# St. Mary Medical Center PGY1 Residency Manual

**Department of Pharmacy**

**2025-2026**

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# Purpose Statement- ASHP Accreditation Standard ("The Standard")

Post-Graduate Year 1 (PGY1) pharmacy 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. The PGY1 Pharmacy Residency conducted by St. Mary Medical Center in Langhorne, PA is accredited with ASHP.

# Overview and Program Description

This program is a 12-month postgraduate curriculum that offers training opportunities in acute care, transitions of care, drug information, drug use policy development, clinical services, and practice leadership. Residents will gain the necessary experience and develop critical thinking skills needed to move forward in the dynamic world of pharmacy practice. As a local constituent of the Trinity Health system, this program offers the unique opportunity to provide training and collaboration in a variety of patient care areas, as well as practice and project management at local and national system levels. St. Mary Medical Center has relationships with multiple colleges of pharmacy, and residents will have the opportunity to develop teaching and mentorship skills by taking on co-preceptor responsibilities for IPPE and APPE students.

The program's outcomes and their respective goals and objectives are based on four main competency areas as provided by ASHP.

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 will have the opportunity to select elective rotations in areas of interest.

Residents are required to complete additional program requirements which are aimed at developing a skilled and competent practitioner. Required elements of the program include completing a major research project, a medication use evaluation, and an accredited continuing education lecture, providing patient education and pharmacy services, and developing leadership, communication, and presentation skills. Upon successful completion of the program, residents will be awarded a program certificate.

The annual stipend is $54,000 and benefits include medical/dental/vision insurance, mental well-being benefit, paid time off (10 days), holidays (5), professional days (3) for licensure exams and interviews, professional travel support including conference fees, travel, lodging, and meal stipend for ASHP Midyear and Eastern States Conference, free parking, and free, on-site gym.

# Administration of the Program

## Residency Program Director (RPD)

The RPD has ultimate responsibility for the residency program. This responsibility is accomplished with the assistance of the Director of Pharmacy (or designee), the Residency Program Coordinator (RPC), and the members of the Residency Advisory Committee (RAC). These individuals assume responsibility to ensure that the program goals and specific learning objectives are met, training schedules are maintained, appropriate preceptorship for each rotation or training period is provided, and that resident evaluations are conducted routinely and based on pre-established learning objectives.

## Residency Program Coordinator (RPC)

The RPC works with the RPD, the Director of Pharmacy (or designee), and the RAC to ensure that the program goals and specific learning objectives are met, training schedules are maintained, appropriate preceptorship for each rotation or training period is provided, and that resident evaluations are conducted routinely and based on pre-established learning objectives. The RPC serves in the capacity of the RPD should the RPD be unavailable for an extended period of time.

## Preceptors

Each rotation has a pharmacist preceptor who develops and guides the learning experiences to meet the residency program's goals and objectives with consideration given to the specific resident's goals, interests, and skills. The preceptor periodically reviews the resident's performance, with a final written evaluation at the conclusion of the learning experience.

Responsibilities of the preceptor include:
- Review learning description with resident by the first day of the rotation
- Review expectations for resident activities to be completed during the rotation, including, but not limited to drug information responses, topic discussions, patient presentations, etc.
- Utilize the four preceptor roles (direct instruction, modeling, coaching, facilitating) as appropriate for the resident
- Model daily activities and responsibilities for resident prior to resident acting independently
- Complete rotation evaluations within 7 days of due date

## Preceptor Eligibility

Pharmacists will be eligible to be preceptors if they are a licensed pharmacist who:
- Has completed an ASHP-accredited PGY1 residency followed by a minimum of one year of pharmacy practice experience in the area precepted; or
- Has completed an ASHP-accredited PGY1 followed by an ASHP-accredited PGY2 residency and a minimum of six months of pharmacy practice experience in the area precepted; or
- Without completion of an ASHP-accredited residency, have three or more years of pharmacy practice experience in the area precepted

In addition, preceptors must meet the following criteria and have the following qualifications for appointment as residency program preceptor:
- Development of a learning experience in accordance with the ASHP Standard

- Demonstration of knowledge and practice expertise in area precepted, contribution to pharmacy practice in the area precepted, and role modeling ongoing professional engagement
- Adherence to residency program and department policies pertaining to residents and pharmacy services

Pharmacists who do not meet the qualifications above will work with the RPD to create an individualized preceptor development plan to achieve the qualifications within two years.

Preceptors will be evaluated for reappointment annually. At this time the RPD and/or RPC will review the preceptor's professional and academic record to confirm that the preceptor still meets criteria for appointment. Additional information that will be used to assess reappointment will include contributions to the success of the residents and the program, quality of feedback provided to residents through evaluations, feedback provided by residents regarding preceptor abilities, and commitment to residency program improvement as documented by attendance at ≥50% of Residency Advisory Committee meetings.

For elective experiences where a non-pharmacist is the preceptor of record, a pharmacist will have direct oversight of the rotation in line with ASHP standards.

## Residency Advisory Committee (RAC)

The RAC is a standing committee of the Department of Pharmacy established to guide all elements of the residency program. It is composed of residency preceptors, invited to serve by the Director of Pharmacy (or designee) or RPD. Non-preceptors may be invited to serve on the RAC in an ad hoc fashion as determined and invited by the RPD or Director of Pharmacy (or designee). The RAC serves in an advisory capacity to the Director of Pharmacy (or designee) and the RPD, and endeavors to maintain and improve the quality and consistency of the residency program.

The committee provides a forum for residents to provide updates and address the RAC and for preceptors to discuss common concerns, develop additional learning experiences, and promote new and innovative areas of practice. The RPD serves as the Chairperson of the RAC. The committee meets on a schedule determined by the RPD, no less than quarterly. Examples of specific functions of the committee include but are not limited to:
- Discussing the residents' interests, strengths, and professional/personal goals they have outlined during their orientation process
- Developing rotation schedules
- Discussing the residents' performance on their assigned learning experiences and address any goals and objectives with a "needs improvement" or equivalent wording by developing Performance Improvement Plans when appropriate
- Determining when corrective action is warranted
- Discussing preceptor responsibilities and preceptor development
- Continuous evaluation of the curriculum, goals, and objectives
- Quarterly evaluation of the residents' progress
- The evaluation and support of residency projects
- Resident recruitment and selection
- Develop a process for continuous quality improvement of the program

# Program Structure

## Rotation Schedule

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

Elective 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 work toward performing independently and demonstrating proficiency within each rotation. Residents are expected to demonstrate appropriate time management by balancing the daily responsibilities of core and elective rotations with longitudinal rotation assignments and timelines. Preceptors are responsible for providing guidance and assistance to the resident, ensuring rotation and program goals and objectives are met, providing mentorship, and teaching principals of pharmacy practice by incorporating the four preceptor teaching roles (direct instruction, modeling, coaching, facilitation). The preceptor is responsible for establishing a schedule and providing ongoing feedback and timely written summative evaluations.

The resident is responsible for communicating any schedule conflicts (including providing the preceptor a schedule or list of meetings and other commitments the resident has during the rotation period that will require time away from the rotation), absences, or issues concerning the rotation directly with the preceptor in a timely fashion. **The resident is expected to contact the preceptor prior to the start of the rotation to discuss rotation schedule, rotation expectations, and rotation specific goals.**

## Core Rotations

Core rotations are required for the PGY1 program. Core rotations will be scheduled for a duration as specified below.  Based on resident and preceptor feedback, with RPD approval, core rotations may be repeated in lieu of a different elective experience. For core rotation projects, any requests for review of work must allow preceptors at least two business days for review.

- Orientation and Training (6 weeks)
- Internal Medicine (4 weeks)
- Infectious Diseases/Antimicrobial Stewardship (4 weeks)
- Critical Care ICU/CCU/CTU (4 weeks)
- Emergency Medicine (4 weeks)
- Inpatient Operations & Management (4 weeks)

## Elective Rotations

Additional concentrated rotations offered include the electives listed below. Electives will be scheduled for 4 weeks. For elective rotation projects, any requests for review of work must allow preceptors at least two business days for review.

- Transitions of Care
- Population Health/Ambulatory Care
- Pain Management
- Critical Care II ICU/NeuroICU
- Trauma
- Community Pharmacy
- Ambulatory Services Management
- Repeat of core rotation (i.e., Internal Medicine II, Critical Care II, etc.)
- Other opportunities may be available based on individual interests

## Longitudinal Rotations

Residents will partake in longitudinal rotations throughout their training, some of which will initially be encountered during a core learning experience. Longitudinal rotations will be scheduled for a minimum of 12 weeks duration. Longitudinal rotations may be extended based on ongoing projects and assignments. For longitudinal rotation projects, any requests for review of work must allow preceptors at least two business days for review.

- Pharmacy Management
- Service Commitment (Staffing)
- Project Management (Research)
- Continuing Education Program (ACPE-accredited presentation)
- Medication Safety
- Infectious Diseases
- Heart Failure Transitions of Care Program

## Chief Resident

Residents will rotate through the role of Chief Resident every 4 months as assigned during orientation. This is an additional opportunity to develop leadership and time management skills. The Chief Resident will be responsible for coordinating and completing Pharmacy and Therapeutics Committee assignments (assessed in the longitudinal Pharmacy Management rotation), administrative tasks for the residents, taking a leadership role in group responsibilities, and acting as a liaison on behalf of the pharmacy residents to the RPD, RAC, and GME program. The responsibilities of the Chief Resident include, but are not limited to:

- Coordination of resident updates for RAC monthly meeting
- Develop agenda and serve as lead of monthly RPD/RPC administration meeting
- Assist with program marketing tasks by posting to Instagram account at least once per week
- Assist with monthly Pharmacy and Therapeutics Committee meetings as outlined in longitudinal Management rotation
- Midyear coordination (travel plans, poster ordering)
- ESRC coordination (travel plans)

## Pharmacotherapy Journal Club

All residents will participate in a monthly Pharmacotherapy Journal Club. This will be scheduled by the RPD and will rotate through residents with each resident presenting at least three times during the residency year. Preceptors in attendance will complete an evaluation via Microsoft Forms which the RPD/RPC will distribute to the resident within one week of the presentation date.

Expectations of Residents:

1. Select an article from the Journal Club Bank
2. The article should be selected one week before the presentation date. Once the article is selected, email meeting attendees (using "Reply All") a copy of the article.
3. The journal club presentation should be ~25 minutes followed by 15 minutes for group discussion
   a. Background information should only be used to help understand the context of the current article and is limited to a 5-minute maximum
   b. A template for the handout will be available in Teams
4. Residents who are not presenting are expected to be prepared with an annotated copy of the article and to be active participants in the discussion section

## Additional Program Opportunities

- Nursing/pharmacy team in-services
- Teaching and mentoring pharmacy students
- Attendance at ASHP Midyear Clinical Meeting
- Attendance at Eastern States Residency Conference
- Participation in recruitment and selection of future PGY1 candidates
- Community service project to benefit SMMC community
- Participation in Trinity Health System initiatives

## Meetings

To broaden the residency experience, residents are requested to attend a variety of meetings throughout the year. These may be pharmacy meetings, interdisciplinary meetings, or meetings at the Trinity Health regional or system levels. The RPD, preceptors, or other pharmacy representatives may request or require the resident's attendance to specific meetings to broaden the resident's educational experience or assist with the development of a departmental initiative or other project.

Unless otherwise noted, the proceedings of all meetings are confidential and must be handled as such by the resident.

## Projects

Projects may be part of a required, elective, and/or longitudinal rotations at the discretion of the preceptor. It is the responsibility of the preceptor to provide clear expectations and reasonable deadlines for projects and the responsibility of the resident to independently complete project assignments on time. Preceptors will make efforts to support reasonable requests for assistance from residents. Requests to review project drafts and/or practice runs of presentations with less than two business days' notice will not be supported.

Residents will be assigned on-site project days during December and every second Monday of the month excluding orientation. Specific longitudinal rotations outline the expected progression of projects and how time should be spent on these days. Residents may also work on rotation-specific projects during this time.

# Resident Evaluation

## Evaluations and Feedback

Formal evaluations and feedback through PharmAcademic will be provided as outlined in the associated learning experiences by both the resident and the preceptor. Preceptors will discuss the feedback provided in the evaluations in person or virtually with all residents when they are submitted. Additional formal and informal feedback may be provided at the preceptor's discretion. Additional feedback may be requested by the resident, and the preceptor will determine if the request is realistic, feasible, and likely to be productive.

If a preceptor identifies that a resident's progress aligns with an evaluation rating of needs improvement (NI, see below) they will notify the resident of such by the rotation midpoint, or as early as possible if noted after the rotation midpoint. This will be formally documented in PharmAcademic using the "Provide Feedback to Resident" button. The preceptor should note the specific objective(s) for which progress aligns with NI and provide feedback as to how the resident could progress to a higher evaluation rating.

All evaluations must be completed by the due date in PharmAcademic by the resident and within 7 days of the due date by the preceptor. In addition to the written evaluation, the resident and the preceptor must meet within 7 days of the evaluation due date to discuss the evaluation. An emphasis is to be placed on the extent of the resident's progress toward achievement of assigned educational goals and objectives, with reference to specific criteria. Recommendations for how the resident might "achieve" that goal should be included in the evaluation.

The residents are encouraged in their evaluations of the learning experience to include at least one area in which the learning experience could be improved. This input is an important tool for continuing program self-assessment and development.

## Evaluation Ratings

The appropriate rating as described below will be selected when each summative evaluation is completed. Evaluations should include narrative commentary to indicate resident progress, specifically when an evaluated goal is determined to be either "Needs Improvement" or "Achieved".
- Needs Improvement (NI)
    - Resident's level of skill does not meet the preceptor's standards of achieved or satisfactory progress
    - Resident displays inconsistency in the performance of the evaluated skill, ability, initiative, or performance frequently falls below acceptable levels

- o Resident was unable to complete assignments on time and/or required significant preceptor oversight
- o Resident's aptitude or clinical abilities were deficient
- o Unprofessional behavior was noted
- Satisfactory Progress (SP)
  - o Resident's skill level has progressed at a rate that will result in full mastery by the end of the residency program
  - o Resident performs tasks with some assistance from the preceptor
  - o Improvement is evident throughout the experience
- Achieved (ACH)
  - o Resident has fully mastered the objective based on their training experiences
  - o Resident has performed the objective consistently with little or no assistance from the preceptor
- Achieved for Residency (ACHR)
  - o Resident has demonstrated independence and mastery of the objective defined as:
    - ACH rating on at least two (2) learning experience evaluations for an objective assigned to more than three (3) learning experiences
    - ACH rating on a least one (1) learning experience evaluation for an objective assigned to two (2) or three (3) learning experiences
    - SP or higher rating if the objective is only assigned to one (1) learning experience
  - o The RAC will be responsible for determining when to mark each goal ACHR during regularly scheduled ACHR review meetings

### Remediation

The remediation process as outlined in the Remediation and Disciplinary Policy will be initiated if a resident is identified as making unsatisfactory progress toward attainment of residency program goals and objectives and/or does not adhere to health-system, hospital, pharmacy, and/or residency policies. Unsatisfactory progress is defined as receiving a "NI" rating on more than one objective and/or not advancing to a SP rating, on an objective that was previously assigned NI, on subsequent evaluations. Certain actions and behaviors, as defined in the Remediation and Disciplinary Policy, are grounds for immediate dismissal, and are not subject to the remediation and grievance procedures.

### Plagiarism

Plagiarism is considered the use of words, ideas, slides, or any other original academic material at any time without appropriate citation or attribution. Preceptors regularly screen resident work for plagiarism, and it is recommended that residents screen their work as well. Any suspected plagiarism will be fully investigated by the RAC. Plagiarism is considered grounds for immediate dismissal from the program per policy and is not subject to the Remediation Procedure.

### Use of Artificial Intelligence (AI)

If used to complete assignments, clearly cite AI. It is considered plagiarism to use AI generated works without crediting AI. For example, on a topic discussion acknowledge with a sentence at the beginning or end that says, "This topic discussion was produced with drafting support from Chat GPT." AI should not be used to devise patient care plans or to write drug information responses. If there are any questions about the appropriateness of AI use, speak with the preceptor for whom you are completing the assignment to clarify.

### Monthly Program Administration Meeting

Residents will meet with RPD and RPC on the last Friday of every month but is subject to change based on availability. This meeting is intended to be a checkpoint at which residents can discuss any non-urgent questions or concerns, professional development items, and/or recommendations for program modifications (CQI items). This meeting also serves as an opportunity for the RPD/RPC to provide mentorship. The Chief Resident is responsible for compiling an agenda with the items for discussion at this meeting on behalf of the resident class.

# Customized Training Plan

### Customization of Residency Program

ASHP requires that the resident's training program must be customized based on their entering interests, skills, and experiences. Progress toward achieving program outcomes and requirements should be assessed quarterly by the RPD. The customized training plan will be evaluated quarterly to ensure residents' interests and personal goals are consistent with program goals and objectives.

### Resident Entering Self-Assessment

During their orientation period, the residents will be assigned this self-assessment in PharmAcademic. This is utilized to collect baseline information for use in the development of individualized educational goals and objectives for the upcoming residency year.

### Initial and Quarterly Resident Development Plans

According to The Standard Residents' 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. The development plan is started during orientation and updated quarterly throughout residency. The development plan includes:

- 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.
  - ○ ASHP guidance for self-assessment: 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.
- 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.

RPD and/or RPC will review the initial and quarterly evaluation with the resident during orientation and at the end of each quarter. Residents should perform a self-assessment of their progress and update their development plan before meeting with the RPD/RPC.

## Mentorship Opportunities

St. Mary Medical Center offers opportunities for mentorship with members of the RAC throughout the year.

Some mentorship experiences include:
- Monthly contact with the RPD and/or RPC following the match date up to the start of the residency program with a focus on advice and support for taking NAPLEX and MPJE exams
- Monthly meetings with the RPD/RPC to discuss any agenda items related to professional development and/or mentorship that the resident class or RPD/RPC identify
- Monthly meetings with the Director of Pharmacy
- Meeting series with the Vice President of Professional and Support Services
- Individual entering and quarterly development plan meetings with the RPD and RPC

Residents are also encouraged to develop mentor-mentee relationships with members of the RAC as they identify common research, professional, and personal interests throughout the year.

## Resident Well-Being and Resilience

Resident well-being and resilience will be incorporated into the residency program and individualized to the resident. The resident will establish well-being and resilience goals during their initial and quarterly development plans. The resident will also establish an individual well-being checklist during orientation to be used to hold themselves accountable for incorporating routine well-being activities to achieve their well-being goals. Residents are invited to participate in a monthly Wellness Walk and the residency program hosts a quarterly well-being and/or resilience focused activity.

In addition, Trinity Health Mid-Atlantic provides employees with access to comprehensive well-being resources (financial, physical, mental, spiritual, etc.) which may be accessed at any time by the residents through the SharePoint site.

# Application and Appointment

## Residency Applicant Requirements
- Graduate or candidate for graduation of an ACPE-accredited pharmacy 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).
- Eligible for licensure in the Commonwealth of Pennsylvania
- Letter of intent
- Three letters of recommendations
- Curriculum vitae
- Academic transcripts

## Application and Interview Process
Following the application deadline, all complete applications will be reviewed by at least 2 members of the RAC using the residency application scoring tool.

The RAC will then convene a meeting to discuss the ranking of candidates for interview invitations, using the rubric scores for guidance. Interviews will be extended to the top ranked candidates based on application rubric scores with a goal of 4-6 candidates being interviewed per residency position available (ex- for 2 PGY1 positions, a maximum of 12 candidates will be interviewed).

Candidates that are being offered interviews will be contacted via email with possible interview dates. Following acceptance of the interview offer and finalization of the interview date and time, each candidate will be provided with copies of the following documents for review prior to the interview:
- Residency manual
- Pharmacy Residency Policy- Moonlighting and Duty Hours
- Pharmacy Residency Policy- Grievance
- Pharmacy Residency Policy- Corrective Action
- Pharmacy Residency Policy- Program Closure
- St. Mary Policy- Bereavement Leave
- St. Mary Policy- FMLA
- St. Mary Policy- Elective and Other Leaves of Absence (Non-FMLA and Non-Military)
- St. Mary Policy- Vaccine Requirements
- Ethical and Religious Directives for Catholic Health Care Services

The candidates will be provided with an interview itinerary 1-2 business days prior to the interview.

While interviewing, candidates will be evaluated based on a standardized interview rubric, with room for subjective input by each person participating in the interview process.

Following the conclusion of all interviews, the RAC will reconvene to rank candidates to submit to "The Match", using the interview rubric scores to determine rank order. At that time, candidates may be determined to be "rank" or "do not rank". The RPD or RPC will formally submit the rank list to "The Match" website prior to the deadline.

Should Phase II applications be required, the same process as Phase I will be followed, though on an accelerated timeline to meet Phase II deadlines.

## ASHP Pharmacy Resident Matching Program ("The Match")

The pharmacy residency program will adhere to all rules set forth by the *Rules for the ASHP Pharmacy Resident Matching Program* (www.ASHP.org; https://natmatch.com/ashprmp/).

## Hospital Application Process

Applicants who match must formally apply through the traditional online application process as a method of providing Human Resources with the information required to establish the matched candidate as an employee of St. Mary Medical Center.

## Pre-Employment Requirements

- Sign and return Letter of Acceptance
- Sign and return Pharmacy Residency Agreement
- A Human Resources representative will contact the resident to complete the following:
    - Completion of an official online application
    - Background check
    - Pre-employment physical exam which includes a drug screen
    - Employment eligibility verification (I-9 Form)
    - Licensure and certification verification

# Staffing, Paid Time Off, Duty Hours, On-Call Program

## Pharmacy Service Commitment (Staffing)

Each resident is required to participate in a weekend staffing service commitment as part of a longitudinal rotation. Each resident will staff every third weekend (two eight-hour shifts) beginning in August after orientation has been completed and will continue through the end of the residency. Staffing hours are applied towards the guidelines set forth in the ASHP Duty Hour Requirements. All residents are required to work the same number of shifts throughout the residency year.

If a change in staffing schedule is needed:
1. The resident should make every effort to coordinate a switch in shifts with a coresident (both residents must still work the same number of shifts)
2. Email the longitudinal services commitment preceptor and RPD to notify them of the switch so that the schedule may be updated and duty hours tracked
3. If no switch is possible with a coresident the resident should reach out to the staffing longitudinal preceptor via email and cc the RPD to inquire about a switch with another staff pharmacist

## Holidays and Staffing Coverage

Residents are required to work two holidays during their residency year, one of which must be either Thanksgiving, Christmas, or New Year's Day.

Compensatory time off will not be allotted for holidays that are worked by the resident as part of their residency requirement (as listed in the pharmacy residency agreement).

## Paid Time Off (PTO)

As outlined in the Pharmacy Resident Agreement and the Pharmacy Residency Leave Policy, residents are provided with ten PTO days at the start of the residency program. This includes vacation time and sick time. **All efforts should be made to request PTO at least 30 days in advance**. PTO will not be approved during orientation except under extreme circumstances. Residents will avoid requesting time off on assigned staffing weekend shifts and on days with meetings for which they have assigned responsibilities. If a resident is to miss an assigned meeting, the resident must proactively develop a plan with the appropriate preceptor for the missed meeting. Residents may not miss more than 5 days of a single rotation (not including longitudinal rotations).

The process for requesting PTO is as follows:
1. Via email, request PTO from the primary preceptor for the rotation on which the PTO day falls
   a. If no rotation is assigned on this date, this step may be omitted
2. After obtaining approval from the primary preceptor, forward the email to the RPD and RPC for final approval of PTO.
3. After RPD or RPC approval submit a leave request via the scheduling application.
4. Add a PTO day to Outlook calendar (Title: "Your Name PTO") as a meeting from 7:00a-7:00a and include the RPD, RPC, and rotation preceptor as attendees.
5. Unplanned PTO (calling out due to sickness or extreme circumstances)
   a. Service commitment (staffing) day- Call the main pharmacy 2 hours prior to the scheduled start of shift and notify the RPD via call or text.

b. Rotation (non-staffing) day- Notify the rotation preceptor and RPD via phone call or text message as soon as possible.

## Professional Days

Residents are allotted three paid, professional days at the start of the residency year for licensure exams that fall during the orientation rotation and for post-PGY1 job interviews. To request use of these days the resident will:

1. Via email, request a professional day from the primary preceptor for the rotation on which the PTO day falls. If no rotation is assigned on this date, this step may be omitted.
2. After obtaining approval from the primary preceptor, forward the email to the RPD and RPC for final approval of professional day.
3. Add a Professional day to Outlook calendar (Title: "Your Name Prof Day") as a meeting from 7:00a-7:00a and include the RPD, RPC, and rotation preceptor as attendees.

## ASHP Duty Hours

The pharmacy residency program and residents must abide by the ASHP *Duty-Hour Requirements for Pharmacy Residencies.* Please access the policy at this LINK to familiarize yourself with all definitions and requirements. In addition, the St. Mary Medical Center Pharmacy Residency- Moonlighting and Duty Hours Policy, which aligns with ASHP requirements, is provided to all candidates prior to the interview and is available to current residents on PolicyTech.

## On-Call Program

All residents will participate in the remote (at-home) On-Call Program beginning in October. Each resident will be on-call (with clinical specialist back-up) every third week beginning Monday morning at 7 AM until the following Monday at 7 AM. The timing of the on-call shift will fall over the weekend that the resident is fulfilling their staffing duty. Staff pharmacists will contact the resident on-call via secure text messaging or phone call for clinical or operations questions that arise outside of usual business hours. The resident will address the question with the following process:

1. Review the question and formulate an answer using the situation, background, assessment, and recommendation (SBAR) format.
2. Contact the assigned on-call backup preceptor and present SBAR
3. With preceptor feedback and approval respond to the pharmacist
4. Document all on-call questions and responses on the on-call log within 48 hours
5. Document time spent during on-call duties on the resident Time Tracker

## Timesheet and Duty Hour Tracking

### Timesheet

For payroll purposes, a timesheet must be submitted every other Friday before 5 PM via email to the RPD and Pharmacy Department timekeepers. All PTO days will be indicated on the Timesheet in the comments section.

### Duty Hours

Duty hours will be tracked by signing in and out on the timesheet located in Main Pharmacy daily. If a resident is working off-site for an isolated occurrence, they should input their estimated hours the day before and update it if needed when they are back on-site. If a resident is completing an entirely off-site rotation, they will fill out an Excel timesheet to be provided by the RPD.

Residents will complete monthly duty hour attestation forms using PharmAcademic to track compliance with the ASHP duty hour policy.

# Licensure Requirement

## Licensure Deadline

Please see the Pharmacy Residency Licensure Policy for complete information on the procedure for obtaining licensure in compliance with program requirements.

In brief, every effort should be made for the resident to attain pharmacy licensure in the Commonwealth of Pennsylvania by the start of residency, or as soon as possible thereafter. **Residents must be licensed by August 1 of the residency year.**

If circumstances beyond the resident's control result in licensure being delayed beyond August 1, the resident must be licensed by September 15 of the residency year. If the resident does not provide proof of full and unrestricted licensure by this time, they will be dismissed from the residency program as per the Pharmacy Residency Licensure Policy.

## Licensure Examination Scheduling

Please see the Pharmacy Residency Licensure Policy for complete information on the procedure for obtaining licensure in compliance with program requirements.

Residents will schedule the North American Pharmacist Licensure Examination (NAPLEX) and Multistate Pharmacy Jurisprudence Examination (MPJE) within two business days of receiving authorization to test (ATT). Both exams will be scheduled no later than the second week of July.
   a. The Residency Program Director (RPD) and Residency Program Coordinator (RPC) will be notified as soon as possible via email of scheduled exam dates.
   b. If there are unforeseen delays preventing exams from being scheduled by this deadline (i.e. delays from the School of Pharmacy or Board of Pharmacy) new specified dates will be determined by the RPD/RPC and Resident.
        a. The Resident should regularly check the website for exam openings prior to this deadline using the "Reschedule" function for the necessary exam(s).

# Policies

Trinity Health Ministry-Wide, St. Mary Medical Center, Pharmacy Department, and Pharmacy Residency Program policies and procedures will be followed at all times. All policies are accessible to residents in PolicyTech.

# Continuous Quality Improvement (CQI)

To ensure that this residency program is addressing the needs of our residents, it is important to review the experiences of residents completing the program. Residents may share aspects of the residency that they found useful, as well as aspects of the residency that may have been less rewarding. In this process it is important to identify potential changes that may make the process more fulfilling and educational. Residents will submit their recommendations in writing to the RPD prior to graduation and the RPD will share this report with the RAC.

 The resident will:
- Review ASHP Regulations and Standards for PGY1 Pharmacy Residency Program
- Review resources available to the current PGY1 Pharmacy Residency Program
- Review the current PGY1 Pharmacy Residency Program based on ASHP standards, with consideration of available resources and identify areas for improvement
- Prepare a written plan for improving the current PGY1 Pharmacy Residency Program:
  - Orientation for new residents
  - Changes in existing learning experiences
  - Potential learning experiences to consider for addition
  - Teaching and precepting responsibilities
  - Any other features that need improvement

It is recommended that the CQI form (Appendix A) is started upon beginning the PGY1 program, and updated monthly at a minimum, to capture recommendations during or immediately following the completion of core, longitudinal, or elective rotations, or during the many additional components (research, service commitment, etc.) that make up the PGY1 program.

Any identified areas of improvement will be addressed at the monthly RAC meetings. Items found to be a hindrance in the success of the program, will be evaluated by the RAC for immediate adjustment. All other items will be reviewed formally at the final RAC meeting of the residency year. In addition to the residents' written recommendations, the RAC will also review the following:
- ASHP accreditation standards and compliance (review of survey report and guidance documents)
- Rotational offerings (duration, types, and quality of experiences)
- Preceptors (burnout, interest in continuing as preceptors)
- Evaluations (appropriately completed in a timely manner)
- Preceptor Development Plan
- Research projects: Institutional impact, future of the projects (additional phases, publication opportunities, etc.), research needs for future years
- Residency program budget: Travel expenses, recruitment expenses, fair compensation
- Residency Policies

# Residency Binder

The residency binder will be utilized to organize all work and important documents in a single location. In addition to any electronic copies, the resident may be asked to print out relevant items and place a hard copy in the binder under the appropriate tabs if requested by ASHP surveyors. The completed binders (electronic and/or physical) will be kept by the residency program for the duration of the accreditation cycle as required by ASHP accreditation standards.

Binder Organization

| Section Title | Examples of work to include | Special Instructions |
|---|---|---|
| Professional | • CV<br>• Letters of Intent<br>• Program application<br>• Acceptance letter<br>• Acceptance of program policies<br>• Copy of licensure<br>• Entering Interests form<br>• Quarterly Updates to Individualize Plan | |
| Projects | • MUEs<br>• Longitudinal Rotation work<br>• Rotation projects<br>• Drug information responses | • Include a written description of any projects where it would not be appropriate to include the project work itself (i.e., patient sensitive information) |
| Presentations | • PowerPoints<br>• Handouts | • Include evaluations of the presentations when applicable |
| Journal Club | • Journal club article<br>• Handout and/or presentation | • Include evaluation rubrics/feedback |
| Research Project | • All presentations related to research project (Defense, Eastern States)<br>• Final electronic copies of posters<br>• IRB Submission paperwork<br>• Manuscript (drafts and final) | |

# Residency Program Completion

## Pharmacy Residency Certificate

Following documented completion of the residency program requirements, the RPD will award a certificate of residency completion to the resident.

## Resident Close-Out Checklist

- Ensure all resident work is on the Microsoft Teams site (word, ppt, excel format)
- Review resident binders
- Provide forwarding email address/contact information
- Complete all required evaluations and close out PharmAcademic
- Clean office
- Turn in ID badge
- Research project future plans defined and communicated with RPD/RPC and project preceptors
- Final development plan

## Requirements for Successful Completion of Pharmacy Residency Program Checklist

To be reviewed at quarterly development plan assessment beginning at the end of Q2

| Achieved | Requirement |
|---|---|
| ☐Q1  ☐Q2 ☐Q3  ☐Q4 | Obtain licensure as a pharmacist in the Commonwealth of Pennsylvania within 120 days of the residency program start date |
| ☐Q1  ☐Q2 ☐Q3  ☐Q4 | Complete both hospital, departmental and residency orientation programs |
| ☐Q1  ☐Q2 ☐Q3  ☐Q4 | Achievement of required educational outcomes and goals (defined as completing all learning experiences and required evaluations and attainment of ACHR for at least 80% of program objectives with no final rating of NI by year end) |
| ☐Q1  ☐Q2 ☐Q3  ☐Q4 | Present three pharmacotherapy journal clubs |
| ☐Q1  ☐Q2 ☐Q3  ☐Q4 | Present a pharmacotherapy lecture to the Internal Medicine GME class |
| ☐Q1  ☐Q2 ☐Q3  ☐Q4 | Attend ASHP Midyear |
| ☐Q1  ☐Q2 ☐Q3  ☐Q4 | Attend and present research at Eastern States Residency Conference or other appropriate venue as determined by the RAC |
| ☐Q1  ☐Q2 ☐Q3  ☐Q4 | Complete research project as evidenced by platform presentation and manuscript suitable for publication by year end |
| ☐Q1  ☐Q2 ☐Q3  ☐Q4 | Present an accredited CE presentation as a part of the CE program longitudinal rotation |
| ☐Q1  ☐Q2 ☐Q3  ☐Q4 | Complete or co-author a Medication Use Evaluation |
| ☐Q1  ☐Q2 ☐Q3  ☐Q4 | Prepare a drug class review, monograph, treatment guideline, or protocol |
| ☐Q1  ☐Q2 ☐Q3  ☐Q4 | Adhere to all department policies and procedures |
| ☐Q1  ☐Q2 ☐Q3  ☐Q4 | Complete required service/staffing hours |
| ☐Q1  ☐Q2 ☐Q3  ☐Q4 | Receive acceptable performance evaluation as outlined in job description |
| ☐Q1  ☐Q2 ☐Q3  ☐Q4 | Complete CQI document by year end |