Yakima Memorial

PGY1 Residency Program Manual

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Introduction

General Description and Background

MultiCare Yakima Memorial (MHM) Hospital is a 238-bed acute-care, not-for-profit community hospital that has served Central Washington's Yakima Valley since 1950. MultiCare Yakima Memorial Hospital also includes a multi-specialty team of more than 300 practitioners and 20-plus primary care and specialty care locations. Specialty care services include cardiac care, cancer care, hospice care and advanced services for children with special health care needs.

The ASHP accredited pharmacy residency program at MYM was established in 1999.

Purpose

The MYM 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.

Mission, Vision, Values, and Key Philosophy Statements

Mission: Partnering for healing and a healthy future

Vision: MYM Pharmacy Services will be recognized as a world leader in pharmacy practice for quality of care, cost of care, compliance, and practice innovation.

Pharmacy Services will:

- Recruit and retain the most capable and qualified staff to deliver exceptional care and customer service to our patients
- Provide excellent stewardship of our resources and drug use
- Affect patient outcomes in a positive manner through our knowledge and optimization of drug therapy, ability to educate, collaborate with others, and solve problems
- Strive to use most current technology to improve safety and efficiency

Core Values: Respect, Integrity, Stewardship, Excellence, Collaboration, and Kindness

Respect: We embrace the infinite worth of all people, treat everyone with care and compassion, and affirm the dignity of each person with every interaction.

Integrity: We speak and act honestly, do what is right and stand firm by our principles, no matter the circumstances.

Stewardship: We carefully and thoughtfully manage all of MultiCare's resources — including our most valuable resource, our people — to continually improve our organization for the benefit of our customers and communities.

Excellence: We seek to excel in all facets of how we approach our work, how we improve ourselves and our organization, and how we care for our patients, our communities and each other.

Collaboration: We actively work with others to achieve goals, recognizing that the power of our combined efforts will exceed what we can accomplish individually.

Kindness: We will act always with generosity, consideration and concern for others, without the expectation of reward in return. We treat everyone as they would want to be treated.

Joy: We cultivate joy for our patients, families and colleagues through the active practice of gratitude. We find joy in being connected to the work we do and why we do it.

Key Philosophy Statements:

HIGH RELIABILITY: MYM has adopted the principles of being a Highly Reliable Organization (HRO) that defines the expectations, standard processes, and culture of excellence that results in patient and employee safety. The culture supports employees doing the right thing and embracing transparency to ensure patient safety. We communicate complete and accurate information at handoffs; ask questions; and know the patient's story. Our focus is to eliminate harm to patients and co-workers. The department takes measured steps to use technology, including automation and advanced computer systems, to improve patient safety; be good stewards of our resources; and improve the efficiency of the delivery system. We employ a culture of continuous quality improvement. It is critical that we continually improve our processes, workflows, and care models to provide the most appropriate and cost-effective pharmaceutical care with zero defects. We use LEAN principles to eliminate waste, duplication, and non-value activity so that our customers and patients receive the highest standard of service from our department.

BELONGING: MultiCare has embarked on a "Belonging Journey" to ensure racial equity. This involves evaluation of the Health Equity Strategic Plan of 2015-2020 and development of a 2020-2025 Health Equity Strategic Plan.

TEAM APPROACH: We strongly believe in a collaborative and coordinated approach in providing pharmaceutical care to our patients. Our staff works within multidisciplinary teams to provide optimal patient care. The department pursues opportunities to extend and improve services and systems of care in a manner consistent with MYM Vision statements. The work of pharmacists and technicians adds value and is well-integrated into the overall work of the healthcare team.

PATIENT-CENTERED CARE: Pharmacists observe best practices for the care of all patients, and develop individualized care plans that incorporate patient preferences, needs and values. Patient education and shared decision making are integral to this approach. The practice model defines the minimum level of care patients can expect and a standardized process by which care is delivered. We continually pursue opportunities to expand our accessibility to patients.

STAFF DEVELOPMENT: Our staff is the most valuable resource in the department. Staff development is a responsibility shared by staff and management. Each staff member has a responsibility to remain competent, increase their capabilities, and remain relevant. Management has an obligation to provide growth and development opportunities such that each person can increase their value to MYM and can develop to their fullest potential. Innovation at the boundaries of healthcare shall be encouraged and supported by the department.

Structure and Responsibilities

Residency Program Director

The residency program director (RPD) is responsible to ensure the program adheres to current ASHP accreditation standards, the overall goals of the program are met, appropriate preceptorship for each rotation is provided, training schedules are maintained, and that resident evaluation is a continuous process. The RPD must maintain an active practice within the practice specialty and is also a preceptor. The RPD is also responsible for the

selection of residents. This decision shall be made based on the recommendations of the residency interview committee. The RPD will establish and chair the program's RAC.

MultiCare Health System (MHS) Residency Advisory Committee

MHS has a system-level residency program advisory committee (MHS Mega-RAC) which serves as a venue to connect and collaborate with the other residency programs. Membership of the MHS Mega-RAC is comprised of Residency Program Directors and Coordinators. MHS Mega-RAC reports to the Clinical Leadership Team, and information is communicated to each specific program's Residency Advisory Committee (RAC). Each individual RPD continues to maintain sole control over their individual residency program.

Residency Advisory Committee

Each program has an established Residency Advisory Committee (RAC) which meets at least quarterly. The RAC members include the RPD, RPC if applicable, and primary preceptors at the program. The RAC documents attendance, meeting minutes, and decisions. The RAC is also responsible for assessing the methods for recruitment that promote diversity and inclusion, ongoing assessment of the program including an annual formal program evaluation (including input from residents and preceptors), and implementation of improvements identified through the assessment process.

Preceptors

Preceptors will be professionally and educationally qualified pharmacists who are committed to providing effective training of residents and being exemplary role models for residents. Preceptors will have demonstrated an ability to educate residents in their area of pharmacy practice.

The RPD is responsible for designating preceptors for each specific learning experience. The RPD is also a preceptor. Preceptors are directly accountable to the RPD regarding their resident training responsibilities.

Preceptor Requirements

Current and prospective preceptors must meet the eligibility and qualification requirements set forth by ASHP Accreditation Standards. Preceptors must practice primarily in the location they wish to precept. Each RPD is responsible for ensuring preceptors meet criteria and documenting the appointment.

To be considered as a new residency preceptor, interested pharmacists will notify the RPD. After discussion of requirements, the request will be reviewed by the RAC and decisions documented in RAC meeting minutes. RPD will evaluate potential preceptors as needed throughout the year.

RPD or designee will re-evaluate current preceptors based on ASHP preceptor standards at least every 4 years. Preceptor reappointment will be reviewed by the RAC and decisions documented in RAC meeting minutes. Evaluation will also include the desire and aptitude to precept residents. Desire is determined based on subjective information and evaluations from current residents, desire to teach, and aptitude for teaching. Aptitude is based on meeting criteria set forth in the ASHP Accreditation Standards along with participation in preceptor development activities and evaluations from current and previous residents.

The RPD has the authority to add or remove preceptors at any time at their discretion.

Preceptors not meeting the minimum criteria will have an individualized preceptor development plan targeted to get the preceptor fully qualified within 2 years. This plan will be reviewed by RAC at least annually (see below: additional requirements for preceptors not meeting minimum criteria).

Preceptor Expectations

Preceptors are expected to participate actively in the residency program's continuous quality improvement processes; demonstrate practice expertise and preceptor skills and strive to continuously improve; adhere to residency program and department policies pertaining to residents and services; and demonstrate commitment to advancing the residency program and pharmacy services.

Each residency learning experience preceptor is responsible for the following activities:

- Aiding RPD with developing specific goals and objectives for their learning experience
- Preparing/updating learning experience descriptions as instructed by the RPD
- Orienting residents to their learning experience prior to or on the first day of the learning experience
- Completing formative evaluations as scheduled in the electronic evaluation system
- Completing all summative evaluations within the electronic evaluation system no later than 7 days from the completion of the learning experience
- Meeting with the resident to discuss summative, self, and preceptor/learning experience evaluations
- Submitting documentation of preceptor development activities to the RPD or designee

Preceptor Development

A yearly preceptor development plan will be created by members of RAC. Residency program preceptors will participate in at least 4 hours of development activities per year.

To aid preceptors in reaching this requirement, MHS pharmacy services offers an optional preceptor development program which is comprised of monthly education webinars.

- Participation is optional for residency preceptors
- Pharmacy residents will participate in each monthly session as part of their training
- The RPD or designee for each program is responsible for evaluating resident and preceptor attendance
- The MHS Mega-RAC and pharmacy educational programs will evaluate the success of the preceptor development program yearly and make adjustments to the curriculum, with final approval from RPDs based on individual program needs.

Other Opportunities for Preceptor Development

- Participation in RAC meetings with a focused discussion on a recent preceptor development session
- APhA and Pharmacist Letter have educational programs available to orient new preceptors and refreshers for current preceptors
- University of Washington School of Pharmacy has web-based programs available to preceptors
- ASHP has web-based programs available to preceptors
- Preceptors may attend programs locally, regionally, or nationally to enhance their precepting skills
- Those who attend meetings will share information at residency meetings or other forums as appropriate
- Self-study materials will be shared

MYM Resources

Drug Information

A computerized drug information retrieval system is available via the MHS information system network which can be accessed by users most anywhere in the health system. The MHS information system network also allows for access to the internet for web-based drug information sites including OVID, Medline, DynaMedex, Cochrane Stat Ref, and others. This also includes access to the MHS on-line drug formulary, which is maintained by the MHS Drug Information Specialist Pharmacist.

Information Technology

MYM uses the EPIC health information system and electronic medication record (EMR) for its acute and ambulatory care services. The combination of the EPIC acute and ambulatory system provides clinicians with a fully integrated health information system that allows improved quality and safety of care for our patients. MYM fully utilizes electronic dispensing cabinets throughout the acute care services as well as integrated smart pumps and bedside bar code technology. In addition, carousel technology is used in central pharmacy for medication storage, distribution, and inventory control.

Medication Safety

MHS developed a system wide Medication Safety Program within the pharmacy department to demonstrate the unparalleled value our organization places on the safety of our patients and staff. Two pharmacists and two technicians operate within the Medication Safety Program to continually support the system's growth both retrospectively and prospectively around adverse drug events. The Medication Safety Team actively collaborates with all pharmacies and system resources throughout the system, while striving to lead initiatives to align with best practices related to improving patient safety. The interdisciplinary relationships fostered by the Medication Safety Team support our organization's journey to becoming a *Highly Reliable Organization (HRO)* and operating within a *Just Culture*.

Resident Learning Programs

Role of the Pharmacy Resident

Resident learning is accomplished by combining preceptor teaching and work experience during a one-year period. MYM allows residents to apply educational information and techniques learned to actual work situations. Residents are expected to demonstrate learned clinical practice behaviors, apply learned concepts, and to use the residency experience to develop the array of skills required to be a successful clinician.

Organizationally, residents are a unique set of employees who experience both staff and management roles. It is expected that each resident will integrate themselves into the staff and management structure of Pharmacy Services and contribute to the achievement of department goals. Each resident is also expected to actively work with the program director and program preceptors to shape the character of their individual program. Residents are expected to manage their program, which includes maintaining relevant documentation, scheduling meetings, arranging their scheduling jointly with their fellow residents, and other similar activities.

Role of the Preceptor

It is expected that each preceptor, in conjunction with the resident and the program director, shall take part in the development of the goal, objectives, and activities prior to beginning of each resident training experience. It is also expected that the preceptor shall attempt to cover, through topic discussions, each area of clinical pharmacy practice associated with their specialty. It is also important that the preceptor shall attempt to focus on any of the resident's areas of special interest and growth and tailor the learning experience accordingly. It is expected that the preceptor shall attempt to allow the resident as much "hands on" experience as safely possible in dealing with patients, medical staff, and nursing staff.

Program Management and Evaluation

The extent of resident's progression toward achievement of the program's required educational goals and objectives will be evaluated.

Summative Evaluations of Learning Experiences

Summative evaluation of the residents' progress toward achievement of assigned educational goals and objectives, with reference to specific criteria will be conducted after each learning experience by the preceptor with the resident. For longitudinal rotations, evaluations will be completed on a quarterly basis. The resident and preceptor will schedule a planning session at the start of each learning experience to review and customize the established goals and objectives to the resident's needs and to establish mutual expectations of each other.

Preceptors will check the appropriate rating for the goals and objectives being evaluated. In addition, preceptors may mark a goal as achieved for the residency program if all objectives associated with that goal are evaluated during the learning experience. Preceptors should use the following guidance for rating the goals and objectives:

- For GOALS:
    - Achieved for the Residency (ACHR) is earned for a goal if the resident can perform associated activities independently across the scope of pharmacy practice, and if the resident has achieved each objective associated with that goal.
    - The RPD will assess preceptor feedback and mark ACHR during the quarterly evaluation and residency plan updates.

- For OBJECTIVES:

Rating	Definition	Guidance
Needs Improvement (NI)	Resident is not performing at an expected level at that time; significant improvement is needed in order to meet objectives	The resident exhibits deficiencies in knowledge/skills for this area. For example, the resident: • Requires repeated prompting or assistance to perform daily activities, or cannot complete daily activities in a timely fashion • Is unable to perform appropriate self-evaluation, or does not incorporate preceptor feedback into their practice • Does not prepare as discussed with the preceptor, does not follow preceptor instructions • Does not improve/grow/learn throughout the rotation or ask appropriate questions to supplement learning • Is unable to integrate themselves into the team or cannot independently staff the rotation area. Preceptors should not hesitate to mark NI when appropriate. This is normal and a chance to provide constructive feedback to help the resident's performance.
Satisfactory Progress (SP)	Resident is performing and progressing at a level that should eventually lead to proficiency in the objectives	The resident exhibits adequate knowledge/skills for this area. For example, the resident: • Requires minimal prompting or assistance to perform daily activities • Is willing and able to provide appropriate self-evaluation, and learns and applies changes from self-evaluation and preceptor feedback • Learns and improves throughout the rotation and asks appropriate questions to supplement learning

		• Makes appropriate interventions or recommendations, and integrates into the team • Follows through on assigned tasks; meets deadlines or communicates need for extension • Able to independently staff the rotation area with minimal support In general, SP indicates that the resident is on track to achieve the objective/goal, however additional instruction and evaluation is necessary.
Achieved (ACH)	Resident can perform associated activities independently for this learning experience	The resident has fully accomplished the ability to perform the objective. For example, the resident: • Requires no prompting to perform daily activities • Is able to self-adjust their practice before the preceptor gives feedback • Is a team leader • Could independently staff the area with no additional training • The resident can function independently with regards to the achieved objective in this area of practice; no further development work is needed ACH assumes the resident does not require any additional instruction or evaluation for the objective or goal.
Achieved for Residency (ACHR)*	Resident consistently performs objective independently at the Achieved level, as defined above, across multiple settings/patient populations/acuity levels for the residency program	

* On a quarterly basis, the RPD will review all summative and quarterly evaluations completed for learning experiences that the resident has completed and assess the ratings given by preceptors for each objective assigned to be taught and evaluated. The RPD can then grant ACHR ratings.

For objectives that are assigned to be taught and evaluated in only one learning experience when the objective and associated activities would generally only be completed once (i.e., objectives at the "Understanding" taxonomy level or objectives that are generating only one work product such as completion of a medication use evaluation), if the objective has been marked with the ACH rating, this will then be reviewed by the RPD prior to the resident quarterly evaluation and can be marked as ACHR rating.

For objectives that are assigned to be taught and evaluated in two or more learning experiences (i.e., R1 patient care objectives), once the resident has been assessed in two separate learning experiences/two separate patient populations and/or acuity levels (e.g., med/surg and critical care, etc.), the RPD will review prior to the resident quarterly evaluation and can be marked as ACHR rating.

Tracking of ACHR ratings for applicable objectives will be documented in PharmAcademic and on the quarterly development plan. Notification will be provided to the resident during quarterly development plan meetings.

For any objective(s) marked as ACHR, if assigned on subsequent learning experiences, the preceptor is not required to rate or comment on such objective(s). However, the preceptor may always elect to include any comments specific to such objective(s) in the overall evaluation comments as they deem appropriate.

At any time during the residency program training, if a preceptor or the RPD observe any resident performance that is needing reinforcement, remediation, or further assessment, the RPD can decide to remove the ACHR rating from the associated objectives for further training and evaluation. If this occurs, it will be documented in

Pharmacademic and the resident's development plan. The resident and RPD will review progress toward meeting the required number of goals and objectives marked as ACHR during each quarterly development meeting.

Resident Self-Evaluation and Quarterly Development Plan

Residents will complete a self-evaluation and reflection prior to the start of residency or at the beginning of residency as part of the initial development plan.

A quarterly program progress report will be conducted with the RPD to assess residents' progress and determine if the development plan needs to be adjusted within the first 30 days of residency and every 90 days thereafter. Residents will provide a self-evaluation (in PharmAcademic) of their progress toward attainment of the residency goals and objectives, major project, specific interest and career goals, progress on previously identified areas of improvement, identification of new strengths and opportunities for improvement, assessment of well-being and resilience and any adjustments to the residency plan.

Evaluations by Resident

The resident will maintain a program portfolio which records their learning activities performed and relevant documents. This will be helpful to the resident when completing self-evaluations and providing progress reports.

The resident will complete and discuss one evaluation of each preceptor and one evaluation of the learning experience at the end of each rotation.

An important component of residency training is teaching good self-assessment skills. As a result, residents will complete a self-evaluation for selected rotations.

Personnel Policies

Recruitment, Candidate Application, Screening, Interview, Rank, and Match

MYM is committed to building a diverse workforce, as a diverse workforce benefits both employees and patients by offering an inclusive place to provide and receive care.

MYM has a separate documented procedure for recruitment, evaluation and ranking of candidates. MYM adheres to the general standards outlined below.

Candidate meets criteria for application including:

- Graduate (prior or anticipated) of an ACPE-accredited college of pharmacy or Foreign Pharmacy Graduate Equivalency Committee (FPGEC) certificate and is licensed or eligible for licensure in Washington State
    - MYM does not sponsor work visas
- Registered to participate in the ASHP Residency Matching Program
- Must satisfy eligibility requirements for employment including acceptable results on a pre-employment drug screen and background check

All candidate application materials must be submitted in PhORCAS and meet application deadline

- Letter of intent
- Curriculum Vitae (CV)
- Three letters of reference
- Official transcripts of all professional pharmacy education from an ACPE-accredited pharmacy degree program or FPGEC program

Candidate Screening Process

1. The RPD and application review team are responsible for screening applicants to invite for interviews.
2. Each application component is scored using a program-specific standardized assessment tool. Application components evaluated include:
    a. Letter of intent
    b. Letters of recommendation
    c. Curriculum Vitae (CV)
        i. Work Experience
        ii. Clinical Rotations
        iii. Leadership & Extracurricular Involvement
        iv. Projects, Presentations, Research & Publications
        v. Other – unique experiences or background that may enhance the residency learning experience
    d. Transcripts – if GPA is used as part of the selection criteria, the program-specific procedure will include information on how the academic performance of applicants from pass/fail institutions are evaluated.
3. RPD or designee is responsible for offering and scheduling resident applicant interviews. Applicants invited to interview will be provided with a link to the residency manual, program policies within the manual, requirements for successful completion of the program, program start date and term of appointment, and benefit/stipend information.

Resident Interview and Ranking Process

- An interview is required.

- The interview process may include, but not limited to, meetings with the program director, management, and preceptors, and a tour of the facilities. Interview questions should be pre-determined and consistent for each year's candidates.
- Application materials and interviews are the basis for assessing criteria used to rank candidates. Candidates will be scored by each member of the interview team using a program-specific standardized assessment tool.
- The Residency Interview Team will consist of the RPD, current residents and preceptors. The RPD will complete training to reduce implicit bias prior to the application and interview process.
- The Residency Interview Team will meet prior to the match deadline to discuss candidates and develop a final rank list based on review or scoring system and discussion.
- MYM will participate and abide by the rules outlined by the ASHP Matching Program.
- After match results are released, final acceptance of matched applicants will be the responsibility of the RPD to communicate and confirm with matched residents, as outlined in ASHP Standards and the Letter of Acceptance section below.
- If a position was not matched, RPD or designee will review, and a decision will be made to pursue additional candidates for the Phase II Match. If the decision is to pursue Phase II candidates, RPD will coordinate review of candidates. The Phase II applicant screening will follow the same procedure as Phase I. Candidate interviews during Phase II may be abbreviated or conducted by only RPD or designee rather than an interview team. Those involved in candidate screening or interview will meet prior to the match deadline to discuss candidates and develop a final rank list based on review or scoring system and discussion.

Licensure

Residents must be licensed in the State of Washington to practice pharmacy at MYM. Residents are strongly encouraged to be licensed as pharmacists by the residency start date.

- If a pharmacist license is not obtained by the onboarding/hire date, then an intern license or a graduate pharmacist license must be obtained by the start date (for those candidates previously licensed as a pharmacist). Failure to obtain the intern license by the start date may result in termination of the residency or delayed start of residency at the discretion of the RPD and director of pharmacy.

The resident will become a licensed pharmacist in the state of Washington within 120 days from the residency start date. The resident must be a licensed pharmacist for at least two-thirds of the residency year to meet ASHP Accreditation Standards.

- If not licensed within 90 days:
    - RPD will review residents progress towards licensure, with considerations of resident's test dates to evaluate if can be licensed within 120-day goal.
    - The resident may be placed on unpaid leave at the discretion of the RPD to accommodate studying and test dates. The maximum time away and extension are described in the section Extended Leaves of Absence.
- If not licensed within 120 days:
    - At the discretion of the RPD with consideration of resident's test dates and extenuating circumstances (e.g., state Board of Pharmacy delay or cases of incorrect test scoring), the resident may either be dismissed or placed on unpaid leave, as described in the section Extended Leaves of Absence.

Pre-Employment Requirements

The resident must complete all pre-employment requirements:

- Online Employment Application (required upon matching with program)
- Complete new hire paperwork for Human Resources which may include, but not limited to:
    - Child/Adult Abuse Act Request for Information form
    - Immigration Reform and Control Act form (I-9)
    - Internal Revenue Service W-4
    - Criminal Background check
    - Pre-employment drug screen, including nicotine
    - Immunization or immunity records: immunizations must be up to date, including SARS-Cov-2 and influenza vaccines
        - Proof of immunity may be required for some situations (varicella, MMR)
    - The resident is not required to obtain professional liability insurance

Terms of Residency

The pharmacy practice residency is a 52-week independent practice educational experience during which time the resident will actively participate in the development and implementation of departmental goals and objectives which are directed towards improved patient care and ensuring that patients receive safe and effective medication therapy. The training consists of predetermined learning experiences for which the resident is paid a stipend for the year. The resident will receive extensive training and experience beyond the traditional academic experiences and undergraduate clerkships.

Rotations may be no more than one-third of the 52-week program in one specific patient disease state and population (i.e., critical care, oncology, medical-surgical).

Residents must spend two thirds or more of the program in direct patient care activities.

Letter of Acceptance, Contracts, and Job Description

The RPD will contact matched applicants in writing no later than 30 days after the match results with a letter outlining their agreement to participate in the program. The written contact will include a link to the resident manual, defining the terms and conditions of the resident's participation. This policy and a job description will be available for residents to review.

Matched applicants will return a signed copy of the agreement within 14 days of receipt.

After completing the application for employment, the resident will receive an official Job Offer which they must accept prior to the start of their residency year.

Orientation and Training

Residents will attend New Employee Orientation and be oriented to the department and complete a department orientation checklist. In addition, the resident will complete an orientation rotation specific to the residency program.

Resident Work Hours

Duty Hours

Residency program directors and preceptors have the professional responsibility to provide residents with a sound training program that must be planned, scheduled, and balanced with concerns for patients' safety and residents'

well-being. Therefore, programs must comply with the requirements outlined in this policy to ensure optimal clinical experience and
education for their program's residents.

https://www.ashp.org/-/media/assets/professional-development/residencies/docs/duty-hour-requirements.ashx?la=en&hash=7D709CCB9D2B70923083697477B0EA2CD8306E9E

Definition of terms:

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

Scheduled Duty Periods - Assigned duties, regardless of setting, required to meet the educational goals and objectives of the residency program. These duty periods are usually assigned by the RPD or preceptor and may encompass hours which may be within the normal workday, beyond the normal workday, or a combination of both.

Moonlighting - Any voluntary, compensated, work performed outside the organization (external), or within the organization where the resident is in training (internal). These are compensated hours beyond the resident's salary and are not part of the scheduled duty periods of the residency program.

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

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

POLICY:

Background:
Residents, program directors and preceptors have the professional responsibility to ensure they are fit to provide services that promote patient safety. The RPD must ensure that there is not excessive reliance on residents to fulfill service obligations that do not contribute to the educational value of the residency program or that may compromise their fitness for duty and endanger patient safety. Providing residents with a sound training program must be planned, scheduled and balanced with concerns for patient safety and resident's well-being. Therefore, MYM PGY1 pharmacy residency program complies with the ASHP Accreditation Standards for duty hours and moonlighting.

1) Specific Requirements:

    a) Duty Hour Monitoring

i) Residents will record daily the hours worked on MYM property, and time spent moonlighting at MYM on the duty hours reporting sheets provided (see appendix). Completed sheets will be uploaded in PharmAcademic to RPD on the first of each month for the previous month. (see last page or separate excel document) Residents will also complete the assigned attestation at the beginning of each month in PharmAcademic.
ii) Residents must alert the RPD immediately if, while tracking hours, they assess they may exceed the allowable duty hours as outlined in this policy.
iii) RPD will monitor duty hours sheets monthly upon completion of PharmAcademic attestation. If noncompliance is observed, the RPD and resident will have a discussion and make an action plan to prevent future instances.

b) MYM Resident staffing requirements
   i) Residents at MYM generally staff every third weekend (two 8- or 10-hour shifts) and one 3-hour evening weekday shift once each week in addition to their 40 hour/week learning experience requirements.
   ii) Each resident will work 1 non-major holiday each year (New Year's Day or Memorial Day) and 1 major holiday (Thanksgiving - split between 2 residents or Christmas).
   iii) The resident may occasionally be asked to assist in staff coverage for short periods of time to assist in departmental operations, but only when essential. This should occur only if it does not disrupt a rotation responsibility.

c) The resident does not have a daily set schedule due to the learning nature of the program. The residents should arrive each day in time to commence the activities specific to their rotation, but should not arrive later then 0800, unless specifically necessary. If the resident is late or does not inform/arrange with the RPD or preceptor prior, an additional project may result and or leading up to disciplinary action. The resident should be in attendance each day, Monday through Friday, for a sufficient period of time to complete their learning activities but not less than 8.5 hours each day. Time off from the residency must be approved in advance with the primary preceptor and the Residency Program Director.

d) Internal moonlighting may be available periodically throughout the year. The resident must receive approval for moonlighting hours and inform the RPD. Moonlighting will only be permitted in areas where the resident has been deemed to be proficient by the RPD and preceptors. Residents will only be staffed where they are working in close proximity to other pharmacists; they will not staff alone for any period of time (e.g. night shift). Residents will be compensated with base pharmacist hourly wage.

e) Residents will only be permitted to moonlight up to 12 hours a month for the first 6 months of residency. Residents may be permitted to moonlight up to 20 hours a month during the 2nd half of the residency year. Residents may be permitted more hours after a discussion with the RPD and evaluation on progress within the residency program.

f) All moonlighting hours must 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. When scheduled for additional shifts (moonlighting), the resident will assess if there are any possibilities that duty hours may be exceeded and must alert the RPD immediately if so. This must happen when scheduling occurs, not after the shifts have occurred. The RPD is responsible for documenting moonlighting hours.

g) External moonlighting is not allowed.

h) Moonlighting 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 residency program director whether to permit or to withdraw moonlighting privileges.

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

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

k) Continuous duty periods of residents shall not exceed 16 hours.

l) Double back shifts are not offered to pharmacy residents (defined by the organization as < 9.5 hours between shifts).

m) There are no on-call requirements and residents may not sign up for on-call coverage.

2) Personal and Professional Responsibility for Patient Safety

a) Residents and preceptors have a professional responsibility to be appropriately rested and fit for duty to provide services required by the patients and health care.

b) Residents and preceptors must be able to recognize signs of fatigue and sleep deprivation and adopt processes to manage negative effects of fatigue and sleep deprivation to ensure safe patient care and successful learning.

c) Residents and preceptors must accept personal and professional responsibility for patient care that supersedes self-interest. At times, it may be in the best interest of the patient to transition the care to another qualified, rested provider.

d) The RPD, preceptors and coworkers will evaluate residents' overall performance or residents' judgment while on scheduled duty periods and affect their ability to achieve the educational goals and objectives of their residency program and provide safe patient care. If performance or judgment is impaired, the RPD and preceptors will take measures to adjust and minimize the resident's duty hours to improve performance and ensure patient safety. The RPD and management team may ask the resident to leave the facility immediately if not appropriately rested and fit to perform patient care.

e) Residents must participate in structured handoff processes when they complete their duty hours to facilitate information exchange to maintain continuity-of-care and patient safety. This will include notes in the pharmacy system used by the rest of the pharmacy staff and a verbal handoff when appropriate.

Resident Time Off / Leave of Absence

The maximum time away from residency (including holiday, vacation, accrued sick time, interviews, jury duty, bereavement leave, military leave, parental leave, leaves of absence, and extended leave) may not exceed 37 days in a 52-week period without requiring extension of the program. The residency program is responsible for tracking time away from residency and being proactive to prevent residents from exceeding the maximum time away.

Any missed time exceeding this amount must be made up through an extension of the program. The maximum time allowed for an extension is 4 weeks. (See extended leave of absence below)

Vacation Time (Paid Time off (PTO))

Residents accrue PTO in accordance with MHS policies. All time off must be requested prior to taking it. PTO requests will be reviewed for approval by RPD and preceptor of the affected rotations on a case-by-case basis, with review of the total time away from residency to ensure compliance with ASHP Standards.

Extended time off (more than 3 consecutive days) for any reason during a rotation will need to be made up by the resident to include a written plan approved by preceptor and RPD.

If the resident is sick for a required staffing weekend, an effort should be made to have co-resident(s) cover the shift and organize a trade.

Extended Leave of Absence

Extended leave of absence will be granted at the discretion of the RPD and pharmacy administration and in accordance with MHS policy and procedures. All leaves must abide by the maximum time away and program extension information listed above.

If an extended leave of absence is approved, then the residency will be extended by the number of days that the resident is on extended leave, up to a maximum of 4 weeks, to meet the 52-week requirement and allow the resident to complete program requirements. The extension will be equivalent in time, competency (i.e. if the resident missed part of a critical care rotation, time made up will be in critical care), salary and benefits.

Extended leaves of absences that jeopardize the resident from completing requirements for successful completion of the program (i.e., completion of major project and presentation at a conference) will result in dismissal from the program and no certificate will be awarded.

Residents may take accrued available PTO for any leave of absence prior to taking time off without pay, except if using unpaid leave for licensure exams at the discretion of the RPD (see Licensure section). Salary and benefits continue during paid leave when a resident has available PTO. Unpaid leave will follow MHS policy. Currently, residents placed on unpaid leave will not be paid during this period and benefits may be stopped depending on the extent of the unpaid leave.

Absence Without Approved Leave

Residents are expected to communicate directly with the RPD in the event they are unable to participate in the residency program for a period exceeding 24 hours. If the resident does not communicate with the RPD, the MHS policy/procedure for unexcused absences and/or dismissal will be used.

Dismissal

The resident will adhere to MHS rules, regulations, procedures, and policies during their residency year.

MHS recognizes and asserts the right to discharge an employee “at will” with or without notice or cause at any time. Human resources policy and procedure will be utilized for violation of MHS policies. To allow a resident an opportunity to correct behavior or resolve a performance problem(s) a corrective action process (CAP) can be utilized. However, under certain circumstances immediate dismissal from the program will be the course of action and no certificate will be awarded. Falsification of any information during the application, interview or hiring process will be grounds for immediate discharge.

Considerations for CAP may include but not limited to a resident who is failing to progress in the educations goals and objectives as evaluated during quarterly development plans, or not on track for graduation requirements set forth by each program. Efforts will be made to identify failure to progress as early as possible. Examples of failure to progress include but are not limited to:

- Not making progress on major project or missed deadline
- Consistently incomplete or late work
- "NI" marked on more than 25% of objectives
- Feedback or concerns brought forward from preceptors
- Failure to comply with duty hours or moonlighting policies

Corrective Action Process (CAP)

Progressive guidance will be provided in the form of a Corrective Action Plan (CAP). The RPD will conduct the CAP. If the concern involves the RPD, then the RPD's immediate supervisor or pharmacy director will be conducting the CAP. In that case, substitute supervisor or director for RPD throughout this process.

Suggested process for CAP is as follows:

1. After a concern has been identified, the RPD will collect data including meeting with the resident to understand the circumstance.
2. The RPD may seek assistance and guidance from the RAC following the investigation to determine the need to initiate a CAP. The RPD will make the decision whether to initiate the CAP or not.
3. The RDP will meet with the resident to discuss the decision of whether to initiate a CAP or not. If a CAP is initiated the RPD will review with the resident the process and time frame.
4. The CAP will consist of a written document that will be posted on PharmAcademic. This document will be verbally reviewed with the resident:
    a. Describing behavior that needs correcting
    b. Information discovered during investigation
    c. Expectations for improved performance or behavior
    d. Timeline for expected improvement and checking on progression*
    e. Date for probationary period associated with CAP to be completed*
    f. *Note, the timeline and date for the probationary period will depend on the type of misconduct and the frequency of exposure to situations where the conduct takes place, however many behaviors can be changed immediately, weekly check-ins would be sufficiently frequent, and a 4-8 week probationary period is appropriate to monitor sustained changes.
5. Once the CAP is completed, a final evaluation will be completed by RPD in consultation with the RAC. It will be determined if the resident successfully met expectations or did not meet the CAP expectations. If expectations are not met and dismissal is warranted, the process will be started with HR. If expectations are partially met, the RPD and RAC may determine if the CAP can be extended or addended. There will be no extensions of residency program duration for residents who are failing to progress.
6. The RPD will write an evaluation of the conclusions. This will be posted on PharmAcademic. The RPD will meet with the resident and verbally review the evaluation and conclusions.

Credentialing

Pharmacists who bill for ambulatory care services, other than dispensing, are to be credentialled by MultiCare Medical Staff Credentialling as a requirement to bill health plans. The care provided by the pharmacist is within the pharmacist's scope of practice. With the passage of Washington State bill ESSB 5557, and subsequent RCW 48.43.715, pharmacists are among healthcare providers to be represented in health insurance provider networks. As employees of MultiCare, credentialing through Medical Staff Credentialing is the avenue to enroll in commercial health plan provider networks.

Pharmacy residents who will be independently billing for clinical services during their planned residency program will need to complete the application for credentialling.

- Application may be completed at any time once deemed necessary by RPD and preceptors, after licensure by the Board of Pharmacy.
- Online application is available at: www.multicare.org/credentialing-application-form/
- Per WAC 246-945-350, Pharmacists will complete the applicable Collaborative Practice Agreements (CDTA) for the location of practice. Sponsoring physicians also co-sign the CDTA. The original CDTA is mailed to the Washington State Quality Assurance Commission. Copies of the CDTAs will be retained by the Ambulatory Pharmacy Manager and the Pharmacist.

Benefits

Residents are considered 1.0 FTE staff and receive a stipend for the year. The aim of the PGY1 residency year is to start at the end of June/early July. Program durations are 52 weeks. Benefits include:

- Medical/Dental/Life/Vision Insurance
- Paid Time Off (PTO)
- Extended sick time
- Education Leave/Funding: funding for a regional residency conference and some or all funding for the ASHP Midyear Clinical Meeting; amount disclosed prior to making reservations
- Free Parking
- Meal discounts

Specific benefit information will be shared to candidates invited to interview. The estimated start date and stipend are posted on the program's ASHP's residency listing.

MultiCare Yakima Memorial Hospital PGY1 Pharmacy Residency

Leadership

Residency program director: Beth Han, PharmD, BCPS

Program Goals

The MYM PGY1 residency program builds 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.

Training site description

Acute care
Acute care learning experiences take place at MYM in Yakima, WA. Services provided by MYM include critical care, cardiology, emergency department, labor and delivery, medical, oncology, pediatrics/NICU, surgery and psychiatric services.

MYM has innovative, decentralized clinical pharmacy services including pharmacokinetic consultation, drug information consultation to patients and providers, glycemic control, emergency response teams (code blue, rapid response, trauma), inpatient anticoagulation management services, medication reconciliation, meds-to-beds with discharge medication counseling and terminal symptom management through hospice prescriptive authority. Decentralized pharmacists are available during the day and evenings, including weekends and holidays.

Distributive services are centralized at MYM and include IV admixture service and unit dose system. The pharmacy is open 24 hours a day, 7 days a week. Distributive services are supported by the use of electronic automated dispensing cabinets, USP 797/800 compliant IV admixture room, and bedside barcode.

Ambulatory care
Ambulatory care learning experiences take place at primary care and specialty clinics in Yakima, WA. MYM has ambulatory care pharmacists poised in most primary care clinics and both oncology and cardiology specialty clinics. Pharmacists play an integral role and are responsible for disease state management.

Learning Experiences

The resident will achieve their personal and ASHP required goals and outcomes through the development of his/her individualized residency calendar. The calendar will be comprised of required, longitudinal and elective experiences that vary in range from 2-6 weeks depending on the experience.

Residents also have the opportunity to pursue an optional teaching certificate. Residents are directly involved in precepting IPPE and APPE students on acute care rotations by facilitating small group discussions, journal clubs and patient case presentations.

Program Structure

Required rotations (39 weeks + longitudinal)

- Pharmacy Orientation (5 weeks)
- Acute care:
    - Critical Care (4 weeks)
    - Emergency Department (4 weeks)
    - CHCW Family Medicine – Family Practice Residents (6 weeks)
    - Inpatient Oncology/Acute care Rotation (4 weeks)
    - Drug Distribution and Clinical Staffing* (Total 52 weeks, one 3-hour weekday shift and two 10-hour weekend shifts about every 3rd weekend)
    - General Medical/Surgical* (4-week blocks throughout the year, total of 12 weeks)
- Ambulatory Care – selection of primary care or specialized clinics with a focus on cardiology (6 weeks)
    - Located offsite at Pacific Crest Family Medicine (311 S 72nd Ave) and Pulse Heart Institute Cardiology and Vascular Services (4106 S 30th Ave Ste 101)
- Leadership and Management* (Total 44 weeks, ten 1-hour monthly topic discussions and dedicated time participating in performance improvement committees)
- Residency Project Management* (Total 44 weeks, 1-2 days/month dedicated project days, 1 week at the end of the year for "wrap up")
- Teaching and Precepting* (Total 41 weeks, 1-2 days/month dedicated time for small group facilitation, lectures, etc.)

*Longitudinal rotations

Elective rotation (11 weeks)

- Antimicrobial Stewardship (2-4 weeks)
- Cardiology Acute Care (2-4 weeks)
- Cardiology Ambulatory - Memorial Heart, Lung & Vascular Clinic (4 weeks)
    - Located offsite at Pulse Heart Institute Cardiology and Vascular Services (4106 S 30th Ave Ste 101)
- Infusion care - (2-4 weeks)
    - Located offsite at MultiCare Cancer Institute – Northstar Lodge (808 N 39th Ave)
- Oncology ambulatory - Northstar Lodge (4 weeks)
    - Located offsite at MultiCare Cancer Institute – Northstar Lodge (808 N 39th Ave)
- Pediatrics (2-4 weeks)
- Pharmacy Administration Elective (2 weeks)
- Ambulatory Care – Primary Care – extension of required rotation or other clinic (2-4 weeks)
    - Located offsite (see above details for site specific locations)

Resident meetings

The RPD and each individual resident will meet regularly throughout the residency year. These meetings are intended to serve the needs of the resident and shall be one forum where resident wellbeing, progress and the program can be discussed. Each quarter, the residents will complete a self-evaluation and development plan as required by ASHP and discuss individually with the RPD.

Residents also will have the opportunity to participate in the Pharmacy and Therapeutic committee (P&T) and various performance improvement committees throughout the year as related to project work and the Leadership & Management longitudinal rotation.

Major Project

Residents are required to complete an investigation of some aspect of pharmacy practice. This may be in the form of original research, or development or enhancement of pharmacy practice and patient care services. A final report in manuscript format is required and results will be presented at a regional residency conference or national pharmacy meeting. Residents will also submit their results for publication in a peer reviewed medical or pharmacy journal.

Goals and Objectives

The resident will be evaluated on all required competency areas, goals, and objectives for PGY1 pharmacy residencies.

Requirements for Successful Completion of Residency

Requirement	Components
Complete Required Learning Experiences	• Pharmacy Orientation • Critical Care • Emergency Department • Ambulatory Care (selection of primary care or specialized cardiology clinic) • CHCW Family Medicine (Family Practice Residents) • Inpatient Oncology/Acute Care Rotation <u>Longitudinal rotations:</u> • General Medical/Surgery Longitudinal Rotation • Drug Distribution and Clinical Staffing • Leadership and Management Longitudinal Experience • Residency Project Management • Teaching and Precepting
Complete required staffing	• 17 weekends • One 3-hour evening shift per week • 1 non-major holiday (New Year's Day or Memorial Day) • 1 major holiday (Thanksgiving or Christmas)
Rating of "Achieved for Residency" on ≥ 90% of objectives	• 28 of 31 objectives
Complete Teaching and Precepting requirements	• Lead journal club twice (system wide and formal presentation) • Present mini literature report out 2 times throughout the year • Create and lead 2 lunch and learn presentations (common disease state w/guidelines and commonly encountered inpatient topic competency) • Precept 1 IPPE student (pending student block availability) • Complete preceptor development program requirements (see separate checklist)

Complete Required Practice Management Experiences	<u>Residency longitudinal project (Major project):</u> • IRB submission, approval or exemption • ASHP Midyear poster presentation* • Regional Residency conference PowerPoint presentation • Manuscript submitted for publication to a peer reviewed journal and to RPD <u>Drug Information/Literature review:</u> Complete 3 P&T related projects: • MUE (Second project) • Formal drug response • Choice of monograph, class review, create/revise an evidence-based protocol, order set or medication management/policy project)
Upload required deliverables in PharmAcademic	**Uploaded by RPD:** • Signed match confirmation letter • Pharmacy Intern and Pharmacist license • Completion requirements tracker • Signed residency graduation certificate **Uploaded by Resident:** Deliverable [associated objective] <u>Teaching and Precepting documents:</u> • System wide journal club handout [4.1.3] • Formal journal club handout [4.1.3] • 2 mini literature report outs [4.1.3] • Lunch and Learn presentations [4.1.1] <u>Practice Management documents:</u> • Abstract and poster for ASHP Midyear or other conference opportunity [2.1.2] • Abstract and PowerPoint presentation for regional residency conference [2.1.6] • Final manuscript [2.1.6] • Formal drug response [4.1.2] • Medication use evaluation (MUE) [2.1.6] • P&T related project (choice of monograph, class review, create/revise an evidence-based protocol or order set, or medication management/policy project) [1.4.2]
Other Residency Related Requirements	• Complete all evaluations in PharmAcademic

*If resident is placed on unpaid leave for licensing requirements, resident and RPD can determine an equivalent alternative poster opportunity

Appendix

Locations for supplemental forms:

- Duty hours tracking forms: *K drive* > *Pharmacy* > *General* > *Residency Information* > *Duty Hours tracking forms* > *Duty hours tracker example with calculator*

- Staffing formative feedback evaluations: *K drive* > *Pharmacy* > *General* > *Residency Information* > *evaluation forms* > *Resident staffing formative feedback form* 2024