

# **Pharmacy Residency Program Manual**

**Post-Graduate Year One  
(PGY1)**

**Dearborn County Hospital  
Lawrenceburg, Indiana**

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## Table of Contents

<b>Introduction (page 3)</b>	
<b>PGY1 Residency Purpose Statement</b>	
<b>Dearborn County Hospital (DCH) Mission Statement</b>	
<b>DCH Vision Statement</b>	
<b>DCH Values</b>	
<b>DCH Pharmacy Mission</b>	
<b>Program Design (pages 4-5)</b>	
<b>Duty Hours Standard</b>	
<b>Schedules</b>	
<b>Travel</b>	
<b>Program Delivery (pages 6-7)</b>	
<b>Indiana Pharmacy Licensure</b>	
<b>Program Requirements</b>	
<b>Learning Experiences</b>	
<b>Certifications</b>	
<b>Evaluation and Continuous Improvement (page 8)</b>	
<b>Resident Responsibilities</b>	
<b>Preceptor Responsibilities</b>	
<b>Continuous Improvement</b>	
<b>Resident Tracking</b>	
<b>Benefits (page 9)</b>	
<b>Salary</b>	
<b>Paid Time Off</b>	
<b>Professional Travel</b>	
<b>Insurance</b>	
<b>Policies</b>	
<b>Selection and ranking of Resident Applicants (pages 10-12)</b>	
<b>Indiana Pharmacy Licensure (page 13)</b>	
<b>Duty Hours Policy (pages 14-15)</b>	
<b>Leave of Absence (page 16)</b>	
<b>Completion of Post Graduate Year One Residency (page 17)</b>	
<b>Termination of Residents (page 18)</b>	

## **INTRODUCTION:**

Dearborn County Hospital offers a unique experience for residents. This community hospital provides multiple services, giving residents the opportunity to become a well-rounded clinical practitioner. The residents will participate in multidisciplinary rounding, be responsible for various clinical consults, manage inpatient anticoagulation and pharmacokinetic dosing, provide drug information for healthcare providers, participate on multiple committees, carry a patient load in the outpatient Anticoagulation Clinic, and more. The program design is open to give the residents the opportunity to experience all that DCH has to offer, as well as any special areas of interest. The resident will complete a teaching certificate through the University of Cincinnati, an Anticoagulant Provider Certificate through the University of Southern Indiana, ACLS Certification, and PALS Certification. After completion of this residency, the resident will be well suited for a career in hospital pharmacy, BCPS certification, or a PGY2 experience.

DCH is located in Southeast Indiana, just 30 minutes from downtown Cincinnati, Ohio. DCH is affiliated with the TriHealth system in Cincinnati and will work with the residents to provide up to two learning opportunities with TriHealth, if interested. As this is a new residency program, pharmacy, nursing, hospital administration, and the ancillary departments are enthusiastic to welcome pharmacy residents to the DCH team.

### **PGY1 Pharmacy Residency Purpose Statement:**

The purpose of this PGY1 residency program is to build on Pharm.D. education and outcomes to contribute to the development of a clinical pharmacist 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.

### **DCH Mission**

It is the Mission of Dearborn County Hospital to provide personalized, comprehensive and quality healthcare with compassion, dignity and respect that exceeds the expectations of those we serve.

### **DCH Vision**

Our vision is to remain independent and be the healthcare provider of choice in our region.

### **DCH Pharmacy Mission**

To provide high quality, patient-centered pharmaceutical care in a progressive practice setting that serves as a center for the development of highly skilled, compassionate clinicians.

## **PROGRAM DESIGN:**

The PGY1 residency program at Dearborn County Hospital is a 12-month structured learning experience designed to develop practitioners in a broad array of areas, including clinical skills, management, teaching, professional development, operations of a community hospital, and more. The experience is highly tailored to the individual residents, including resident interests and past experience. The residency will focus on four areas of competence:

Patient Care

Advancing Practice and Improving Patient Care

Leadership and Management

Teaching, Education, and Dissemination of Knowledge

The areas of competence will be met through multiple learning experiences offered at DCH. Following a one month orientation, the residents will move through learning experiences that are 4 weeks, 8-12 weeks, as well as longitudinal. The plan for each resident will be individualized. Each experience will allow the resident to progress from observation to practicing independently.

Upon completion of the PGY1 residency at DCH, the resident will be a trained clinician that will have the skill set to work in any community hospital as well as an academic center.

### **Duty Hours Standard**

DCH PGY1 residents will abide by the ASHP Duty Hour Standard. Please reference the standard on the ASHP website and refer to the attached DCH policy (pages 14-15).

<http://www.ashp.org/DocLibrary/Accreditation/Regulation-Standard/Duty-Hours.aspx>

### **Schedule**

The individual resident's plan for learning experiences will provide the schedule for the resident. This will be created during orientation for the resident. This schedule will be a joint effort of the resident with the Residency Program Director. The goal of the resident plan is to provide an optimal learning experience to prepare him/her for the next journey, whether that be board certification, a PGY2, or starting a career.

Pharmacy practice is a longitudinal experience and will require the resident to staff the inpatient pharmacy every other weekend, as well as take part in the holiday coverage rotation. In addition to pharmacy practice, the resident will also have a longitudinal

experience in the Anticoagulation Clinic. The resident will manage patients in the clinic every other Friday.

The resident is expected to commit a minimum of 8 hours per day to the learning experience. It is recognized that the resident will be required to devote a significant amount of time beyond this to complete the requirements of the individual learning experiences and to obtain the PGY1 certificate of completion.

### **Travel**

The resident will travel to a national meeting, a regional meeting, and potentially to local meetings as they arise. The resident will participate in ASHP Midyear Clinical Meeting in December by means of a presentation. The Great Lakes Pharmacy Residency Conference in April will be a required regional meeting in which the resident will present his/her project. Other opportunities in the Greater Cincinnati and Indianapolis area may be presented throughout the year.

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## **PROGRAM DELIVERY:**

### **Indiana Licensure**

All residents will be required to obtain Indiana Pharmacy Licensure. If the resident is not licensed on the first day of the residency, the resident must have an Indiana Pharmacy Intern license. It is expected that the resident obtain licensure by August 1st. Failure to obtain licensure in Indiana by September 1<sup>st</sup> will be handled on an individual case-by-case situation. The final decision of the RPD and Director of Pharmacy Services is final. See attached policy (page 13).

### **Program Requirements**

The minimum requirements to obtain the PGY1 certificate of completion are listed below. The resident will have ample opportunity to complete the items.

- Indiana Pharmacist licensure by August 1<sup>st</sup>
  - Failure to obtain licensure by this date may result in a 30-day grace period. Failure to obtain licensure by September 1<sup>st</sup> will be evaluated on a case-by-case basis. The decision of the RPD and Director of Pharmacy Services is final.
- BLS Certification must be complete by the end of Orientation
- ACLS and PALS certification must be complete before December 31<sup>st</sup>
- Anticoagulation Certificate (USI or similar program)
- Completion of a minimum of three (3) formal presentations
- Completion of a minimum of two (2) in-services to pharmacy team
- Completion of a minimum of two (2) MUE
- Presentation of residency project at Great Lakes Residency Conference
- Presentation at Midyear Clinical Meeting (Poster or Pearl)
- Completion of all Teaching Certificate Program related education activities
- Successful completion of all learning experience activities as outlined in each learning experience description
- Completed resident portfolio (stored on pharmacy shared drive)
  - 90% required objectives evaluated and scored as “Achieved”
  - Residency certificate presentation approved by Residency Advisory Committee

### **Learning Experiences**

DCH pharmacists are expected to be knowledgeable in many areas of pharmacy practice. The residents are held to the same standard. For this reason, the residents will have many longitudinal experiences and extended patient care rotations. The length of time each resident is in the patient care experiences is highly dependent on each resident, his/her interest, and experience. Table 1 lists the available learning experiences at DCH. Those denoted with an asterisk are options to fill the resident plan after the lengths of the patient care rotations are determined.

Table 1.

Orientation	4 weeks
Patient Care I	6-8 weeks
Patient Care II	8-10 weeks
Patient Care III	8-12 weeks
Anticoagulation Clinic	Longitudinal
Teaching	Longitudinal
Administrative	Longitudinal
Professional Development	Longitudinal
Pharmacy Practice (Staffing)	Longitudinal
Project	Longitudinal
Informatics*	4-5 weeks
Outpatient Pharmacy	4-5 weeks
Lunch/Learn*	4 weeks
Teaching II*	4-5 weeks
Tri Health Opportunity*	4 weeks
Tri Health Opportunity*	4 weeks
Emergency Medicine*	4-5 weeks

### **Certifications and Certificates**

In addition to the PGY1 Certificate, each resident will complete three certifications and two certificate programs over the course of the year. Early in the residency, the resident will complete certification for BLS, ACLS, and PALS. Two certificate programs are also required for the resident: Anticoagulation Provider Certificate, and the Teaching Certificate.

## **EVALUATION AND CONTINUOUS IMPROVEMENT:**

### **Resident Responsibilities**

The resident is responsible for evaluating both the preceptor and the learning experience for each rotation. Formal, written evaluation will be designated by each learning experience. This will be for both the preceptor and the learning experience. Verbal feedback throughout the experience is encouraged.

### **Preceptor Responsibilities**

DCH pharmacy preceptors are responsible for resident evaluations. The preceptors will provide feedback both verbally and in writing. Formal, written evaluations will be completed at designated times depending on the length of rotation. Formative feedback will occur throughout the learning experience and will be verbal.

### **Continuous Improvement**

The Residency Program Director will meet with the preceptors quarterly. A portion of the meeting will be devoted to quality of the program and efforts for continuous improvement. Evaluations of the learning experiences and preceptors will be evaluated for continuous improvement opportunities.

### **Resident Tracking**

The residency program's continuous quality improvement process must evaluate whether residents fulfill the purpose of a PGY1 pharmacy residency program through graduate tracking. The resident will be expected to supply the following tracking information: initial employment, and may include changes in employment, board certification, surveys of past graduates, or other applicable information requested by DCH.

## **BENEFITS:**

### **Salary**

The resident will be offered a 12-month salary of \$50,000. This will follow the same bi-weekly pay schedule as all other DCH employees. Residents will not be eligible for overtime.

### **Paid Time Off**

As a salaried employee of DCH, the resident will start with two (2) weeks of vacation and 96 sick hours in the bank. The resident will also accrue three (3) weeks of vacation over the course of the 12 months of employment. The resident is eligible to take three (3) weeks of vacation over the course of the 12 months of employment. The remaining two (2) weeks will be paid to the employee at the completion of the residency, allowing for a two week paid vacation prior to starting the next journey in his or her career.

Residents will also have six (6) paid holidays in addition to vacation time.

### **Professional Travel**

Residents are required to travel to one national meeting, one regional meeting, and other local meetings as they arise. The resident will be paid by salary for the time away from the hospital for professional travel. A stipend for the national meeting and regional meeting will be provided. The resident is expected to pay all expenses accrued that are not covered by the stipend.

### **Insurance**

Healthcare benefit options include medical, dental, vision, and flexible spending accounts that will start the first of the month following date of hire.

Residents will have life insurance coverage through DCH, which is two times the annual salary. This is available after six months of employment.

Long term disability is covered by the DCH Long Term Disability plan and/or Social Security providing a total of 60% of average monthly wage after 120 continuous calendar days of eligible disability and is available after six months of employment.

## SELECTION AND RANKING OF RESIDENT APPLICANTS POLICY

### A. Application

Licensed pharmacists or pharmacy students anticipating graduation from an ACPE-accredited College of Pharmacy may apply to the PGY1 residency program. Applicants are considered for candidacy regardless of age, gender, race, color, religion, national origin, marital or veteran status or physical or mental condition, so long as the condition does not limit the applicant's ability to perform the necessary functions of a pharmacy resident with or without reasonable accommodation. Applicants must be eligible for licensure in the state of Indiana by a pre-determined date selected by the Residency Program Director.

Applicants should register with the National Resident Matching Program (NRMP) and PhORCAS (online residency application system) and must adhere to the rules of both. Registration with the NRMP will be waived only if a residency position remains unfilled after the date of the Match. The National Matching Service Number for Dearborn County Hospital is **248613**.

The application deadline will vary slightly each year but will generally occur during the first week of January. Applications may be accepted after this date at the hospital's discretion only if the interview slots offered for the current residency recruitment year are not full.

An application will not be considered to be complete until all of the following items are received by the Residency Program Director:

- Completed PhORCAS application
- A current curriculum vitae
- Official transcripts of all pharmacy education, including pre-pharmacy transcripts (i.e. biology, chemistry, etc)
- A letter of intent
- Three letters of recommendation
  - Accepted formats:
    - Narrative format
    - ASHP standardized form

All materials should be submitted no later than the specified deadline.

### B. Interviews

Once all required forms are received for an applicant, the applicant will be considered eligible for interview scheduling. All applicants must complete an on-site interview for program acceptance. Travel expenses are the responsibility of the candidate. A portion of the interview requires the candidate to complete a patient care plan. Applicants will be allotted 20-30 minutes to complete the case. In the event a candidate is unable to

interview on-site due to extenuating circumstances, a teleconference/skype interview may be approved at the discretion of the Residency Program Director.

Applicants will be considered for an interview based upon their submitted application documents, work and rotation experience, interaction with team members, and individual residency and career goals with the intention of providing the best match between the applicant and the program. The Residency Program Director will decide upon a candidate interview list based upon the quantity and quality of applicants and will review the list with both the Director of Pharmacy and Residency Program Coordinator. Candidates will be ranked according to how they score on the following criteria set forth by the Residency Program Director and Resident Advisory Committee:

<b>Transcript GPA</b>	GPA below 3=3 pts    GPA 3-3.499=4pts    GPA 3.5-4=5pts
<b>Letters of Recommendation (3)</b>	Unable to recommend=0    With some reservation=1 With confidence=3    Highest=5 *Total
<b>Letter of Intent</b>	Poor=0    Good=3    Outstanding=5
<b>Work Experience</b>	None=1 pt    Retail/other=2 pt    Hospital=4 pts    DCH=5
<b>Organizations</b>	Member=2    Officer/high-level involvement=4    Leadership=5
<b>Presentations</b>	School/local=2    National Mtg/MD group=4
<b>Certifications</b>	none=0    one=1    two or more=2
<b>Publications/Research</b>	0=none    one or more=2
<b>Community Service</b>	0-2 dependent on level of commitment
<b>*While in pharmacy school</b>	

Dearborn County Hospital will interview the top 80% of applicants according to standardized rank order, and will cap the number of interviews to 12 per year. Exceptions to that number will be determined by the quality of applicants and decided upon by the Residency Advisory Committee.

Candidates will receive a letter or e-mail of interview interest from the Residency Program Director. A predetermined list of interview dates will be sent to candidates, and slots will be filled on a first-come-first-serve basis. Each interview will be conducted over one-half business day. The candidate will be introduced to as many program preceptors as possible based upon the current staffing and demands of the present day.

All residency preceptors will have a PhORCAS account and have access to all applicant materials.

### C. Resident Ranking

At the completion of each interview, each person involved in the interview process will complete the “Resident Candidate Evaluation Form”. Each person will submit the completed form to the Residency Program Director for spreadsheet composition.

The Residency Program Director will create a spreadsheet containing the information from each interviewer. Residents will then be ranked according to their standardized score from their application, and overall evaluation score from the interview.

The Residency Program Director will call a meeting of the Residency Advisory Committee (RAC) after the last interview has been completed to determine the program’s ranking of applicants. Each committee member will be given an opportunity to review the comparison spreadsheet, his or her Resident Candidate Evaluation Forms, and the applicant files containing all documents submitted at application. Each committee member will consider the suitability of each applicant to the program considering the applicant’s experience and skill set, interaction with team, and compatibility between each applicant’s goal and the program’s goals.

The RAC will debate and vote upon each ranking to reach a consensus. The RAC may elect to not rank an applicant if the applicant is not considered to be a suitable match with DCH. The Residency Program Director will submit the final ranking list to the NMRP and maintain the list on file.

### D. Position Acceptance

After the match results are published, the Residency Program Director will contact the resident-elects within twenty-four hours. In the event that the program does not match with a candidate, the program will participate in the second match, and then the ASHP Scramble process to select a candidate.

The resident-elects will be mailed a letter of acceptance within two weeks and must sign and return a letter of confirmation to the Residency Program Director. Application for employment through the Dearborn County Hospital Human Resources Department will be required upon successful match.

## INDIANA PHARMACY LICENSURE POLICY

All pharmacy residents must become licensed as pharmacists in the state of Indiana at the earliest opportunity after acceptance into the residency program. Residents must become licensed as pharmacy interns prior to starting the residency program until such time that pharmacist licensure in the State of Indiana is official. **No resident will be permitted to start the program until a valid Indiana intern or pharmacist license is on file in the Department.** It is expected that the resident will obtain pharmacist licensure by August 1<sup>st</sup> and that **failure to obtain licensure by September 1<sup>st</sup> will be handled on a case-by-case basis.** The decision of the RPD and the Director of Pharmacy Services is final.

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## **POLICY AND PROCEDURE ON WORK DUTY HOURS**

Residents will document hours spent in the residency program in an effort to assure compliance with Pharmacy Specific Duty Hours Requirements for the ASHP Accreditation Standards for pharmacy residencies. These standards have been established for the benefit of patient safety, provision of fair labor practices (treatment of residents), and minimization of risks of sleep deprivation.

1. In order to qualify as “duty hours”, the time must be related to an activity associated with the residency program and must be on-site at Dearborn County Hospital.
2. Pharmacy residents will not be on-site at DCH for more than 80 hours per week averaged over a four-week period.
3. If a resident chooses to moonlight, their hours will be counted towards the 80 hours per week maximum averaged over a four-week period. Moonlighting includes additional shifts completed at DCH and those at outside facilities.
  - a. Moonlighting may only be scheduled outside of scheduled residency activities. No flexibility will be given in a resident rotation schedule to accommodate moonlighting shifts.
  - b. Moonlighting may only be done on weekend or evening shifts that do not conflict with residency program responsibilities.
  - c. All moonlighting hours must be pre-approved by the Residency Program Director (RPD) and documented on an Extra Shift Request Form. All approved extra shift paperwork will be maintained in the resident’s binder.
  - d. If any rotation preceptor feels that a resident’s rotation performance is altered due to moonlighting at any time or in any way throughout the month, the resident will be required to fill out a monthly self-evaluation of their performance, and the rotation preceptor will fill out a monthly resident evaluation.
  - e. If any pharmacy team members feel that a resident’s overall performance is altered due to moonlighting, the resident will meet with the RPD and Director of Pharmacy to discuss. If this group deems the resident’s performance to be compromised due to moonlighting, the resident will no longer be permitted to moonlight unless he or she clearly outlines the steps they will take to resolve their alteration in performance.
4. Pharmacy residents will be off-site at least an average of 1 day every 7 days. Some variation will be allowed in this requirement to address resident preferences, but the ratio must be equivalent (i.e. 2 days off in 2 weeks averaged over a four-week period).
5. There will be a minimum of an 8-hour time period between daily duty periods during which the resident must leave the facility. The resident shall not exceed 16 hours of continuous duty.
6. Pharmacy residents will document compliance with these standards via completion of the Work Duty Hours Calendar each month. The calendars should include times in and out each day, total daily hours, and a total of the hours worked that month.

- a. Reports of false documentation will be followed up via formal investigation by the Residency Advisory Committee (RAC).
    - i. Verification of false documentation will result in the initiation of the corrective counseling process by the Director of Pharmacy.
  - b. The RPD will maintain a report of any non-compliance for each residency year. Non-compliance will be reported to the RPD and the RAC.
    - i. It is the responsibility of the respective resident, learning experience preceptor, and RPD to assure that instances of non-compliance with the guidelines are minimized.
7. This process will be reviewed on an annual basis to ensure compliance with ASHP standards.

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## LEAVE OF ABSENCE POLICY

Prior to initiation of the residency, the resident will be required to sign the official Residency Agreement contract. The following language is included in the contract regarding Leave of Absence, as it pertains to the PGY1 Pharmacy Resident:

Leaves of absence will be handled according to the Dearborn County Hospital Human Resource policy (BEN.2-1). The maximum amount of time granted to successfully complete the residency agreement will not exceed **two months** beyond the end of the program year. Leaves of Absence that require longer than two months will result in termination of the Residency agreement.

In cases where sick leave is for longer than 3 consecutive workdays, the employee MAY BE required to furnish satisfactory evidence of his/her need for sick leave by submitting a medical certificate from his/her personal physician. Sickness requiring leave time greater than 1 week during any non-longitudinal learning experience will need to be made up and may require extension of residency training as determined by the Program Director and RAC.

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## COMPLETION OF POSTGRADUATE YEAR ONE PHARMACY RESIDENCY POLICY

At the completion of the year, the Residency Program Director and Residency Advisory Committee will convene to review each resident's status regarding completion of the following criteria. If it is found the resident has successfully completed all of the requirements of the program, he/she will be presented a formal certificate acknowledging their graduation from the program. Certificates will be presented and signed by the Residency Program Director and the Chief Executive Officer of the Organization in accordance with requirements of ASHP.

Requirements for Postgraduate Year One Pharmacy Residency:

- Checklist for mandatory activities
  - Indiana Pharmacist licensure by August 1<sup>st</sup>
    - Failure to obtain licensure by this date may result in a 30-day grace period. Failure to obtain licensure by September 1<sup>st</sup> will be evaluated on a case-by-case basis. The decision of the RPD and Director of Pharmacy Services is final.
  - BLS Certification must be complete by the end of Orientation
  - ACLS and PALS certification must be complete before December 31<sup>st</sup>
  - Anticoagulation Certificate (USI or similar program)
  - Completion of a minimum of three (3) formal presentations
  - Completion of a minimum of two (2) in-services to pharmacy team
  - Completion of a minimum of two (2) MUE
  - Presentation of residency project at Great Lakes Residency Conference
  - Presentation at Midyear Clinical Meeting (Poster or Pearl)
  - Completion of all Teaching Certificate Program related education activities
  - Successful completion of all learning experience activities as outlined in learning experience descriptions
  - Completed resident portfolio (stored on pharmacy shared drive)
- 90% required objectives evaluated and scored as "Achieved"
- Residency certificate presentation approved by Residency Advisory Committee

Please Note - The above are minimum requirements for successful completion of the program. Residents will be given ample opportunity to meet the above required activities.

## **POLICY AND PROCEDURE ON TERMINATION OF RESIDENTS**

Pharmacy residents are subject to the same code of conduct as required by any Dearborn County Hospital Employee. Residents can also be dismissed from the residency for the following reasons: failing three rotations, substance abuse, endangering patient welfare, unprofessional/unethical behavior, including modifying preceptor's evaluations of the resident's performance. Residents can also be dismissed for substance abuse or unprofessional/unethical conduct in settings outside the institution.

The resident will have a midpoint evaluation for each learning experience that has only 1 summative evaluation. This allows the resident opportunity to make any necessary adjustments prior to the completion of the learning experience. At the end of each rotation, the preceptor will determine whether the resident has completed all the required outcomes. If a resident receives does not pass a rotation, a conference will be set up between the resident, the preceptor, Residency Program Director (RPD), and Director of Pharmacy to discuss the situation. The preceptor will complete a Resident Development Plan for the resident's file. This will include an initial assessment, a plan, and quarterly updates. A copy of the Development Plan will be given to the resident. The rotation must be repeated either in the following month, or as soon as it can be scheduled.

The resident has the opportunity to appeal the process in writing, and provide their point of view to the Residency Advisory Committee (RAC). The RAC will vote on the matter once the resident has had the opportunity to present their case. The decision of the RAC is final.

If the resident fails a second rotation, a conference will be set up again between the resident, preceptor, RPD, and the Director of Pharmacy to discuss why the second rotation was not successfully completed. A second Development Plan will be written by the preceptor for the Resident's file. The rotation must then be repeated either in the following month, or as soon as it can be scheduled.

If the resident fails a third rotation by failing to meet one of the core outcomes, the resident will NOT receive their residency certificate and will be dismissed from the residency. All actions above shall be in accordance with DCH personnel policy on Rules of Conduct and Performance and Disciplinary Action (PA.8-2).