pharmacy practice experience.

In addition, pharmacists in training must, in conjunction with their advisor, achieve the following within a two year period:

- Review residency manual
- Review four preceptor teaching roles
- Review learning taxonomies
- Co-precept 2 rotations
- Co-evaluate 2 rotations
- Attend 70% of RAC meetings
- Present Preceptor Pearls at RAC xl
- Give active and meaningful feedback on the residency
- Recognition in the area of pharmacy practice - certification or ongoing service and subject matter knowledge
- Contribution to the development of clinical or operational policies/guidelines/protocols
- Ongoing professionalism, including your personal commitment to advancing the profession.
- A/P form on file
- Provide annual self-evaluation

Preceptor Development Plan

Preceptor development sessions will be offered on a regular basis at monthly RAC meetings

Annually, the RPD will review the following documents

- Preceptor self- evaluations
- Resident evaluations of learning sites
- Resident evaluations of preceptors
- Resident exit interviews

The RPD, in conjunction with the RAC, will determine programming for further development sessions and alterations to the program.