



Department of Pharmacy

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# Pharmacy Residency & Academic Policy Manual 2024 – 2025

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**Allison Fisher, PharmD, BCCCP**  
Clinical Pharmacy Supervisor  
PGY1 Pharmacy Residency Program Director  
PGY2 Critical Care Pharmacy Interim Residency Program Director

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# Welcome Letter

Dear Resident,

On behalf of all of us in the pharmacy department, I want to welcome you to Cabell Huntington Hospital (CHH). We are very pleased that you have been selected to join our team!

The primary emphasis of our residency program is to develop clinical competency, self-confidence, and critical leadership skills in the ever-changing world of pharmacy. This will be accomplished through a combination of required and elective rotation experiences, central pharmacy staffing, completion of short and long-term projects, and a multitude of teaching experiences in front of many different audiences.

We believe that an excellent residency experience start with appropriate preceptorship. Our group is committed to providing you with guidance on every aspect of the residency program and employing each of the four preceptor roles (direct instruction, modeling, coaching, and facilitating) as we see fit based on your development as a pharmacy clinician. You will be delegated responsibilities throughout the year, and will be allowed to achieve as much independence as is desirable and achievable.

This year will be very busy, but please know that everything you are involved in during your time at CHH will have a direct impact on the patients of our region. We pride ourselves in having our residents be active participants in the daily happenings of our hospital, and it won't be long before members of our C-suite administration know your names.

In summary, our main goal is to simply help you reach your highest potential as a clinician and professional. We are looking forward to working with you and aiding in your development.

Sincerely,

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Residency Program Director

## About Marshall Health Network



### **Our Mission:** *Advancing Health. Inspiring Hope. Serving You.*

- **Advancing Health.** MHN offers access to high-quality care and the latest advances. We lead research and solutions that improve people's lives.
- **Inspiring Hope.** We not only provide outstanding health care; we provide hope. Ultimately, our success is measured through our patients' eyes.
- **Serving You.** MHN is the place where patients receive highly reliable, caring healthcare. It recognizes employees as our trusted health care experts and greatest asset. *Serving You* is personal and makes it relatable to each reader, from employees and patients to community members.

### **Our Vision:** *Be the academic health system that delivers access, excellence, and compassionate care at every stage of life.*

- *MHN is committed to ensuring **access** to all (patients, employees, physicians, community members).*
- *As an integrated academic health system, the communities we serve can expect MHN's **excellence** in education, research, medical care, outcomes.*
- *As our system grows, we can never lose sight of delivering personal, **compassionate care** that we are uniquely able to provide.*

# About Cabell Huntington Hospital

Opened in 1956, in Huntington, West Virginia, Cabell Huntington Hospital (CHH) is a 303-bed teaching hospital for Marshall University Schools of Medicine, Pharmacy and Nursing. CHH is a member of Marshall Health Network, which includes the Marshall Health physician practice; four hospitals: Cabell Huntington Hospital, a 303-bed teaching hospital, St. Mary's Medical Center, a 393-bed teaching hospital, Hoops Family Children's Hospital, a 72-bed pediatric specialty hospital within Cabell Huntington Hospital; and Rivers Health, a 101 acute-bed hospital, and the employed physician practices of the hospitals.

The staff at Cabell Huntington Hospital share a common value - providing excellent care that promotes lifelong good health. Your medical care includes very personal attention to the details that help make all patients and their families feel at home.

## **Mission**

To meet the lifetime healthcare needs of those we serve, to provide the highest level of service, quality and efficiency, and to advance health care through education.

## **Vision**

To be the hospital of choice for the communities we serve.

## **Hospital Services**

At Cabell Huntington Hospital, you will find quality medical facilities and services to get you well and patient education resources to keep you well. We are not only concerned with your physical health needs; we are also sensitive to your emotional and educational needs. At Cabell Huntington Hospital, the road to recovery is made easier by physicians, therapists, nurses, technicians and counselors who are every bit as caring and compassionate as they are highly skilled.

For more than a decade, CHH has been a regional leader in minimally invasive procedures. In 2017, the Institute for Minimally Invasive Surgery (IMIS) was established to recognize CHH's commitment to advance the science and practice of minimally invasive surgical procedures that benefit patients.

As the only unit of its kind in West Virginia, the Burn Intensive Care Unit offers a specially trained crew and air and ground transport services for burn patients. Care focuses on a team approach, with physical and occupational therapists, dietitians, respiratory therapists and other specialists working together with the nurses and medical staff to help burn patients address each facet of their recovery.

Cabell Huntington Hospital's Advanced Primary Stroke Center is a multidisciplinary stroke program, home to one of only two accredited neurophysiology labs in West Virginia. The Advanced Primary Stroke Center has earned The Joint Commission's Gold Seal of Approval™ by demonstrating compliance with The Joint Commission's national standards for healthcare quality and safety in disease-specific care.

CHH hosts one of the most advanced emergency and trauma centers in the region. The country's first Level II joint trauma center is staffed around the clock with physician specialists, anesthesiologists and surgeons ready for any emergency.

Our comprehensive maternity services include the Center for Advanced Reproductive Medicine for couples facing infertility, the Perinatal Center for women experiencing high-risk pregnancies and a Mother & Baby Unit that delivers more than 2,700 babies each year.

CHH's Orthopedics Services include a nationally recognized joint replacement program, sports medicine, orthopedic oncology, hand/upper extremity surgery, surgical podiatry, pediatric orthopedic surgery and a senior fracture program, as well as an orthopedic surgery residency program.

Neuroscience Services at CHH include adult and pediatric neurology and neurosurgery, an Advanced Primary Stroke Center, an Epilepsy & Seizure Center and Neurophysiology Lab, a Pediatric Concussion Clinic, a Back & Spine Center, two Sleep Disorders Clinics, and the region's only National Multiple Sclerosis Society Partner in Care program.

### **Our Campus**

In addition to the hospital itself, the campus includes several other healthcare facilities sharing our mission and serving our community:

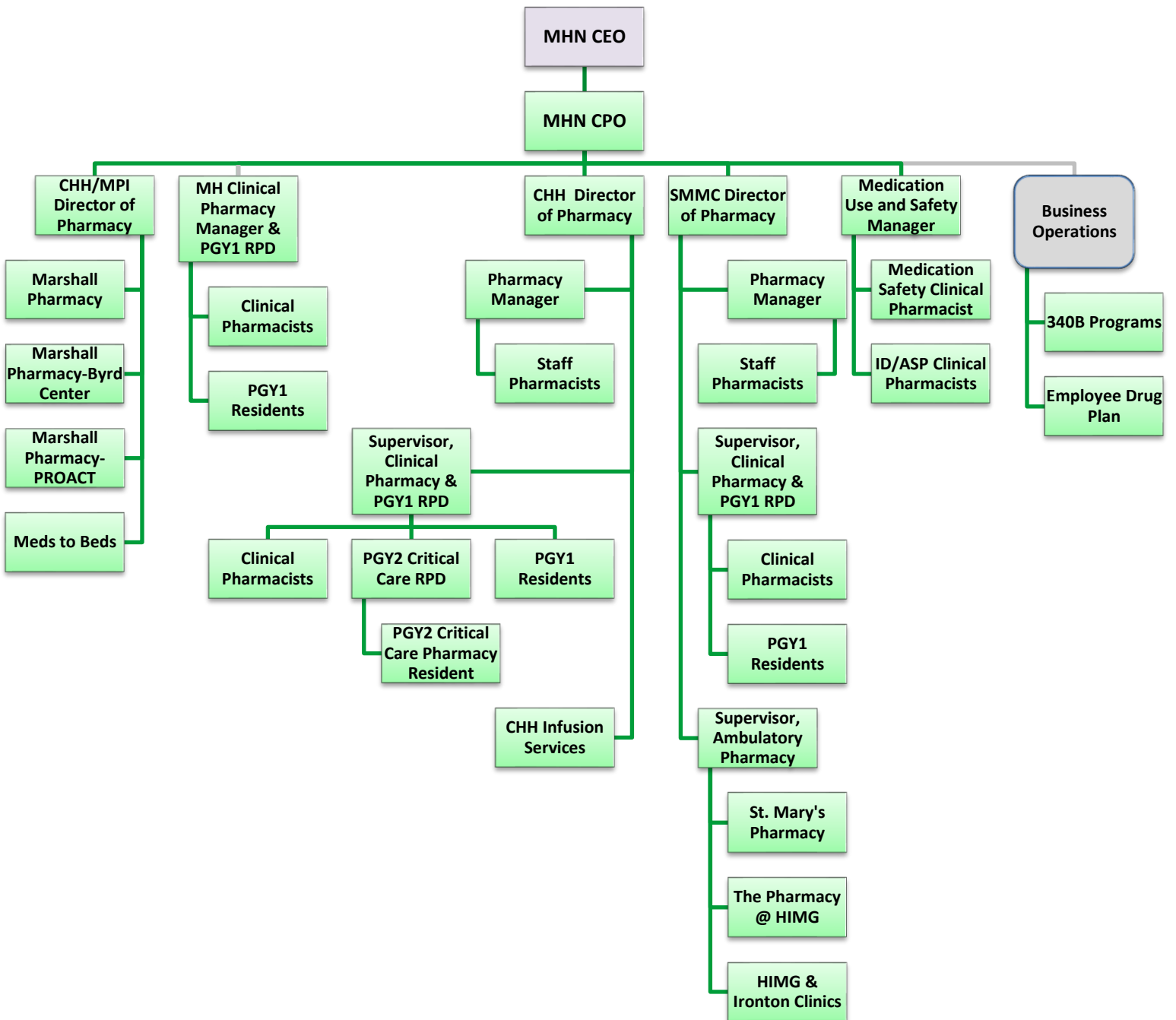
The Marshall University Medical Center adjoins Cabell Huntington Hospital through a four-story atrium. In addition to the administrative offices and the clinical practice area, it includes the Harless Auditorium, Cabell Huntington Hospital Gift Shop, Perk Place Coffee Shop, the SMART Center and the Marshall Pharmacy. Patients have access to Marshall University's physicians and specialists, as well as all the services the hospital has to offer, all conveniently located under one roof.

The Edwards Comprehensive Cancer Center offers comprehensive cancer care and technology for children and adults, including the da Vinci® Surgical System, a TrueBeam™ linear accelerator, PET/CT scanning, image-guided radiation therapy, 3D mammography services and an active clinical trials program.

The Hoops Family Children's Hospital (HFCH) is a member of the Children's Hospital Association and includes a 36-bed Level III Neonatal Intensive Care Unit, a 25-bed General Pediatrics Unit, a 10-bed Pediatric Intensive Care Unit and a Neonatal Therapeutic Unit. HFCH offers the latest in medical technology and treatment for critically ill newborns, infants and children, as well as specially equipped air and ground transport services for pediatric patients requiring immediate attention.

Other healthcare facilities sharing our campus include the Perinatal Center, the Center for Lung Health, the Pain Management Center, the Fresenius Kidney Care J. Robert Pritchard Dialysis Center, CHH Pediatric Rehabilitation, The Institute for Minimally Invasive Surgery, Ronald McDonald House, and Marshall Dentistry.

# MHN Pharmacy Organizational Chart



# Section 1: Program Purpose

## Purpose Statements

### PGY1 Purpose

PGY1 residency programs build upon Doctor of Pharmacy (PharmD) education and outcomes to develop pharmacist practitioners with knowledge, skills, and abilities as defined in the educational competency areas, goals, and objectives. Residents who successfully complete PGY1 residency programs will be skilled in diverse patient care, practice management, leadership, and education, and be prepared to provide patient care, seek board certification in pharmacotherapy (i.e., BCPS), and pursue advanced education and training opportunities including postgraduate year two (PGY2) residencies.

### PGY2 Purpose

PGY2 residency programs build upon Doctor of Pharmacy (PharmD) education and PGY1 pharmacy residency training to develop pharmacist practitioners with knowledge, skills, and abilities as defined in the educational competency areas, goals, and objectives for advanced practice areas. Residents who successfully complete PGY2 residency programs are prepared for advanced patient care or other specialized positions, and board certification in the advanced practice area, if available.

### Mission statement

The mission of Cabell Huntington Hospital Pharmacy Residency programs is to provide a dynamic learning environment for pharmacy residents. The residents will practice within an environment that has been created to provide a high quality, comprehensive education that prepares residents to function as effective clinical pharmacists providing patient-oriented care in a hospital environment. The residency program is designed to provide the pharmacy residents with the essential skills, experience, and background to care for a broad spectrum of patients while providing quality pharmaceutical care to the patients, and caregivers they serve.

Residency programs at CHH are designed to comply with the published accreditation standards of the American Society of Health-Systems Pharmacists (ASHP).

### PGY1 Description

Our program is a 12-month postgraduate curriculum that offers training opportunities in acute care, ambulatory care, drug information, drug use policy development, clinical services and pharmacy leadership. Residents will gain the necessary experience and develop critical thinking skills needed to move forward in the ever-changing world of pharmacy practice.

The residency program is designed to offer an individualized training plan for each resident based on their interests, goals and past experiences. Residents are required to complete core rotations in order to build a strong knowledge base and have the opportunity to select elective rotations in many fields of interest. Additional program requirements, aimed at developing a skilled and competent practitioner are also required. Required elements of the program include completing a major research project, patient education, student precepting, providing pharmacy services, and developing leadership and communication skills. Upon successful completion of the program, residents will be awarded a program certificate.



## **PGY2 Critical Care Description**

The PGY2 Critical Care residency program at Cabell Huntington Hospital provides the resident with in-depth training and practice experience in the core rotations (e.g. Medical ICU, Surgical-Trauma ICU) as well as elective rotations (e.g. Emergency Medicine, Infectious Diseases), which are provided to align with our resident's interests and career plans. Longitudinal activities during the residency are designed to expand the resident's experiences in pharmacy and health-system leadership, the formulary and medication use process, drug policy, code response, and medication safety. Additionally, residents will develop their skills to be competent in the provision of clinical and operational services within the acute care setting. Each resident will be responsible for completing a medication use evaluation, residency project, and manuscript. A Teaching Certificate Program is offered in collaboration with Marshall University School of Pharmacy.

The program is designed to develop competencies necessary for specialized practice in critical care pharmacotherapy. The primary focus of the residency is the enhancement of clinical skills. Upon completion of this residency, graduates will be prepared to lead practice as a critical care pharmacotherapy specialist.

## Section 2: Administration of the Residency Program

### Residency Program Director (RPD)

The RPD serves as the organizationally authorized leader of the residency program. As such, the RPD is responsible for overseeing all aspects of the residency program. Program goals, objectives and requirements will be the responsibility of the RPD in conjunction with the Director of Pharmacy, Clinical Coordinator, Residency Coordinator(s), and Residency Advisory Committee (RAC). The program director will work with other preceptors and pharmacy administration to coordinate schedules, rotations and to track the resident's progress and to resolve any pertinent issues. The RPD may delegate, with oversight, administrative duties/activities for the conduct of the residency program to one or more individuals.

Roles and responsibilities for the RPD includes but are not limited to the following:

- Ensure overall program accreditation goals and specific learning objectives are met
- Ensure resident orientation and training schedules and competencies are developed and met
- Develop and maintain resident program preceptors for each learning experience
- Facilitate residency learning and training experience throughout out the year
- Maintain rotation schedule
- Promote the four preceptor roles employed in practice-based teaching (direct instruction, modeling, coaching, and facilitation) amongst program preceptors
- Ensure resident evaluations based are routinely conducted on schedule
- Attend and participate in monthly Residency Advisory Committee Meetings

### Residency Advisory Committee (RAC)

The residency advisory committee (RAC) meets monthly to discuss recruitment and selection of residents, program requirements and policies, structure, design and conduct of the residency program, and the annual program assessments. Other topics for discussion at RAC include the progress of the residents, any problems with the residents' schedule, ability to achieve goals/objectives, and progress on their project(s). Committee membership includes RPD(s), preceptors, and pharmacy leaders.

Preceptor development topics are presented at RAC meetings and continuous quality improvement measures are discussed. The RAC in its ongoing process of assessment of the residency program will conduct formal annual program evaluations, including assessment of methods for recruitment that promote diversity and inclusion, end-of-the year input from residents who complete the program, input from resident evaluations of preceptors and learning experiences, input from preceptors related to continuous improvement, and documentation of program improvement opportunities and plans for changes to the program. In addition to the annual program evaluation, RAC will discuss program improvement opportunities, the applicant selection process outcomes, learning experiences, and residents' evaluations of preceptors and learning experiences on an ongoing basis. The committee will be responsible for implementing improvements identified through the assessment process.

### RAC Subgroups

The role of the RAC is to ensure program quality and consistency while providing guidance and support to the residents, residency program directors, and residency program as a whole. Workgroups are formed within the RAC to address specific areas of residency program execution. The RAC will formally meet on a monthly basis to review resident progress to date, discuss upcoming residency activities, and make decisions on residency program changes. RAC subgroups will be

responsible for the tasks below each subheading. RAC Subgroups will schedule their meetings prior to the monthly RAC meeting. Each subgroup will speak to their initiatives at RAC meetings.

### **Education, Research, & Medication Use Evaluation (MUE) Subgroup**

- Develop plan for presentations
- Develop and maintain teaching LED
- Develop and revise presentation rubrics/expectations
- Send out calendar invites, reserve and facilitate room setup
- Identify education needs not addressed above and implement appropriate solutions
- Compile list of research project ideas from preceptors
- Vet research ideas and provide feedback to preceptors on project ideas
- Provide residents feedback on project design in the fall of residency year
- Develop timely research seminars throughout the year for residents
- Serve as a resource for residents and research preceptors regarding research issues
- Maintain and update Institutional Review Board (IRB) resources
- Identify research and MUE needs not addressed above and implement appropriate solutions

### **ASHP Compliance and Quality Improvement Subgroup**

- Review ASHP standards and create policies and procedures as appropriate to meet ASHP requirements
- Assign other RAC subgroups tasks as necessary to ensure compliance with ASHP standards
- Identify quality issues of residency programs and implement solutions in conjunction with other RAC subgroups
- Respond to any progress reports and accreditation findings from ASHP
- Identify quality needs not addressed above and implement appropriate solutions

### **Recruitment, Orientation, Preceptor Development, & Social Subgroup**

- Review residency interview day logistics and propose changes as needed
- Facilitate recruitment day logistics (scheduling, room reservations, food, etc)
- Maintain and update packet review algorithms and propose changes as needed
- Maintain and update residency website
- Maintain and update residency recruitment materials (banners, handouts, etc)
- Schedule resident orientation activities (rooms, presenters, topics, activities, central pharmacy, etc)
- Identify recruitment and orientation needs not addressed above and implement appropriate solutions
- Propose criteria for preceptor development requirements
- Plan and execute preceptor workshops
- Enlist feedback and determine needs for preceptor development
- Plan social gatherings for residents throughout the year
- Plan and execute annual residency end of year banquet
- Advocate for residents as needed throughout the year
- Facilitate mentor relationships
- Coordinate wellness sessions with the Employee Assistance Program (EAP)
- Identify preceptor development and social needs not addressed above and implement appropriate solutions

## Residency Preceptor

The term Residency Preceptor designates the individual assigned to educate, train and evaluate the resident within their practice area or area of expertise. Roles and responsibilities for the preceptor include but are not limited to the following:

- Review learning description with resident by the end of the first day of rotation
- Introduce resident to unit/clinic, team members, and area staff
- Review rotation schedule in advance for days off, meetings, etc.
- Discuss the clinical activities/responsibilities of the clinical pharmacist in practice area
- Instruct resident how to verify orders, review profiles, identify, and make interventions
- Discuss how to identify medication errors adverse drug reactions (ADR), and how to report these events
- Review clinical activities to be provided and documented by the resident
- Inform the resident of expectations for responding to drug information questions and resolving medication related problems
- Complete rotation evaluations of the resident within **7 days** of completion of the learning experience

Appointment and reappointment of residency program preceptors is outlined below in the preceptor selection process policy. More detail on preceptor eligibility and qualifications may be found in that policy.

### Residency Preceptors

Meagan Ayers, PharmD, BCPS\*  
Morgan Bridwell, PharmD, BCPS\*  
Amanda Capino, PharmD, BCPPS\*  
Derek Evans, PharmD\*  
Allison Fisher, PharmD, BCCCP\*  
Stephanie Justice, PharmD, BCPS, CPEL\*  
Sierra Hicks, PharmD  
Kaitlynn Hughes, PharmD, BCPPS\*  
Mollie Kilgallin, PharmD  
Chadrick Lowther, MS, PharmD\*  
Jen Sparks, PharmD, BCPS, BCIDP  
Timothy Taylor, PharmD, BCPS  
Katie Watson, PharmD

### Clinical Specialty

Hospitalists  
Medication Use and Safety Manager  
Pediatrics/MUSOP Faculty  
Infectious Diseases/Stewardship  
Clinical Supervisor/PGY1 RPD  
Director of Pharmacy  
Internal Medicine  
Pediatrics  
Oncology  
Medication Safety  
Internal Medicine/MUSOP Faculty  
Hospitalists  
Family Medicine

The rotation preceptor will be responsible for scheduling the resident's activities, assuring the resident's progress toward meeting the objectives of the rotation, and identifying potential problems with the resident's competencies or the residency objectives.

\*Preceptors serve as both PGY1 Pharmacy Residency Program preceptors and PGY2 Critical Care Pharmacy Residency Program preceptors

## Resident Mentor

Each resident will have a preceptor to serve as a program mentor to advise them throughout the year. The program will hold a series of events and meetings for the residents to learn about the preceptors and their areas of practice, in order to facilitate the process of pairing each resident with an appropriate mentor. The RPD will approve the resident mentors. Mentors are a resource for the resident to help achieve both professional and personal goals throughout their program year. The mentor will be given the resident's baseline information at the start of the residency year and will

ensure the resident stays focused on their assignments, projects and other program requirements. The mentor will also assist the resident with their presentations, both written and oral and offer advice to the resident on their career options. The resident and mentor should also establish a strict timeline on residency requirements and discuss expectations at every meeting. The mentor will meet with the resident every month, at a minimum, to ensure progress toward program requirements.

### **Project Advisor**

A project advisor is a preceptor who is a content expert in the subject matter of a specific project. Each resident will have a project advisor for every project undertaken during the residency year, including but not limited to the longitudinal research project, both medication use evaluations (MUEs), and all presentations. The project advisor assumes the primary responsibility of *guiding* the resident in completing the required project; it is the resident's responsibility to take the active lead role on every project. The project advisor assists the resident in planning and implementation of the project to ensure successful outcomes. The project advisor will also evaluate the resident as needed and provide feedback on resident performance.

PGY1 Residents are expected to identify their project advisors:

Research Project	by end of Orientation
MUE #1	by end of Orientation
All other projects	4 weeks prior to project due date

PGY2 Residents are expected to identify their project advisors:

MUE	by end of block 2
Research project	by end of research block
All other projects	4 weeks prior to project due date

## Section 3: Program Structure and Overview

### Required/Core Rotations

The first rotation for the residency program is hospital/departmental orientation which is 3-5 weeks in length. The RPD may extend orientation if it is determined the resident needs additional orientation time. Rotations are generally 4 to 5 weeks in length. Longitudinal rotations are 6-12 months in length. Outside of longitudinal requirements, the resident will complete an orientation and 9 required block rotations.

### Elective Rotations

Elective rotations are available at CHH in a variety of patient care settings. This program will be flexible to accommodate each resident's area of interest. Every effort will be made to meet the interests of the residents when scheduling elective rotations. Electives at other institutions may be available but are not guaranteed. The resident will complete 3 elective rotations.

### PGY1 Pharmacy Residency program structure

Required Rotations (4 - 5 weeks)	Electives (4 - 5 weeks)	Longitudinal
<ul style="list-style-type: none"> <li>- Advanced Core Adult Medicine*</li> <li>- Core Adult Medicine (Internal Medicine or Family Medicine)</li> <li>- Critical Care Medicine</li> <li>- Infectious Diseases</li> <li>- Orientation and Introduction to Hospital Pharmacy</li> <li>- Pharmacy Practice Management and Medication Safety</li> <li>- Second Critical Care**</li> </ul>	<ul style="list-style-type: none"> <li>- Antimicrobial Stewardship</li> <li>- Burn Intensive Care</li> <li>- Critical Care Medicine II</li> <li>- Emergency Medicine</li> <li>- Family Medicine II</li> <li>- Hematology-Oncology</li> <li>- Hospital Medicine Service</li> <li>- Internal Medicine II</li> <li>- Neonatal Intensive Care</li> <li>- Pediatric Intensive Care</li> <li>- Pediatrics</li> <li>- Surgical Intensive Care</li> </ul>	<ul style="list-style-type: none"> <li>- Central Inpatient Staffing</li> <li>- Medication Management</li> <li>- Medication Use Evaluation</li> <li>- Professional Presentations</li> <li>- Research Project</li> <li>- Teaching Certificate Program</li> <li>- Transitions of Care</li> </ul>
<p><b>*Advanced Core Medicine Rotations</b></p> <ul style="list-style-type: none"> <li>- Internal Medicine (if not previously completed)</li> <li>- Family Medicine (if not previously completed)</li> <li>- Hospital Medicine</li> <li>- Internal Medicine II</li> <li>- Family Medicine II</li> </ul>		<p><b>**Second Critical Care Experience Rotations</b></p> <ul style="list-style-type: none"> <li>- Burn Intensive Care Unit</li> <li>- Critical Care Medicine II</li> <li>- Emergency Medicine</li> <li>- Neonatal Intensive Care</li> <li>- Pediatric Intensive Care</li> <li>- Surgical Intensive Care</li> </ul>

### Additional PGY1 Program Experiences

- Code Blue/Stroke Alert participation (not a completion requirement)
- ASHP Midyear Clinical Meeting & Great Lakes Pharmacy Residency Conference attendance
- Involvement in residency recruitment (not a completion requirement)
- Participation in departmental or hospital sponsored fairs (not a completion requirement)
- Community Service to benefit Huntington community (not a completion requirement)
- Teaching and presenting to a variety of audiences within CHH

## PGY2 Critical Care Pharmacy Residency Program Structure

Required Rotations (4 – 5 weeks)	Electives (4 – 5 weeks)	Projects
<ul style="list-style-type: none"> <li>- Burn Intensive Care Unit</li> <li>- Critical Care Administration</li> <li>- Medical Intensive Care Unit</li> <li>- Advanced Medical Intensive Care Unit</li> <li>- Surgical Intensive Care Unit</li> <li>- Trauma Intensive Care Unit</li> <li>- Orientation</li> </ul>	<ul style="list-style-type: none"> <li>- Emergency Medicine</li> <li>- Antimicrobial Stewardship</li> <li>- Medical Stepdown</li> <li>- Medication Safety</li> <li>- Transitions of Care</li> <li>- Medical and Neuro-Trauma Intensive Care Unit</li> <li>- Cardiac Intensive Care Unit</li> </ul>	<ul style="list-style-type: none"> <li>- Drug Monograph / Formulary</li> <li>- Additions</li> <li>- Drug class reviews</li> <li>- Order set development</li> <li>- Clinical guidelines</li> </ul>
<p><b>Longitudinal:</b></p> <ul style="list-style-type: none"> <li>- Emergency Response</li> <li>- Critical Care Decentralized Pharmacy Staffing</li> <li>- Nutrition Support</li> </ul>		
<ul style="list-style-type: none"> <li>- Critical Care Research Project</li> <li>- Critical Care Medication Use Evaluation</li> <li>- Critical Care Teaching</li> </ul>		

### Additional PGY2 Critical Care Pharmacy Residency Program Experiences

- Code Blue/Stroke Alert participation (not a completion requirement)
- ASHP Midyear Clinical Meeting attendance (optional)
- SCCM Conference attendance
- Involvement in residency recruitment (not a completion requirement)
- Participation in departmental or hospital sponsored fairs (not a completion requirement)
- Community Service project to benefit Huntington community (not a completion requirement)
- Teaching and presenting to a variety of audiences within CHH
- Critical Care Collaborative Committee participation (not a completion requirement)

Other activities of the residency include attendance and participation at Pharmacy and Therapeutics Committee, delivering departmental in-services, and completing drug information questions.

### Term of appointment

The minimum term of resident appointment for all CHH residency programs is 52 weeks.

### Schedule

- Residents are expected to work a minimum of 40 hours a week and abide by the duty hour policy.
- Paid time off and compensatory (comp) days for working weekends and/or holidays must be approved by rotation preceptor, residency program director (RPD), and clinical supervisor **two weeks** prior to requested date.
- Late arrivals or early departures require rotation preceptor approval.
- Residents are expected to focus on their assigned learning experiences, meeting with preceptors, clinical activities, and are expected to show progress on longitudinal experiences throughout the year.
- Time to work on research and other projects may occur during working hours or after hours when the resident's tasks/assignments have been completed for that day. Residents are given a research block.

## **Rotations**

Rotations are determined by the resident's interests, and personal and professional goals for completing their residency program. Each rotation has its own goals, objectives and schedule, as determined by the preceptor. Residents are expected to grow in their knowledge and skills and demonstrate proficiency throughout the rotation. Preceptors are responsible for ensuring rotation and program goals are met, provide mentorship and teach principals of pharmacy practice by incorporating the four teaching models. The preceptor is responsible for establishing a schedule and providing ongoing feedback and timely summative evaluations.

CHH uses three types of learning experiences for the residency programs. The types of learning experiences include rotations core/required, elective, and longitudinal experiences throughout the year. The resident is expected to contact the preceptor **two weeks** prior to the start of each rotation to discuss rotation schedule, rotation expectations and rotation specific goals, any days off, and other program commitments.

## **Rotation Selection and Scheduling**

The resident and RPD will establish the rotation schedule and develop a customized training plan within the first month. In the event the resident's program goals change, the resident may request a schedule change. The RPD will make every attempt to adjust the schedule to accommodate both the resident and program preceptors. Any schedule changes will be documented in the customized training plan and communicated to program preceptors.

## **PGY1 Inpatient and Clinical Staffing**

Residents will provide staffing services to the patients of CHH every third weekend. The goal of the orientation and staffing modules is to develop each resident into a fully functional clinical staff pharmacist by September of the residency year.

In addition, PGY1 residents will be required to staff a weekday evening every 3 weeks from 16:0 – 20:30 as scheduled by the RPD.

On the Friday before the PGY1 resident's scheduled staffing weekend, the resident's schedule will be as follows:

- 08:00 – 14:30: Transitions of Care (TOC) activities, report to TOC preceptor

More information about staffing requirements and expectations can be found in the staffing learning experience description (LED). More information about TOC can be found in the TOC LED.

Emergency response duties for PGY1 residents occur the week following the resident's staffing weekend (Monday – Friday, 08:00 – 16:30) and encompass Code Blue and Stroke alerts. A pharmacist preceptor should accompany the PGY1 resident in all emergency responses. The preceptor may be the PGY2 Critical Care Pharmacy Resident depending on the time of the year and the resident's experience / comfortability.

## **PGY2 Critical Care Staffing**

Residents will provide staffing services to the critically ill patients of CHH every third weekend. The goal of the orientation and staffing modules is to develop each resident into a proficient clinical pharmacist in the critical care setting by the end of residency year. More information about staffing requirements and expectations can be found in the staffing LED.



## Medication Use Evaluations

The medication use evaluation (MUE) is a performance improvement method that focuses on evaluating and improving medication-use processes with the goal of optimal patient outcomes. Each resident will be required to complete **one** MUE at CHH. Each MUE will be presented to all relevant CHH committees. PGY1 residents will present their MUE poster at ASHP Midyear. More information about MUE requirements and expectations can be found in the MUE LED.

## PGY1 Research Project

Each resident will select a research project during orientation. This project will aim to answer a research question, with the ultimate goal being publication in a relevant medical or pharmacy journal. The project will also be presented as an 18 – 22 minute platform presentation for continuing education at the Great Lakes Pharmacy Conference or other applicable conference. More information about research requirements and expectations can be found in the research LED.

## PGY2 Critical Care Research Project

The PGY2 Critical Care Pharmacy Residency program utilizes a “flipped” research model. The resident will complete data collection and analysis during their orientation month and submit an abstract to SCCM for research presentation by the beginning of August. In the second half of the year the resident will begin a research project for the incoming resident. Activities include idea generation, project selection, protocol creation, and IRB submission. The resident will prepare a publishable manuscript. More information about research requirements and expectations can be found in the research LED.

## PGY1 Presentations

Each resident is required to present six presentations (at minimum). Audiences will vary and may include the pharmacist preceptor group, physicians, and nurses. These presentations will be evaluated by the audience and the resident will be provided with feedback. The resident will have a mentor to assist in each presentation development. The presentation mentor for case #1 will be the MICU preceptor and for case #2 the Advanced Core preceptor. Residents may be asked to provide an extra presentation based on performance and audience feedback. More information about presentation requirements and expectations can be found in the presentations LED.

These presentations include:

Presentation	Length
Patient Case (2)	30 minutes, 10 – 15 minutes of Q&A
Journal Club (2)	30 minutes, 10 – 15 minutes of Q&A
Continuing Education (1)	45 – 50 minutes
Grand Rounds Presentation (1) <i>Internal Medicine, Family Medicine, or Surgery Grand Rounds</i>	45 – 50 minutes

## PGY2 Critical Care presentations

The PGY2 Critical Care Pharmacy Residency program requires its residents to present 11 presentations throughout the year. These presentations will be evaluated by the audience and the resident will be provided with feedback. The resident will have a mentor to assist in each presentation development. Residents may be asked to provide an extra presentation based on performance and audience feedback. More information about presentation requirements and expectations can be found in the presentations LED. The journal clubs and patient case will be incorporated into the scheduled rotations rather than serve as additional, unrelated presentations

(i.e., a patient case will be presented from a patient the resident took care of in their rotation or a journal club will be presented on a piece of literature discussed as a part of the rotation). The M&M conference should also focus on a medication error that occurred during the resident's rotation on the service in which the error occurred.

These presentations include:

Presentation	Length
Patient Case (1)	30 minutes, 10 – 15 minutes of Q&A
Journal Club (6)	30 minutes, 10 – 15 minutes of Q&A
Continuing Education (2)	45 – 50 minutes
Grand Rounds Presentation (1) <i>Internal Medicine, Family Medicine, or Surgery Grand Rounds</i>	45 – 50 minutes
Morbidity and Mortality (M&M) Conference (1)	30 minutes, 10 – 15 minutes of Q&A

### Dress Code

A professional appearance must be maintained at all times. Residents are expected to come to work appropriately attired. All residents must wear a laboratory coat with their identification badge when engaged in direct patient contact and when providing service on the nursing units or other hospital areas. Compliance with departmental Dress Code policy is required.

\*Scrubs require preceptor approval and are **not** to be worn if presenting. (Professional dress only)

### PGY1 Travel

All travel dates and arrangements must be approved in advance. Travel support for the ASHP Clinical Midyear and Great Lakes Residency Conference or other clinical conference will be reimbursed based on a predetermined amount of \$1,500 per resident.

#### ASHP Midyear Clinical Meeting and Exhibition

- Held in early December. Residents are responsible for participating in the Residency Showcase to aid in recruitment and will present their medication use evaluation as a completed poster. Residents are also responsible for attending relevant CE presentations and roundtable discussions. Participation in Personal Placement Services (PPS) and the Exhibition are optional.

#### Great Lakes Pharmacy Conference

- Held in late April. Residents are responsible for presenting their finalized research project as a platform presentation for pharmacist CE. Residents are also responsible for attending other residents' relevant CE presentations. Another conference may be substituted for GLPC if necessary.

### PGY2 Critical Care Travel

All travel dates and arrangements must be approved in advance. Travel support for the ASHP Clinical Midyear (optional) and SCCM conference (required) will be reimbursed based on a predetermined amount of \$1,500.

### Meetings

To broaden the residency experience, residents are requested to attend a variety of meetings throughout the year. These may be departmental meetings, administrative staff meetings, committee meetings, or clinical meetings. Preceptors, pharmacy administration, the program director or

coordinator may request attendance to other specific meetings to broaden the resident's educational experience or assist with the development of a project. Residents are required to attend each monthly Pharmacy and Therapeutics Meeting.

### **Residency Program Director Meeting**

These informal meetings serve to keep the resident and the RPD informed of the status of the program, to refocus goals and objectives, and to discuss problems or changes that need to be made. Meetings with the RPD shall occur at least monthly. In addition, appointments can be made upon request either by the RPD or resident to resolve issues that require immediate action. Meetings may be scheduled more frequently based on RPD discretion (e.g., weekly).

### **Mentor Meeting**

Residents will be assigned a mentor in the beginning of the year and will meet with them at least monthly to ensure program requirements are on target.

### PGY1 Pharmacy Resident Example Year

(The calendar below is to serve as an example only, please refer to completion checklist for requirements to graduate and obtain a residency certificate)

Key	6/24 - 7/28	7/29 - 9/1	9/2 - 10/6	10/7 - 11/10	11/11 - 12/29	12/30 - 1/26	1/27 - 2/16	2/17 - 3/23	3/24 - 4/27	4/28 - 5/25	5/26 - 6/20
		Block 1	Block 2	Block 3	Block 4	Block 5		Block 6	Block 7	Block 8	Block 9
<b>Rotation Schedule (1)</b>	Orientation & Introduction to Hospital Pharmacy	Core Rotation (Internal Medicine)	Infectious Diseases	Elective 1	Critical Care Medicine	Pharmacy Practice Management and Medication Safety	Research Project	Elective 2	Advanced Core Rotation	Elective 3	Second Critical Care
<b>Rotation Schedule (2)</b>	Orientation & Introduction to Hospital Pharmacy	Core Rotation (Family Medicine)	Critical Care Medicine	Elective 1	Infectious Diseases	Elective 2	Research Project	Advanced Core Rotation	Second Critical Care	Pharmacy Practice Management and Medication Safety	Elective 3
<b>Longitudinal</b>	Central Inpatient Staffing: Every 3 <sup>rd</sup> weekend and once an evening every 3 weeks Transitions of Care: Every 3 <sup>rd</sup> Friday before staffing Emergency response the week after staffing (emergency response is not evaluated as a learning experience / completion requirement) Medication Events and AEs/Drug Monograph (completion requirement)/Formulary Deletions/Order Set Reviews/In-Services/Safety Reporting/DI Questions Teaching Certificate Program: as described in the LED										
<b>Professional Development Experiences</b>	Orientation / Staffing	ACLS, PALS, BLS	CV Workshop		ASHP Midyear				Great Lakes		
<b>MUEs</b>	Determine MUE, IRB submission, Data request	Data collection	ASHP abstract due	Poster generation	Midyear poster presentation	SBAR / Committees	Committees	Implementation			
<b>Research Project-Related Activities</b>	Determine research project	IRB submission and data request		Data collection and analysis				Great Lakes abstract	GLPC slides, Manuscript, preparation	Manuscript draft	Final manuscript
<b>Professional Presentations (1)</b>		Journal Club			Case, CE		Journal Club	Case		Grand Rounds	
<b>Professional Presentations (2)</b>			Case		CE	Journal Club		Case		Grand Rounds	Journal Club
<b>Other</b>	Select mentor		PPS registration opens	Drug monograph completion	PPS interviews and Residency Showcase		CHH PGY1 / PGY2 interviews	ASHP Match			Certificate Ceremony
<b>Other Opportunities</b>	Mock interviews, Joint Commission education, mock emergency response, leadership meetings, med safety meetings, Research Day, local recruitment (Note: not completion requirements)										

## PGY2 Critical Care Pharmacy Residency Program Example Year

(The calendar below is to serve as an example only, please refer to completion checklist for requirements to graduate and obtain a residency certificate)

Key	Orientation (7/8 - 8/4) → Block 1 (8/5 - 9/1)	Block 2 (9/2 - 10/6)	Block 3 (10/7 - 11/10)	Block 4 (11/11 - 12/29)	Block 5 (12/30 - 1/26) Research (1/27 - 2/16)	Block 6 (2/17 - 3/23) SCCM (2/22 - 2/26)	Block 7 (3/24 - 4/27)	Block 8 (4/28 - 6/1)	Block 9 (6/2 - 7/4)
Rotation Schedule	MICU 1	SICU 1	Elective	MICU 2	Elective	SICU 2	BICU	Elective	Critical Care Administration
Professional Development Experiences	ICU staffing training		CV Workshop	ASHP Midyear (Optional)		SCCM			
Presentations	JC #1	CE #1	JC #2	Patient Case	JC #3	JC #4 M&M	Grand Rounds	CE #2 JC #5	JC #6
Research	Complete SCCM project, Abstract			Idea generation for flipped Project	IRB protocol finalized and submission			Manuscript draft due	Final research manuscript due
MUE		Determine MUE	IRB submission for MUE	MUE data collection		Data analysis/finalize	SBAR/Presentation at CHH meetings	Committees / Implementation	
Other	BLS / ACLS / PALS, Select mentor	PPS registration	Drug monograph completion	PPS interviews / ASHP Showcase	CHH residency candidate interviews / PGY2 interviews	ASHP Match			Certificate ceremony  End of year celebration (RPD and preceptors)

**Other Opportunities (not necessarily completion requirements):**

RAC, Critical Care Collaborative, P&T (Medication Events and AEs), Code response, Code Blue Committee, Weekend staffing, Drug monograph (completion requirement), Formulary deletion, In-services, DI questions, Mock interviews, Joint Commission education, Mock emergency response, Leadership meetings, Med Safety meetings, Research Day, local recruitment

## Completion Checklist

Residents will work with the RPD to maintain a completion checklist. The checklist will be maintained in a separate Microsoft Excel file. Below is the checklist. The items in the completion checklist must be checked off by the RPD in order to graduate from the program and to obtain a residency certificate.

### PGY1 Completion Checklist

Resident	Year	Program	Date of completion	Deliverable	Title (as applicable [research, MUE, presentations])	RPD Check Off	RPD Check Off Date
	2024-2025	PGY1		Formal Orientation			
	2024-2025	PGY1		Departmental Competencies			
	2024-2025	PGY1		BLS			
	2024-2025	PGY1		ACLS			
	2024-2025	PGY1		PALS			
	2024-2025	PGY1		Research Project with presentation at regional pharmacy residency conference			
	2024-2025	PGY1		Manuscript			
	2024-2025	PGY1		MUE with presentation at national pharmacy conference			
	2024-2025	PGY1		Drug Monograph			
	2024-2025	PGY1		Patient case 1			
	2024-2025	PGY1		Patient case 2			
	2024-2025	PGY1		Journal Club 1			
	2024-2025	PGY1		Journal Club 2			
	2024-2025	PGY1		CE			
	2024-2025	PGY1		Grand Rounds presentation			
	2024-2025	PGY1		Teaching Certificate			
	2024-2025	PGY1		No more than 2 staffing shifts missed			
	2024-2025	PGY1		Competencies, goals, objectives check off (ACHR of 75% or more of R1 objectives and 50% or more of R2, R3, and R4 objectives)			
	2024-2025	PGY1		Completion of 6 required rotations and 3 elective rotations			
	2024-2025	PGY1		Completion of longitudinal TOC rotation			
	2024-2025	PGY1		Resident portfolio			
	2024-2025	PGY1		Final Sign-off			

## PGY2 Completion Checklist

Resident	Year	Program	Date of completion	Deliverable	Title (as applicable [research, MUE, presentations])	RPD Check Off	RPD Check Off Date
	2024-2025	PGY2		Formal Orientation			
	2024-2025	PGY2		Departmental Competencies			
	2024-2025	PGY2		BLS			
	2024-2025	PGY2		ACLS			
	2024-2025	PGY2		PALS			
	2024-2025	PGY2		Research Project with national presentation			
	2024-2025	PGY2		IRB submission of second research project			
	2024-2025	PGY2		Manuscript			
	2024-2025	PGY2		MUE			
	2024-2025	PGY2		Drug Monograph			
	2024-2025	PGY2		Patient case 1			
	2024-2025	PGY2		Journal Club 1			
	2024-2025	PGY2		Journal Club 2			
	2024-2025	PGY2		Journal Club 3			
	2024-2025	PGY2		Journal Club 4			
	2024-2025	PGY2		Journal Club 5			
	2024-2025	PGY2		Journal Club 6			
	2024-2025	PGY2		CE #1			
	2024-2025	PGY2		CE #2			
	2024-2025	PGY2		Morbidity and Mortality conference			
	2024-2025	PGY2		Grand Rounds presentation			
	2024-2025	PGY2		Teaching Certificate (will be accepted if obtained in PGY1)			
	2024-2025	PGY2		No more than 2 staffing shifts missed			
	2024-2025	PGY2		Competencies, goals, objectives check off (ACHR of 75% or more of R1 objectives and 50% or more of R2, R3, and R4 objectives)			
	2024-2025	PGY2		Resident portfolio			
	2024-2025	PGY2		Completion of 6 required rotations and 3 elective rotations			
	2024-2025	PGY2		Completion of longitudinal nutrition support rotation			
	2024-2025	PGY2		Completion of longitudinal emergency response			
	2024-2025	PGY2		PGY2 Critical Care Pharmacy Residency Program <b>Appendix</b> checklist			
	2024-2025	PGY2		Final Sign-off			

## Narrative Guidance of Requirements for Completion of the Residency

\*\*\*Below is a narrative list of completion requirements for the residency programs offered at CHH. Please refer to the checklist above for the actual checklist of items required. The information below should serve as narrative guidance for these items contained in the checklist.

Established activities and projects (i.e. deliverables) are required to ensure achievement of the goals and objectives as dictated by residency accreditation standards.

Residents must complete the following to graduate from the program and receive a residency certificate:

- Residency completion requirement checklist
- Orientation and competencies
  - o A formal orientation program for all residents is scheduled in June/July of each year. All new residents are expected to attend these sessions and complete the required competencies. Returning residents may be excused from many of the scheduled sessions. All required competencies must be completed (new or existing) prior to resident graduation.
- Certifications
  - o Successfully attain or renew BLS, ACLS, and PALS certification. The resident's registration and textbook fees for attendance at BLS, PALS, and ACLS will be covered.
  - o If BLS, ACLS, or PALS certificates are obtained before the residency year, the resident will need to abide by any renewal requirements for the certification.
- Research project(s)
  - o Complete a research project and submit to Great Lakes Resident Conference or equivalent conference (PGY1) or SCCM or equivalent conference (PGY2) for research presentation.
  - o PGY2 Critical Care residents will also begin a research project for the incoming PGY2 Critical Care Pharmacy resident to support the "flipped" research model. Activities include idea generation, project selection, protocol creation, and IRB submission.
  - o Prepare a publishable manuscript.
- Medication Usage Evaluation
  - o Complete one medication usage evaluation(s) (MUE) to understand medication use policies and procedures.
  - o PGY1 residents will present their MUE at ASHP Midyear.
- Drug monograph
  - o Complete a drug monograph for formulary addition. This monograph will be presented at the Pharmacy and Therapeutics (P&T) committee.
- Communication Skills / Presentations
  - o PGY1 residents must give at least 2 patient case presentations, 2 departmental journal clubs, 1 grand rounds presentation (at Internal Medicine, Family Medicine, Surgery Grand Rounds), and 1 departmental continuing education presentation. All presentations must be present in the resident's portfolio.
  - o PGY2 Critical Care residents must give at least 2 continuing education (CE) presentations, 1 internal medicine or surgery grand rounds presentation, 6 departmental journal clubs, 1 departmental patient case, and 1 departmental morbidity and mortality conference. All presentations must be present in the resident's portfolio.
- Teaching Commitment



- A Teaching Certificate is available through the Marshall University School of Pharmacy. The PGY2 Critical Care resident is required to participate in this program if a certificate has not been previously obtained.
- Service
  - All residents have an operational pharmacy practice (staffing) component as required by the program. Staffing will occur every 3<sup>rd</sup> weekend (PGY1 and PGY2). PGY1 residents will also staff every third Wednesday from 4:00 – 8:30. Residents cannot miss more than 2 staffing shifts during the year. A staffing shift is not missed if it is made up later or scheduled for a different date and time (e.g., switching shifts with a co-resident).
- Rotations
  - Residents are required to complete 6 required rotations and 3 elective rotations
  - Residents are required to complete longitudinal rotations not otherwise outlined in this list (i.e. research is technically a longitudinal rotation, but it's deliverables for completion are evidenced in the completion of the project and the national / regional residency conference presentation, it will therefore not be listed again in this list)
    - PGY1 – transitions of care
    - PGY2 – nutrition support, emergency response
- Evaluations
  - Residents are required to achieve for residency (ACHR) at least 75% of R1 objectives.
  - Residents are required to achieve for residency (ACHR) at least 50% of non-patient care objectives (R2, R3, and R4) and be at a minimum of satisfactory progress for the rest (i.e. no “needs improvement”).
  - ACHR can be determined by preceptors after discussion with the RPD.
- Residency Portfolio
  - Residents are required to maintain and complete a residency portfolio prior to graduation. The resident may copy their portfolio to take with them. Residents are encouraged to upload files for the portfolio to PharmAcademic® under the “files” tab.
- Appendix (PGY2 only)
  - The PGY2 Critical Care Pharmacy Residency program resident will complete the topics as outlined in the Appendix of the required CAGO's for PGY2 Critical Care Pharmacy Residencies.
  - A checklist will be maintained by the resident and will be reviewed by each rotation preceptor during new learning experiences, by the RPD every 90 days, and in the last month of the residency to ensure all topics have been completed.

Upon successful completion of all requirements of the residency program, the resident will be awarded a certificate of completion. This certificate will attest that the resident has achieved competencies consistent with and in accordance with accreditation standards as set forth by ASHP and/or other accrediting bodies. Prior to certification of completion, residents must have all major program requirements "signed off" by their RPD. Return of identification badge, pagers, keys, etc. will also be required prior to receiving the certificate.

## Section 4: Resident Entering Self-Assessment and Interests, Quarterly Develop Plans, and PharmAcademic™ Evaluations

The resident's training program will consider the resident's entering interests, skills, and experiences. Progress toward achieving ASHP competencies, goals, and objectives and program required deliverables will be assessed quarterly by the RPD.

### **ASHP Resident “Entering Self-Assessment Form”**

Prior to the program start, the incoming residents will be given a self-assessment form to complete to assess their career goals, practice interests, personal strengths and opportunities for improvement, current strategies for maintaining wellbeing and resilience, and skills relative to each required competency areas, goals, and objectives (i.e. CAGO's). This information will be shared with the preceptors and RPD to assist in developing a customized training plan and schedule.

Resident self-assessment includes both self-reflection and self-evaluation. Self-reflection is defined as thinking about one's self, including one's behavior, values, knowledge, and growth opportunities. Residents document self-reflection on career goals, areas of clinical interest, personal strengths and opportunities for improvement, and stress management strategies as part of the initial self-assessment. Self-evaluation is comparing one's performance to a benchmark. Residents will compare their current skills to each competency area and identify specific areas of strength and specific areas that the resident feels are the highest opportunities for growth.

The residency program at CHH uses the standard form created by ASHP to determine the residents' individual professional goals and ASHP determined competencies, goals, and objectives for their program year. The standard form is completed once during the resident orientation experience. The standardized form addresses career goals; current practice interests; strengths; weaknesses; and professional and program goals. Residents also address areas of concentration for their program, a strategy for fostering continuing pharmacy education and their involvement in professional organizations. The resident is required to provide a narrative reflecting on these elements in order to provide them with a customized training plan. Residents will identify a number of areas where improvement is desired and the RPD will develop a plan to address these areas to achieve professional and personal goals.

### **Development Plans**

Development plans are high level summaries of resident's performance and progress throughout the program. Development plans also support resident's practice interests, career development, and resident well-being and resilience and may include progress towards completion of program requirements if not tracked elsewhere.

Development plans include three required components:

- Resident documented self-reflection and self-evaluation: The self-reflection component includes, but is not limited to, documented reflection by the resident on career goals, practice interests, and well-being and resilience. The self-evaluation component includes self-evaluation on the resident's skill level related to the program's competency areas.
- RPD documented assessment of the resident's strengths and opportunities for improvement relative to the program's competency areas, goals, and objectives; progress towards

achievement of objectives for the residency (ACHR) and all other completion requirements of the program; and analysis of the effectiveness of the previous quarter's changes.

- RPD documented planned changes to the resident's residency program for the upcoming quarter.

### **Initial Development Plan**

In the first 30 days of the program the RPD will develop, discuss, and document with each resident an initial development plan based on the results of the resident's initial self-assessment and the RPD's assessment of resident's knowledge and skills related to the program's required competency areas.

The initial development plan created by the RPD will incorporate the aforementioned information and adjust the program accordingly. Adjustments will be a change from the baseline program structure for the specific resident and may include changes to:

- Resident's schedule
- Elective learning experiences
- Objectives to be emphasized during all learning experiences
- Changing evaluation schedule/requirements
- Modify preceptor's use of direct instruction, modeling, coaching and facilitation
- Adding an additional presentation and practice time with the preceptor for a resident who considers their presentation skills as a weakness
- Eliminating components of orientation for a resident who was a former pharmacy intern; adding hands-on sterile compounding training for one who has no prior experience.

### **Ongoing Development Plan**

Every 90 days from the start of residency, an update to the resident's self-assessment and an update to the development plan will be documented in PharmAcademic™. Progress towards meeting all other program completion requirements will be documented at the same time. The RPD and resident will meet to review the residents' progress in achieving competencies, goals and objectives. Adjustments will be made based upon:

- Review of residents' performance relevant to the previous quarter's plan with input from preceptors
- Identification of new strengths or areas for improvement
- Optional changes in short- or long-term career goals and interests, and if no changes, document accordingly

### **Quarterly Assessment of Program Objectives and Deliverables**

The RPD will be primarily responsible for reviewing the resident's evaluations quarterly to identify which objectives have been achieved, areas for improvement, and expected progress relative to the time of the year and if program changes were effective. The RPD will determine if program objectives have been achieved after discussing the resident's progress at monthly RAC meetings. Major areas of focus for improvement will be incorporated into their development plan. The RPD will also utilize a checklist to keep track of progress toward completing all program required deliverables.

### **Resident Evaluation Process**

- Preceptors will provide appropriate orientation to the learning experience, including review of objectives, learning activities, expectations and evaluation schedule.
- Preceptors will provide ongoing feedback throughout each learning experience. Preceptor should meet with the resident as often as necessary in order to keep communication ongoing.
- Written formative evaluation is encouraged. Examples to review include patient monitoring forms, care plans, monographs, MUE's.

- Written formative evaluations need to be completed using PharmAcademic
- Summative evaluations will be completed by the preceptor no later than 7 days after the last day of the learning experience. For longitudinal rotations the evaluation must be done quarterly.
- Criteria feedback is essential for summative evaluations, preceptors should include in the comments: The strengths, weaknesses and areas to improve on to provide residents specific feedback to direct them moving forward. **Comments must be actionable (i.e., what should the resident do to progress from SP to ACH?).**

Formative assessment and feedback is provided to all residents throughout residency. Our preceptors provide ongoing verbal feedback to residents about how they are progressing and how they can improve. This feedback is documented and preceptors will make adjustments to learning activities based on residents' progression. Adjustments may include changes such as changing the number of patients assigned, altering expectations for projects and presentations, and modifying expectations for resident check-ins with the preceptor.

Preceptors at CHH strive to provide feedback that is frequent, specific, and constructive. Frequency of feedback may vary throughout the year and will be provided more frequently when residents are not progressing according to expectations. Specific recommendations for improvement and achievement of objectives are documented through PharmAcademic™ (e.g., feedback functionality, learning experience evaluations) and other means (e.g., presentation rubrics/evaluations, comments included from preceptor on resident's draft poster).

There are four types of required assessments for our residency programs to monitor resident's progress and program effectiveness. Residents will be evaluated by rotation preceptors, the RPD, and themselves. The PharmAcademic™ system is the ASHP approved database used to manage our residency program.

**Timing of evaluations:** All evaluations are completed by the due date or within 7 days from the end of the learning experience. Development plans are documented and finalized within 30 days of the due date.

**Summative evaluation:** Completed and discussed by the preceptor and resident at the end of the rotation. For learning experiences greater than 12 weeks, a summative evaluation is completed at evenly spaced intervals and by the end of the learning experience. The documented summative evaluation includes the extent of the resident's progress toward achievement of assigned objectives based on a defined rating scale. This rating scale is as follows: needs improvement, satisfactory progress, achieved, achieved for residency. Preceptors will check the appropriate rating to indicate resident progress and provide narrative commentary.

- **NI: Needs improvement**
  - o Resident is **not** able to complete the activities associated with the objectives without significant preceptor assistance
    - Resident is able to independently complete the activities for less than or equal to 50% of the time
  - o No to minimal improvement is evident throughout the experience
  - o Preceptors will consider the time that the resident has been in the program and prior experiences the resident has had
  - o Unprofessional behavior was noted
- **SP: Satisfactory progress**

- Resident is able to complete the activities associated with the objectives with some preceptor assistance
    - Resident is able to independently complete the activities for greater than 50% of the time
  - Some improvement is evident throughout the experience
  - Preceptors will consider the time that the resident has been in the program and prior experiences the resident has had
- **ACH: Achieved**
- Resident is able to complete the activities associated with the objectives with minimal to no preceptor assistance
    - Resident is able to independently complete the activities for greater than 75% of the time
  - Significant improvement is evident throughout the experience
  - Preceptors will consider the time that the resident has been in the program and prior experiences the resident has had
- **Achieved for residency: ACHR**
- Residents will receive ACHR if either:
    - The resident has achieved the objective at least twice, or
    - The resident has achieved the objective once with residency program director approval
- **Not applicable: NA**
- The specific objective is unable to be evaluated on this rotation
  - Preceptors should notify the residency program director to discuss removal of this objective from the rotation if appropriate

The preceptor documents qualitative written comments specific to the evaluated objectives. Qualitative written comments provided by the preceptor should be specific and actionable, based on criteria related to specific educational objectives, considerate of residents' skill development, and focused on how residents' may improve their performance.

When multiple preceptors are assigned to a learning experience, all preceptors will provide input into residents' evaluations. The primary preceptor is responsible for seeking a consensus of other preceptors to determine final ratings. Both primary and secondary preceptors may provide documented comments in PharmAcademic™ or the primary preceptor may obtain verbal or written feedback from secondary preceptors and include this information in their documentation on PharmAcademic™. Only the primary preceptor is required to document feedback in PharmAcademic™.

**Preceptor evaluation:** Completed by the resident by the end of the rotation/experience. Residents document and discuss an evaluation of each preceptor by the end of the learning experience.

**Learning experience evaluation:** Residents document and discuss an evaluation of each learning experience by the end of the learning experience. For learning experiences greater than twelve weeks in duration, a summative evaluation is completed at evenly spaced intervals and by the end of the learning experience, with a maximum of 12 weeks between evaluations.

**Program plan for resident self-evaluation (CAGO's)**

- Residents perform an initial self-assessment as outlined above inclusive both self-reflection and self-evaluation.
- Residents will update the self-assessment every 90 days from the start of the residency.
- For self-evaluations the resident should identify their strengths, areas to improve on and a plan to address them.
- The RPD will review and assess the resident's abilities to self-evaluate during their quarterly development plan.
- Mentors/preceptors/advisors may discuss self-evaluation skills using formative feedback. Additionally, residents are encouraged to self-evaluate utilizing the formative feedback they have received from the above.

**Evaluation review:** Completed evaluations will be discussed with preceptors and signed by the preceptor and the resident. Completed and signed evaluations will be forwarded to the residency program director for review and cosignature.

**Residents' evaluation of the residency program**

- In the early spring of each residency year the current residents will complete a program evaluation based on their personal experiences on all aspects of the program.
- The feedback will be used to improve and direct the program for the following year.

## Section 5: Resident Qualifications and Obligations of the Resident

Qualifications for participation in CHH residency program are in accordance with criteria set forth by ASHP.

- Applicants to pharmacy residencies must be graduates of an Accreditation Council for Pharmacy Education (ACPE) accredited degree program (or one in process of pursuing accreditation) or have a Foreign Pharmacy Graduate Equivalency Committee (FPGEC) certificate from the National Association of Boards of Pharmacy (NABP). At a minimum, the program must be a five-year pharmacy degree program.
- Residents must be licensed or eligible for licensure in order to be licensed in WV within 90 days of the commencement of the residency.
- Residents must be authorized to work in the United States on a full-time basis. Work authorization sponsorship for this position is unavailable.
- For the PGY2 Critical Care Pharmacy residency program, the applicant must be participating in, or have completed, an ASHP-accredited PGY1 pharmacy residency program or one in the ASHP accreditation process (i.e., one with candidate or preliminary accreditation status).
- Residents shall participate in and obey the rules of the Residency Matching Program.

### Technical Standards

Pharmacy residents at Cabell Huntington Hospital are held to the highest professional standards. Residents must practice the following:

- Critical thinking and problem-solving skills
- Sound judgment
- Emotional stability and maturity
- Empathy for others
- Physical and mental stamina
- Ability to learn and function in a variety of settings

Residents seeking exceptions to these standards or reasonable accommodations should initiate their request with the program's director.

### Application to CHH Residency Programs

Applicants to the CHH residency programs will complete an electronic application in PhORCAS and submit by the application deadline. Materials to be included are:

- A one-page letter of Intent including a statement of professional goals and reasons for pursuing the residency
- Curriculum vitae (CV)
- Three letters of recommendation
- Official transcript from accredited School/College of Pharmacy

### Procedure: Recruitment and Selection of Residents

The pharmacy residency programs at Cabell Huntington Hospital (CHH) will comply with the American Society of Health-System Pharmacists' (ASHP) Accreditation Standard for Postgraduate Residency Programs. The following procedure will be followed to ensure compliance with "**Standard 1: Recruitment and Selection of Residents**".

## Standard

- 1.1 Programs have a documented procedure that is used by all involved in the recruitment, evaluation and ranking of applicants. The procedure includes:
  - o 1.1.a Description of methods for recruitment that promote diversity and inclusion.
  - o 1.1.b Pre-determined, objective criteria for determining which applicants shall be invited to interview.
  - o 1.1.c Pre-determined, objective criteria for evaluating each applicant's interview performance.
  - o 1.1.d Description of how the rank order of applicants for the Match is determined.
  - o 1.1.e Description of Phase II Match procedures.
  - o 1.1.f Description of early commitment procedures for PGY2 programs, if applicable.
  
- 1.2 Programs' applicant selection process ensures the following:
  - o 1.2.a Applicants are licensed or will be eligible for pharmacist licensure in the state(s) or jurisdiction(s) as required by the program (or equivalent registration in the country if outside of the US) by the start of the residency program.
  - o 1.2.b For PGY2 residencies, applicants are completing or have completed an ASHP-accredited or candidate-status PGY1 residency.
  - o 1.2.c Applicants to international programs are graduates or candidates for graduation from a pharmacy degree program that is a minimum of five years in duration.
  
- 1.3 The residency program abides by the Rules for the ASHP Pharmacy Resident Matching Program.

## Definitions

Residency Advisory Committee (RAC) - a committee of preceptors, the Residency Program Director (RPD), and pharmacy administration at Cabell Huntington Hospital responsible for ensuring residency program quality and consistency while providing guidance and support to the residents, residency program director(s) and coordinator(s), and residency program as a whole.

Pharmacy Leadership Team - the Director of Pharmacy, Clinical Pharmacy Supervisor, and Pharmacy Manager

Diversity, implicit bias, inclusion, and related definitions can be found in the *Diversity Resource Guide (DRG)* cited below.

- Source: Diversity Resource Guide (DRG) for Diversity in Residency Training and the Pharmacy Workforce. ASHP Accreditation Services Office Diversity and Cultural Competence Workgroup. Approved on March 6, 2022 by the ASHP Commission on Credentialing. Accessed November 23, 2022.

## Procedure

### Standard 1.1-1.3

- Cabell Huntington Hospital provides equal employment opportunity to all persons, on the basis of their qualifications, regardless of age, race, religious affiliation, nationality, sex, disability, genetic information, sexual orientation, or gender identity.  
<https://cabellhuntington.org/employment/>



- Applicants to CHH pharmacy residency programs will be scored utilizing pre-determined, objective criteria for consideration for an interview.
  - o The RPD and appointed designees will review applications and award pre-specified points based on RAC-approved rubrics.
  - o The application review and selection process will ensure the candidate will be a graduate or candidate for graduation as well as eligible for pharmacist licensure as defined by ASHP standards for residencies.
- Applicants that fail to meet requirements of ASHP accreditation standard 1.2 will not be considered for an interview. The RPD or an appointed designee will review all candidate applications to ensure that all factors in standard 1.2 are met.
  - o The application review and selection process will ensure the candidate will be eligible for pharmacist licensure as defined by ASHP. PGY2 applicants must have completed or be in the process of completing an ASHP-accredited or candidate-status PGY1 residency.
  - o Verification of actual completion will be conducted by the RPD prior to the resident starting the PGY2 program.
  - o The RPD of the PGY2 Critical Care Pharmacy Residency program at Cabell Huntington Hospital will contact the PGY1 RPD of the candidate to obtain the PGY1 residency certificate or confirm resident progression towards completion in obtaining PGY1 residency certificate, as applicable.
- Applicants invited to interview at CHH will be evaluated and scored based on the RAC-approved rubrics.
  - o Applicants from pass/fail institutions will be rewarded points on an adjusted scale to correlate with points based on GPA ranges
    - GPA 3.80 or greater will be equivalent to no fails
    - GPA 3.10-3.19 will be equivalent to 1 fail
    - GPA < 3.00 will be equivalent to 2 or more fails. Candidates with a GPA of less than 3.0 or 2 or more fails are not invited to interview.
  - o For PGY1 prescreening, candidates will not be invited to interview if the total rubric score is less than 10, the GPA is less than 3.00, or any letter of recommendation assigns “do not recommend” for recommendation concerning admission.
    - A maximum of 6 interviews will be offered per available position
    - Applicants will be ranked in order of highest to lowest pre-screen score with the top scoring applicants being offered an interview until all interview slots are filled
  - o For PGY2 Critical Care prescreening, candidates will not be invited to interview if the total rubric score is less than 10 or if any letter of recommendation assigns “do not recommend” for recommendation concerning admission.
  - o A maximum of 6 interviews will be offered per available position
  - o Applicants will be ranked in order of highest to lowest pre-screen score with the top scoring applicants being offered an interview until all interview slots are filled
- To promote diversity and inclusion, the following methods will be used in recruitment:
  - o Statements of diversity will be included in residency program brochures and on the residency website.
  - o A holistic review process will be utilized that assesses an applicant’s unique experiences (e.g., community service, special talents/passions, extracurricular activities) in conjunction with traditional measures of academic achievement (e.g., GPA, rigor of APPEs)
  - o Application packets will be blinded during the pre-screening period and will remain blinded until RAC has confirmed the list of candidates that will be interviewed

- RAC will review screening tools, interview rubrics, and ranking process annually to identify and reduce potential bias.
- The residency program abides by the Rules for the ASHP Pharmacy Resident Matching Program.
- Following completion of interviews, the RAC will meet as a group to determine the National Matching Services Match rank order.
  - Interview rubric scores will be combined and averaged, and the applicants will be listed in order from highest to lowest scores.
  - Interview performance and professional interaction will be discussed, and any changes to the order of the list by the RAC will be documented.
  - After arrangement of a drafted rank list, RAC members will vote to move candidates up or down in the rank list and to confirm the finalized rank list.
    - Candidates will be moved up or down in the rank list based on RAC vote. A majority vote is required to move candidates up or down in the rank list. Each vote will be to move the candidate by one position up or down on the rank list. No candidate shall be moved more than a total of 2 positions from their original position on the rank list as indicated by the average interview rubric scores unless there is a decision by the RAC to not rank the candidate. The RAC may decide to not rank a candidate for unprofessional behavior that was not otherwise reflected in the collective average score of the interview rubrics.
  - A majority vote from the RAC will confirm applicant rank order.
    - A majority vote will be reached provided the following:
      - A quorum of RAC members have submitted votes
        - Quorum will be reached when at least 75% of RAC members submit votes
      - Greater than 50% of submitted votes favor the decision for individual candidate ranking and finalization of the rank list
    - The Pharmacy Leadership Team will resolve ties by a majority vote among its members
- Interviewees will be provided program policies, requirements for successful completion of the program, and expectations of residents upon invitation to interview by the residency program director.
- Phase II Match Procedure
  - Entering the ASHP Phase II Match may be necessary if the following occur:
    - One or more position(s) goes unfilled during Phase I
    - The RAC elects to not rank any candidates during Phase I
  - If there is a need to participate in the Phase II Match process, the RAC will follow an abbreviated version of the traditional interview process.
    - Interested candidates will be asked to submit a PhORCAS application
    - RPD and designees will review applications using the same pre-screening rubrics from Phase I
    - Qualified applicants will be offered an interview; which will be conducted via virtual video conference)
      - Decisions for interview in Phase II will be as follows:
        - For Phase II PGY1 prescreening, candidates will not be invited to interview if the total rubric score is less than 10, the GPA is less than 3.00, or any letter of recommendation



- Agreements received after the NMS deadline may not be accepted, and in that case the position will not be considered committed to the resident, but must be offered to the resident or any other applicant through the matching process.
    - Once appointed to the PGY2 program,
      - The PGY1 resident cannot avoid accepting appointment to the program without a written release from the program; furthermore, without this release another residency program participating in the Match cannot offer a position to the resident, and the resident will not make any commitments to or contracts with any other program for PGY2 training. If the resident has already registered for the Match, then by signing the letter of agreement the resident agrees to be withdrawn from the Match, and will not submit a Rank Order List for the Match. If the resident has not yet registered for the Match, then the resident will not need to register for the Match.
      - The residency program agrees that the PGY2 position that has been committed to the resident will not be offered to any other applicant without a written release from the resident.
- Early commitment procedure
  - PGY1 Resident Applicant
    - Reviews the policy and procedure for the early commitment process and expresses interest with the PGY2 RPD by October 1st. The interested PGY1 candidate then submits a formal request for early commitment by providing the following documents to the PGY2 RPD by November 1st.
      1. A signed letter of interest
      2. A current curriculum vitae
      3. Three recommendation forms from the CHH pharmacy preceptors or physician faculty. At least one recommendation should come from a member of the Pharmacy Leadership Team and two from residency preceptors, advisors, or clinical staff pharmacists. The applicant must waive the right to review the recommendations.
      4. Informs the PGY2 RPD if one decides to rescind from the early commitment process immediately upon returning from the Midyear Clinical Meeting.
  - Interview Process
    - The interview process will occur in early-mid November (prior to ASHP Midyear meeting)
    - Interview to include: PGY2 RPD, Clinical Pharmacy Supervisor, and Director of Pharmacy Services
    - Additional presentations or patient case evaluations may be required during the early commitment interview.
    - Evaluation of the candidate will be completed by each member of the interview team with the rubrics utilized during traditional interviews.
  - PGY2 Program Director & Coordinator / appointed designee
    - Reviews the PGY1 resident's application documents.
    - Discuss the PGY1's candidacy with respective preceptors and advisors. Criteria used to evaluate the PGY1's candidacy includes but are not limited to strength of letter of interest, CV, recommendation forms and letters, and performance in the PGY1 position based on reviews of formal evaluations and informal feedback gathered from the staff.

- Discusses the PGY1 resident’s application in conjunction with the PGY2 RAC and makes the final decision to approve or deny the early commitment request.
- Provides a formal offer letter along with the early commitment letter of agreement for the PGY2 position by the Friday following the Midyear meeting. The formal offer letter is contingent on the resident satisfying eligibility requirements including but not limited to successfully completing the PGY1 residency program.
  1. PGY1 resident returns the signed offer letter and early commitment letter of agreement to the respective PGY2 RPD by the Tuesday following the Midyear meeting.
  2. PGY2 RPD submits the early commitment letter of agreement along with payment to the NMS by the early commitment deadline. The letter of agreement and deadline are available at [www.natmatch.com/ashprmp](http://www.natmatch.com/ashprmp).
- Decisions to not offer a PGY1 candidate a PGY2 position during the early commitment process does not preclude the resident(s) from applying for the same position during the ASHP PGY2 residency Match process

### **Pharmacy Licensure Verification\***

Participation in CHH residency programs is contingent on securing and maintaining a license without restriction in West Virginia. It is the expectation that the resident will complete these licensure requirements within 120 days of the commencement of the program. The resident will provide the Residency Program Director confirmation that:

- He/she has already taken or is scheduled to take the NAPLEX and the Multistate Pharmacy Jurisprudence Examination (MPJE), or
- He/she will take the MPJE upon successful transfer of NAPLEX scores from another state, or
- He/she has already has a valid WV pharmacy license.
- Upon notification of successful completion of the NAPLEX and/or MPJE the resident will provide documentation of licensure to the Residency Program Director.
- Failure to attain licensure is grounds for dismissal from the residency program. Residents should contact the Residency Program Director should any issue arise with licensure.

\*Refer to licensure policy in section 6 for more information

### **Acknowledgement of Residency Match**

Within 30 days of the Match, the program contacts each matched candidate in writing and requests candidates to confirm and document their acceptance of the Match by return correspondence by a date determined by the program but prior to the start of the residency program.

Residents matched to the CHH residency programs will receive an acceptance letter acknowledging the match and delineating the general terms and conditions of the residency. Acknowledgment in writing by the resident will constitute acceptance of the match and agreement to fulfill the duties of the residency position for the upcoming year.

The program also provides general information about the hiring process, including pre-employment requirements and confirmation of program start date and term of appointment. Matched PGY2 critical care candidates are provided information related to verification of PGY1 residency program completion.

**Verification and Documentation of ASHP-accredited or Candidate-status PGY1 Program:**

The pharmacy residency programs at Cabell Huntington Hospital (CHH) will comply with the American Society of Health-System Pharmacists' (ASHP) Accreditation Standard for Postgraduate Residency Programs. The following procedure will be followed to ensure compliance with Standard 2.7.

**Standard**

- 2.7 PGY2 programs follow a documented procedure for verifying and documenting that incoming residents have successfully completed their ASHP-accredited or candidate-status PGY1 program.
  - o 2.7.a Procedure includes timeframe for verification and consequences for incoming residents not completing their PGY1 programs.

**Procedure**

- The PGY2 Critical Care Pharmacy Residency Program Residency Program Director (RPD) shall directly communicate (e.g., email) with the PGY1 RPD of the incoming PGY2 Critical Care resident after the match to ensure the resident is on track to graduate the PGY1 program and receive the ASHP-accredited or candidate-status certificate of completion.
- The PGY2 Critical Care RPD will also directly communicate with the PGY2 Critical Care resident to obtain the PGY1 ASHP-accredited or candidate-status certificate of completion prior to day 1 of the PGY2 residency.
  - o If the certificate is not available prior to day 1 of the residency, then a period of 28 calendar days after the PGY2 start date shall be allowed for verification of PGY1 graduation.
    - Options for verification of PGY1 completion during this 28-day period include, but are not limited to, continued direct communication with the PGY1 RPD, graduate tracking in PharmAcademic™, or PGY1 certificate of completion.
- The PGY2 Critical Care RPD shall document in the resident's file that verification of PGY1 completion has occurred through either maintaining a copy of the PGY1 ASHP-accredited or candidate-status certificate of completion, through maintaining other retrievable files (e.g., copies of emails with PGY1 RPD), or through graduate tracking in PharmAcademic™.
- If the PGY2 Critical Care RPD is unable to verify completion of the PGY1 residency within 28 calendar days of the PGY2 start date, the resident will be terminated from the program.

**Obligations of the Program to the Resident**

The residency programs at CHH provide a 12-month advanced education and training experience for the Pharmacy Resident. It is the intent of the pharmacy residency program to provide an exemplary environment conducive to resident learning. Program Competencies, Goals and Objectives for the programs are in alignment with the ASHP required standards. Activities taught and evaluated throughout the program are intended to assure the desired outcomes are achieved through structured learning experiences.

An outline of program requirements and policies can be found in the *2023 ASHP Accreditation Standard for Postgraduate Pharmacy Residency Programs*.

### Recent Resident Alumni List

<b>Name</b>	<b>Year</b>	<b>Post Residency Position</b>	<b>Location</b>
Emily Baer	2023 - 2024	Clinical Pharmacy Specialist in Ambulatory Care	CVS Health Hammond, IN
Heather Zimmerman	2023 - 2024	PGY2 Emergency Medicine	University of Illinois at Chicago College of Pharmacy - Rockford Campus Rockford, IL
Avery Roberson	2023 (off cycle)	Clinical Staff Pharmacist	Mississippi Baptist Medical Center Jackson, MS
Stasia Thompson	2022 - 2023	Clinical Pharmacy Specialist in Intensive Care Unit	Novant Health, Winston-Salem, NC
Stasia Thompson	2021 - 2022	PGY2 Critical Care	Cabell Huntington Hospital, Huntington, WV
Kaitlyn Schomburg	2020 - 2021	PGY2 Oncology	Memorial Cancer Institute, Miami, FL
Duha Bakleh	2019 - 2020	Clinical Staff Pharmacist	Cabell Huntington Hospital, Huntington, WV
Dave Freeman	2019 - 2020	Clinical Staff Pharmacist	Appalachian Regional Healthcare Prestonsburg, KY
Zac Myers	2019 - 2020	PGY2 Critical Care	Geisinger Medical Center, Danville, PA
Elizabeth Taylor (Riegle)	2018 - 2019	PGY2 Critical Care	Carilion Clinic, Roanoke, VA
Dustin Baum	2018 - 2019	Clinical Pharmacy Specialist in Neurology	Marshall Health, Huntington, WV
Omar Ahmed	2017 - 2018	Clinical Pharmacy Specialist in Internal Medicine	Marshall Health, Huntington, WV
Alex Hill	2017 - 2018	Clinical Pharmacy Specialist in Internal Medicine	Marshall Health, Huntington, WV

## Section 6: Residency Policies

<b>Title: Residency Program: Licensing Requirements</b>	<b>Policy Number: 12.01</b>
<b>Department/Function: Pharmacy</b>	<b>Effective Date: 06/01/2021</b>
<b>Approvals:</b>	<b>Review Date(s): 07/01/2024</b>
<b>Pharmacy Residency Advisory Committee</b>	<b>Revision Date(s): 07/01/2024</b>

### POLICY

It is the policy of Cabell Huntington Hospital pharmacy residency programs that pharmacy residents will have a West Virginia pharmacist license prior to or within 120 days after the program start date.

### PURPOSE

- A. To have residents licensed to perform the duties of a licensed pharmacist.
- B. To have the resident practicing as a licensed pharmacist for greater than 2/3 of the residency year.
- C. To discuss the consequences of the resident not meeting the licensing requirement
- D. To define pharmacy intern license requirements

### PERSONNEL

This policy shall apply to all pharmacy residents at Cabell Huntington Hospital Inc.

### DEFINITIONS

**Residency:** An organized, directed, postgraduate training program in a defined area of pharmacy practice.

**Pharmacy Intern:** An individual who is currently licensed by the board to engage in the practice of pharmacist care while under the supervision of a pharmacist.



## PROCEDURE

- A. Resident(s) are strongly encouraged to submit paperwork as soon as possible for licensure examinations [North American Pharmacist Licensure Examination (NAPLEX), Multistate Pharmacy Jurisprudence Examination (MPJE)].
- B. Resident(s) who do not pass the NAPLEX, or MPJE on the first attempt will be strongly encouraged to apply to the state Board of Pharmacy to be permitted to take the examination as soon as possible; ideally prior to the last Friday of August.
- C. Resident(s) who have not obtained pharmacist licensure by 120 days after the program start date will be dismissed from the residency program. If the resident is dismissed, they will not receive a residency certificate.
- D. Pharmacy Intern License: A West Virginia Pharmacy Intern License is to be obtained prior to first day of employment at Cabell Huntington Hospital Inc., if pharmacist license is not already obtained.
  - Resident will not be permitted to work unless they have a West Virginia intern license or a West Virginia pharmacist license.

## REFERENCES AND RELATED DOCUMENTATION

Pharmacy Laws and Legislative Rules of West Virginia, 30-5-4 (54),

<https://www.ashp.org/-/media/assets/policy-guidelines/docs/endorsed-documents/definitions-of-pharmacy-residencies-and-fellowships.ashx> - accessed 03/24/2021

<b>Title: Pharmacy Residency Program: Leave Policy</b>	<b>Policy Number: 12.09</b>
<b>Department/Function: Pharmacy</b>	<b>Effective Date: 06/01/2021</b>
<b>Approvals: Pharmacy Residency Advisory Committee</b>	<b>Review Date(s): 07/01/2024</b>
	<b>Revision Date(s): 07/01/2024</b>

**POLICY**

It is the policy of Cabell Huntington Hospital Pharmacy Residency Programs to grant leaves of absence to pharmacy residents in accordance with applicable laws.

**PURPOSE**

- a. To comply with applicable law governing leaves of absence
- b. To demonstrate responsiveness to residents’ needs by providing them opportunities for leaves of absence
- c. To define the types of leave, lengths of leave, and to stipulate proper procedures for utilizing leaves of absence

**PERSONNEL**

This policy shall apply to all pharmacy residents at Cabell Huntington Hospital, Inc. (CHHI)

**PROCEDURE**

- a. All requests for leave (and extensions thereof) must be submitted in writing by the pharmacy resident to the residency director. Requests should be submitted at least 2 weeks prior to the date of request. Requests should be submitted to the affected rotation preceptor, RPD, and clinical coordinator for approval.
- b. Time away from the residency may not exceed a combined total of (a) greater than 37 days, or (b) the minimum number of days allowed by applicable federal and/or state laws (allotted time) without requirement of a program extension.
  - a. Time away from the program is defined as the total number of days taken for vacation, sick, interview, and personal days; holidays; religious time; jury duty; bereavement leave; military leave; parental leave; leaves of absence; and extended leave. Conference and/or education days are also defined as time away.
  - b. Service commitment/staffing days and compensatory days for staffing shifts are not included as part of the 37 days allowable for time away.
- c. Leaves of absence shall not be granted for employees to pursue other regular employment.
- d. Holidays: CHHI recognizes the following paid holidays per year: New Year’s Day, Martin Luther King Day, Easter Sunday, Memorial Day, Independence Day, Labor Day, Veteran’s Day, Thanksgiving Day, and Christmas Day. If a holiday is worked, 8 hours of PTO will be banked. The holiday schedule will be determined during orientation.
- e. Personal Leave: A leave of absence may be granted for personal reasons for a period not to exceed ten (10) calendar days. The 10 days may not be consecutive. If leave is more than 3 days during any given rotation, the resident may be required to make this time up at a later date. A

written request is to be submitted to the residency director a minimum of 2 weeks in advance. There is no remuneration for unused annual leave.

- f. Sick Leave: The CHH Pharmacy Residency Programs will abide by the CHHI Administrative Policy – Paid Sick Leave (Section V Policy 13 [Appendix A]).
- g. Professional Leave: Pharmacy residents may be granted up to five days of professional leave for the ASHP Clinical Midyear Conference and up to four days for the Society of Critical Care Medicine Annual Conference. Professional leave will also be granted for attendance at an approved local or regional continuing education (CE) conference. Requests for additional professional leave must be made in writing at least eight weeks prior to the program of interest and approval may be granted at the discretion of the program director and pharmacy director. Professional leave is considered excused leave with pay.
- h. Family Leave: The CHH Pharmacy Residency Program will abide by the CHH Administrative Policy – Family Medical Leave Act (FMLA) and Leaves of Absence (Section V Policy 20 [Appendix B]).
- i. Military Leave: Leaves of absence shall be granted in compliance with the Uniformed Services Employment and Reemployment Rights Act of 1994 and any amendments thereto.
- j. Work VISA – If the resident has a VISA and will not be able to complete the residency in the time specified on the VISA for any reason, the resident will be responsible for completing the required documents to extend the VISA expiration date. The resident will have 30 days to submit the extension request. If the extension request for the is denied or is not completed within 30 days and the resident is unable to meet the requirements of the residency program in the designated time frame, the resident will be dismissed from the residency program.
- k. Absences greater than 37 days due to professional, family, sick, or extended leave will require dismissal of the resident. The resident will not receive a residency certificate.

#### RELATED DOCUMENTS

Administrative Policy Manual – CHHI Administrative Policy – Paid Sick Leave (Section V Policy 13 [Appendix A])

Administrative Policy Manual – Family Medical Leave Act (FMLA) and Leaves of Absence (Section V Policy 20 [Appendix B])

<b>Title: Pharmacy Residency Program: Duty Hours and Moonlighting</b>	<b>Policy Number: 12.02</b>
<b>Department/Function: Pharmacy</b>	<b>Effective Date: 01/01/2023</b>
<b>Approvals: Pharmacy Residency Advisory Committee</b>	<b>Review Date(s): 07/01/2024</b>
	<b>Revision Date(s): 05/28/2023</b>

## POLICY

It is the policy of Cabell Huntington Hospital Pharmacy Residency Program to limit the number of hours for each resident weekly to 80 hours per week averaged over a 4-week period, inclusive of internal and external moonlighting.

## PURPOSE

To comply with ASHP Duty Hour Requirements for Pharmacy Residencies

## PERSONNEL

This policy shall apply to all pharmacy residents at Cabell Huntington Hospital, Inc. (CHHI)

## DEFINITIONS

- I. **Duty Hours:** Duty hours are defined all hours spent on scheduled clinical and academic activities, regardless of setting, related to the pharmacy residency program that are required to meet the educational goals and objectives of the program. This includes inpatient and outpatient patient care (resident providing care within a facility, a patient's home, or from the resident's home when activities are assigned to be completed virtually); staffing/service commitment; in-house call; administrative duties; work from home activities (i.e., taking calls from home and utilizing electronic health record related to at-home call program); and scheduled and assigned activities, such as committee meetings, classroom time associated with a master's degree for applicable programs or other required teaching activities and health and wellness events that are required to meet the goals and objectives of the residency program. Duty hours must be addressed by a well-documented, structured process.

Duty hours excludes reading, studying, and academic preparation time (e.g. presentations, journal clubs, closing knowledge gaps); travel time (e.g., to and from work); and hours that are not scheduled by the residency program director or a preceptor.

- II. **Moonlighting:** Moonlighting is defined as voluntary, compensated, work performed outside or within Cabell Huntington Hospital Inc., or any of its related participating sites where the resident is training. These are compensated hours beyond the resident's salary and are not part of the scheduled duty periods of the residency program.

## PROCEDURE

- I. Duty Hours
  - a. Duty hours must be limited to 80 hours per week averaged over a 4-week period, inclusive of moonlighting hours.
  - b. Residents must have at least 8 hours between scheduled duty periods.
  - c. Residents must have a minimum of 1 day in 7 days free of duty when averaged over 4 weeks. At-home call cannot be assigned on these free days.
  - d. Continuous duty is defined as assigned duty periods without breaks for strategic napping or resting to reduce fatigue or sleep deprivation.
    - i. Continuous duty periods for residents should not exceed 16 hours.
  - e. Moonlighting hours are to be included in the total number of duty hours. Please see the section specific for moonlighting.
  - f. Residents will submit hours via PharmAcademic™ attestation. The residency program director (RPD) or designee will review the attestations on a monthly basis.
    - i. This method of tracking compliance with Duty Hour Requirements for Pharmacy Residencies Policy via the duty hours attestation through PharmAcademic™ allows reviewers to determine compliance with all requirements outlined in the policy, including:
      - 1. hours worked
      - 2. hours free from work
      - 3. frequency of all call programs (if applicable)
      - 4. moonlighting hours
      - 5. and monthly review of tracking method
  - g. Any instances of non-compliance with this policy identified will be assessed and action taken, as needed, to avoid future instances of non-compliance.
  - h. If resident is delinquent with duty hour submissions, the RPD or designee reserves the right to follow the disciplinary policy regarding the timely completion of mandatory tasks.
- II. Moonlighting
  - a. Resident must notify RPD and rotation preceptors in advance of any moonlighting activities.
  - b. All moonlighting hours will be counted towards the clinical experience and educational work 80-hour maximum weekly hour limit averaged over a four-week period and included in the tracking of hours.
  - c. Moonlighting (internal or external) must not interfere with the ability of the resident to achieve the educational goals and objectives of the residency program and must not interfere with the resident's fitness for work nor compromise patient safety. It is at the discretion of the RPD whether to permit or to withdraw moonlighting privileges.
  - d. Approval for moonlighting by the RPD must be documented in the resident's file by completing the Moonlighting Approval Form (Appendix A).
  - e. The resident must log all moonlighting hours as they occur on the Moonlighting Hours Log (Appendix B).
  - f. Each week in which a resident moonlights, the preceptor must assess if such activity has impacted the resident's ability to achieve the educational goals and objectives of the residency program and to provide safe patient care. The rotation preceptor should sign off

on the Moonlighting Hours Log (Appendix B) to indicate they have evaluated the resident's performance. On quarterly evaluations, the RPD and resident will discuss and evaluate the amount of moonlighting hours the resident has worked, if applicable.

- i. If resident's participation in moonlighting affects their performance during scheduled duty hours, moonlighting privileges shall be temporarily withdrawn. Further moonlighting requests will be subject to approval as above.
  - g. Should the resident engage in unauthorized moonlighting activities or are non-compliant with the policy, disciplinary action will be taken as determined by the Residency Advisory Committee.
  - h. Moonlighting may include either internal or external work but shall not exceed 12 hours per week.
- III. Call programs
- a. CHHI residencies do not have a call requirement for any residents

#### REFERENCES AND RELATED DOCUMENTATION

ASHP Duty Hour Policy: <https://www.ashp.org/-/media/assets/professional-development/residencies/docs/duty-hour-requirements.pdf> (Accessed 5/8/2023)







<b>Title: Pharmacy Residency Program: Remediation, Disciplinary, and Grounds for Dismissal Policy</b>	<b>Policy Number: 12.03</b>
<b>Department/Function: Pharmacy</b>	<b>Effective Date: 06/01/2021</b>
<b>Approvals: Pharmacy Residency Advisory Committee</b>	<b>Review Date(s): 07/01/2024</b>
	<b>Revision Date(s): 05/28/2023</b>

PURPOSE

To establish policy concerning the remediation, discipline, and dismissal process for Cabell Huntington Hospital (CHH) Pharmacy Residency Programs. Further, this policy establishes that persons pursuing a pharmacy residency who do not fulfill these minimum requirements of the residency program shall not receive the certificate of completion.

PERSONNEL

This policy shall apply to all pharmacy residents at Cabell Huntington Hospital Inc. (CHHI)

POLICY:

- A. Administrative probation  
The CHH Pharmacy Residency Programs will abide by the **CHH Administrative Policy - Disciplinary Policy (Section V Policy 30)**.
- B. Academic probation / corrective action process  
Academic probation applies in cases where the resident demonstrates a lack of clinical competence (inclusive of knowledge, skills, behaviors and attitudes) and/or impairment or deficiencies in other academic parameters as determined by the Residency Advisory Committee (RAC).
  - The RPD, prior to initiating probation, will conduct a thorough investigation, to include meeting with the individual resident to investigate concern and offer the resident an opportunity to provide information relevant to the identified problem.

- If the issue is with the RPD, who also is the resident's preceptor, then the immediate supervisor or the director of pharmacy will be contacted to investigate on behalf of the resident, to include meeting with the individual resident to discuss the concern and offer the resident an opportunity to provide relevant information in regards to the identified problem.
- Following an investigation, as outlined above, the RPD in association with the RAC will review the results of the investigation to determine the need to initiate probation and if so, determine a timeline for the action.
- The RPD will inform the resident of the results of the review regardless of the final decision. Probation will be agreed upon by a majority vote.
- The judgment must be communicated to the resident in writing by the program director.
- A written plan outlining remediation goals and objectives and length of probation must be provided to the resident who shall sign acknowledging the receipt of the plan.
- Arrangements and methodology for remediation are at the discretion of the RAC.
- Academic probation should be for a length of time sufficient to assess adequate performance and should be monitored by regular reviews.
- The program director will provide periodic written feedback to the resident regarding whether remedial efforts are acceptable.
- Failure to demonstrate improvement at the end of the probation period would constitute grounds for dismissal. No extension shall be offered.
- The probationary period consists of the following:
  - A verbal and written counseling (generated by the RPD) including specific expectations for improved performance or behavior
  - Notification of the duration of the probationary period
  - Issuance of a schedule for any additional verbal or written review deemed necessary during the probationary period
  - A verbal and written statement issued by the RPD in consultation with the RAC at the end of the probationary period stating the final evaluation of the resident's performance therein. The final evaluation shall fall into one of three categories:
    - Successful improvement and achievement of required program performance and/or professional behavior by the resident.
    - Partial improvement with unsuccessful achievement of the required performance or behavioral expectations.
      - If this applies to an inability of the resident to successfully complete the residency training this will be accompanied by a request for voluntary termination written by the RPD.
    - Continued demonstration of performance or behavior requiring corrective action without improvement. This is to be accompanied by issuance of an involuntary termination letter written by the RPD.
- When the RPD in conjunction with the RAC, determine that a probationary period / corrective action plan is completed, the RPD will write a letter or memo to the resident.
  - Documents regarding the probation will be kept in the resident's file and a copy of each document will be given to the resident.

### C. Dismissal of residents

Failure to perform the normal duties of residency, departmental rules and regulations, and/or conduct oneself in a professional manner constitute are cause for disciplinary action, which may include dismissal.

- Except in the case of immediate dismissal, no trainee shall be terminated without first being placed on written probation. The probation must specify a time frame.
- If a resident is dismissed from a residency program, the resident will be removed from the payroll effective the date of the letter.
- If the resident appeals the dismissal and is reinstated, the resident will be entitled to back pay for the period involved.

D. Immediate dismissal

- a. CHHI pharmacy residency programs shall follow **CHH Administrative Policy – Disciplinary Policy (Section V Policy 30)** group I offenses as grounds of immediate dismissal.

E. Group II and group III offenses

- a. CHHI pharmacy residency programs shall follow the disciplinary procedures outlined in the **CHH Administrative Policy – Disciplinary Policy (Section V Policy 30)** for all group II and group III offenses.

F. Issues not covered by CHHI disciplinary policy

- a. Plagiarism
  - i. Direct
    - 1. “the word-for-word copying of text without acknowledging the source”<sup>1</sup>
  - ii. Mosaic
    - 1. “taking of words, phrases, and/or ideas from a source with only a slight change of wording and without properly recognizing the source”<sup>1</sup>
  - iii. Self-plagiarism
    - 1. “the dual or redundant use of one’s own work without proper acknowledgement.”<sup>1</sup>
  - iv. The resident commits plagiarism determined by a majority decision of an ad-hoc committee called to review the materials suspected of plagiarism. This committee must consist of the RPD, Pharmacy Director, and others as deemed appropriate by the RAC.
  - v. Plagiarism shall be considered a group II offense as is subject to the same disciplinary procedure for all other group II offenses outlined in the **CHH Administrative Policy – Disciplinary Policy (Section V Policy 30)**
- b. Unprofessional or unethical behavior
  - i. Any behavior considered unprofessional or unethical not included in the **CHH Administrative Policy – Disciplinary Policy (Section V Policy 30)** will be subject to investigation by the RPD and Director of Pharmacy. Other parties (e.g., Human Resources representative) may be included in the investigation at the discretion of the RPD and Director of Pharmacy.
  - ii. After a thorough investigation, the RPD and Director of Pharmacy shall present the situation to RAC and determine if the behavior is equivalent to a

group I, III, or III offense as outlined in the **CHH Administrative Policy – Disciplinary Policy (Section V Policy 30)**. After determining the level of offense, the offense shall be considered grounds for the corresponding disciplinary procedures outlined therein.

G. Failure to Progress

- a. It is the policy of the CHH Pharmacy Residency Programs to evaluate resident’s progress throughout each rotation. Based on these evaluations, a contingency plan for improvement will be developed in the event a resident is failing to progress.
- b. The resident will meet at minimum with each preceptor at the midpoint and conclusion of each 4- or 5-week rotation, or for learning experiences greater than 12 weeks, at evenly spaced intervals. If the resident is identified with a NI (Needs improvement) or preceptor has a specific concern, this will be discussed with the residency program director (RPD).
- c. The RPD will present the concerns to the Residency Advisory Committee (RAC) in which a discussion will be held to determine if an action plan is necessary or if resident has additional opportunities to work on a specified area.
  - i. If the RAC feels a formal plan is necessary to assist the resident in achieving the specific task or skill, the RPD will create a plan and discuss with the RAC.
    1. The plan will be discussed with the resident, director of pharmacy, and RPD and each will sign off on the plan that has been created.
  - ii. The action plan may include formal probation / corrective action as outlined above.
- d. The resident’s quarterly evaluations and developmental plan will be adjusted as necessary.
- e. If the resident continues to have the same issue(s) or is unable to meet the requirements detailed in the plan, the resident will be informed they may not meet the requirements to obtain a certificate of completion.
- f. The RAC will continue to discuss on an ongoing basis. If the RAC concludes that the resident will not meet the requirements of the residency program, or the resident has potential to cause harm, the RAC may make a recommendation to terminate the resident.
- g. The RPD, pharmacy director, and human resources at CHHI will review the request by the RAC and proceed following hospital policy for potential end of employment for the resident.

References

- 1) DeGeeter M, Harris K, Kehr H, et al. Pharmacy students’ ability to identify plagiarism after an educational intervention. *AJPE*. 2014;78(2):33.

## Resident Statement of Agreement

As a pharmacy resident at Cabell Huntington Hospital, I agree to the following:

1. I have been provided the residency manual and policies and am in agreement with all program requirements outlined therein.
2. I am participating in a one (1) year (52-week) training program. I understand that extension of the program may be necessary as outlined in the residency policies.
  - a. PGY2 Critical Care Residency Program term of appointment is July 8, 2024-July 4, 2025.
  - b. PGY1 Pharmacy Residency Program term of appointment is July 8, 2024-July 4, 2025.
3. I will provide my pharmacist license, diploma, and PGY1 certificate (if applicable) to the RPD and upload a copy into my resident portfolio.
4. I will be considered benefits eligible as other full-time employees are at Cabell Huntington Hospital. Paid time off (PTO) will begin accruing immediately and is based on productive hours worked. Vacation time will be limited to 10 days unless other arrangements are made with the Residency Program Director.
5. I will receive a salary of \$50,000/year, paid on a two-week pay period basis.
6. I will receive \$1500 for travel purposes throughout the year and that it is my responsibility to arrange travel plans inclusive of hotel, transportation, and other financial considerations.
7. I understand that I will be required to work one of every three (3) weekends and that holidays will be split evenly among three residents. The compensation for weekend, holiday and Friday evening shifts is included in the base salary.
8. I will avoid engaging in any activities that compete with my duties and responsibilities with the residency program. I will follow ASHP Duty hours as outlined in the Residency Manual.
9. I will take full advantage of what the residency program offers me; I understand that this will typically require more than 50 hours per week.
10. I will accept the responsibility placed on me, insofar as my knowledge and experience allow; I am aware that my rotation preceptors, Resident Mentor and Residency Program Director will be available for assistance.
11. I will accept formative feedback, inclusive of constructive criticism, and act on it.
12. I will strive to complete all assignments on time, including learning experience evaluations.
13. I understand that I must satisfactorily complete the requirements outlined in the Residency Manual in order to earn a residency certificate and graduate from the program.

Print name: \_\_\_\_\_

Resident signature: \_\_\_\_\_

Date: \_\_\_\_\_