

**PGY1 - Pharmacy Residency
Program Manual**



Saint Alphonse

**Saint Alphonse Regional Medical Center
Department of Pharmacy
Boise, Idaho**

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Saint Alphonse Regional Medical Center
Residency Manual
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Hospital Information

Saint Alphonsus Regional Medical Center (SARMC)

Founded in 1894 by the Sisters of the Holy Cross, Saint Alphonsus was the first hospital established in Boise—bringing healthcare to the poor and underserved. Now referred to as Saint Alphonsus Regional Medical Center, our licensed medical-surgical/acute care 381 bed facility serves as the center for advanced medicine and is poised to support the community well into the future. Saint Alphonsus is the region's only Level II Trauma Center and serves Idaho, Eastern Oregon and Northern Nevada.

Centers of Excellence include:

- Cardiovascular
- Emergency and Trauma, including Level II Trauma Center and Time Sensitive Emergency certified center for Trauma, Stroke, and Heart Attack
- Neuroscience, including Comprehensive Stroke Center
- Oncology
- Orthopedics/Surgery
- Women's services

SARMC is the anchor for the Saint Alphonsus Health System, a four-hospital regional, faith-based ministry and member of Trinity Health.

Mission Statement

We, Saint Alphonsus Health System, serve together in the spirit of the Gospel as a compassionate and transforming, healing presence within our communities.

Vision

As a mission-driven innovative health organization, we will become the national leader in improving the health of our communities and each person we serve. We will be the most trusted health partner for life.

Core Values

- Reverence
- Commitment to Those Who are Experiencing Poverty
- Safety
- Justice
- Stewardship
- Integrity

Residency Overview

Individuals who complete a pharmacy residency at SARMC shall be highly qualified independent practitioners able to provide pharmaceutical care in critical care, general medicine, infectious diseases/antimicrobial stewardship and various other environments. They shall be responsible for drug therapy outcomes as an integral member of the multi-disciplinary health care team. Such pharmacists will be able to develop their own personal plan for professional development. They will be able to educate patients, health care professionals, and the public on the monitoring, delivery, safety, and appropriate use of medications and communicate this information effectively. Pharmacists completing this program will be capable of conducting their practice with a high level of maturity and leadership and be able to perform practice-related research. Finally, they will develop a high-level of professionalism and compassion for patients consistent with SARMC's ministry to heal body, mind, and spirit.

Purpose Statement: 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.

Program Administration and Faculty

Consistent with the commitment of the hospital and the Department of Pharmacy, several individuals and committees play key roles in the pharmacy residency program. The individuals and their respective roles are as follow:

Residency Program Director (RPD)

The RPD ensures the overall program goals and specific learning objectives are met, training schedules are maintained, appropriate preceptorship for each Learning Experience is provided and that resident evaluations are conducted routinely and based on pre-established learning objectives. As program advisor, the RPD provides assistance for the resident in achieving goals for successful completion of the residency.

Residency Program Coordinator (RPC)

The RPC will assist the RPD with the above responsibilities. In addition, the coordinator will also serve as a liaison between the preceptors and RPD, oversee preceptor development, monitor resident development tracking and overall program development, and coordinate the recruitment and interview process.

Preceptors

Each Learning Experience has a pharmacist preceptor who develops and guides the Learning Experiences to meet the residency program's goals and objectives with consideration of the resident's goals, interests, and skills. The preceptor is responsible for providing feedback and conducting evaluations per program requirements. See [Appendix A: Preceptor Requirements and Development](#).

Project Advisor

The Project Advisor assumes primary responsibility to guide the resident in completing the required research project. The Project Advisor assists the resident in selecting a project, defining the scope of the project to assure completion within the time schedule of the residency year and planning and implementing the project design. The Project Advisor provides guidance concerning the suitability for publication of the research work with final approval from the RPD.

Program Committees

Residency Advisory Committee (RAC)

The RAC is a standing committee of the Department of Pharmacy and residency program. It is composed of primary preceptors. The Committee serves in an advisory capacity to the RPD/RPC, and endeavors to maintain the quality and consistency of the residency program.

The committee provides a forum for preceptors to discuss common concerns, to develop additional Learning Experiences, and to promote new and innovative learning experiences or program initiatives. The RPD serves as the Chairman of the Committee and the RPC as the Secretary. The committee meets during the second to last week of each rotation block and as needed throughout the residency year. All-preceptor RAC meetings will occur throughout the year, typically in Blocks 1, 3, 6, and 9. The specific functions of the committee include:

- Oversight of the Program contents and alignment with ASHP standards
- Continuous evaluation of the Program's curriculum, goals, objectives, and effectiveness
- Process improvement and quality assurance of the Program
- Program adherence to the Pharmacy Department and organization mission, vision, values, and policies
- Resident progression through the Program including progression issues
- Preceptor appointments
- Preceptor development
- Resident recruitment and selection

A quorum will consist when a majority of members are present in person or virtually. All voting decisions will be made by a majority vote of those present at a meeting when quorum is present. If there is a tie, the RPD vote will break that tie for a majority rule.

Subcommittees of RAC will be established as necessary to meet the needs and advance initiatives of the Program. Each subcommittee will be given a set of charges to accomplish during the residency year and report out on results at the conclusion of the year or periodically as requested by RAC. Composition of the individual subcommittee is based on the intent and purpose as defined in the description below. The following are currently established RAC subcommittees:

Interview Committee

Committee is composed of the RPD, RPC, preceptors, and current residents. The Committee serves to establish application and interview requirements for recruitment and selection of residents, review applications, extend interview offers, conduct interviews, and set the rank list for the upcoming residency year.

Preceptor Development Committee

Committee is composed of the RPD, RPC, and preceptors. The Committee serves in an advisory capacity to RAC to oversee the content and quality of preceptor development within the program. Additional functions include maintaining preceptor qualifications for the program and a resource center accessible to all preceptors.

Residency Competency Areas, Goals and Objectives

Residency Competency Areas, Goals and Objectives (2024)	
Goal R1.1	Provide safe and effective care services following JCPP (Pharmacist's Patient Care Process)
Objective R1.1.1: (Analyzing)	Collect relevant subjective and objective information about the patient
Objective R1.1.2: (Evaluating)	Assess clinical information collected and analyze its impact on the patients' overall health goals
Objective R1.1.3: (Creating)	Develop evidence-based, cost effective, and comprehensive patient-centered care plans
Objective R1.1.4: (Applying)	Implement care plans
Objective R1.1.5: (Creating)	Follow-up: Monitor therapy, evaluate progress toward or achievement of patient outcomes, and modify care plans
Objective R1.1.6: (Analyzing)	Identify and address medication-related needs of individual patients experiencing care transitions regarding physical location, level of care, providers, or access to medications
Goal R1.2	Provide patient centered care through interacting and facilitating effective communication with patients, caregivers, and stakeholders
Objective R1.2.1: (Applying)	Collaborate and communicate with health care team members
Objective R1.2.2: (Applying)	Communicate effectively with patients and caregivers
Objective R1.2.3: (Applying)	Document patient care activities in the medical record or where appropriate
Goal R1.3	Promote safe and effective access to medication therapy
Objective R1.3.1: (Applying)	Facilitate the medication-use process related to formulary management or medication access
Objective R1.3.2: (Applying)	Participate in medication event reporting
Objective R1.3.3: (Evaluating)	Manage the process for preparing, dispensing, and administering (when appropriate) medications
Goal R1.4	Participate in the identification and implementation of medication-related interventions for a patient population (population health management)
Objective R1.4.1 (Applying)	Deliver and/or enhance a population health service, program, or process to improve medication-related quality measures
Objective R1.4.2 (Creating)	Prepare or revise a drug class review, monograph, treatment guideline, treatment protocol, utilization management criteria and/or order set.
Goal R2.1	Conduct Practice Advancement Projects
Objective R2.1.1 (Analyzing)	Identify a project topic, or demonstrate understanding of an assigned project, to improve pharmacy practice, improvement of clinical care, patient safety, healthcare operations, or investigate gaps in knowledge related to patient care.
Objective R2.1.2: (Creating)	Develop a project plan
Objective R2.1.3: (Applying)	Implement a project plan
Objective R2.1.4: (Analyzing)	Analyze project results
Objective R2.1.5: (Evaluating)	Assess potential or future changes aimed at improving pharmacy practice, improvement of clinical care, patient safety, healthcare operations, or specific question related to patient care.
Objective R2.1.6: (Creating)	Develop and present a final report
Goal R3.1	Demonstrate leadership skills that contribute to departmental and/or organizational excellence in the advancement of pharmacy services
Objective R3.1.1 (Understanding)	Explain factors that influence current pharmacy needs and future planning
Objective R3.1.2: (Understanding)	Describe external factors that influence the pharmacy and its role in the larger healthcare environment
Goal R3.2	Demonstrate leadership skills that foster personal growth and professional engagement
Objective R3.2.1: (Applying)	Apply a process of ongoing self-assessment and personal performance improvement
Objective R3.2.2: (Applying)	Demonstrate personal and interpersonal skills to manage entrusted responsibilities
Objective R3.2.3: (Applying)	Demonstrate responsibility and professional behaviors
Objective R3.2.4: (Applying)	Demonstrate engagement in the pharmacy profession and/or the population served.

Goal R4.1	Provide effective medication and practice-related education
Objective R4.1.1: (Creating)	Construct educational activities for the target audience
Objective R4.1.2: (Creating)	Create written communication to disseminate knowledge related to specific content, medication therapy, and/or practice area.
Objective R4.1.3: (Creating)	Develop and demonstrate appropriate verbal communication
Objective R4.1.4: (Evaluating)	Assess effectiveness of educational activities for the intended audience
Goal R4.2	Provide Professional and practice-related training to meet learners' educational needs
Objective R4.2.1: (Evaluating)	Employ appropriate preceptor role for a learning scenario

For the most current, up-to-date list visit the ASHP website [here](#)

Learning Experience Structure and Schedule

The individualized schedule for each resident varies based upon the resident's goals, interests, previous experience and baseline assessment. However, all residents are required to complete Learning Experiences in core subject areas considered to be essential to the pharmacy practitioner. Elective Learning Experiences are available to permit the resident flexibility in pursuing individual goals. The RPD will work with each individual resident to develop a 12-month schedule of Learning Experiences that provide a framework for the year. The learning experience schedule is presented for review to the RAC per the program timeline. See Appendix B: Residency Timeline.

As the resident acquires additional knowledge and experience his/her goals may change. Residents may request to change or trade scheduled Learning Experiences. With the approval of the preceptors for each Learning Experience involved, the change/trade will be sent to the RAC for review and final approval.

Required Learning Experiences: (6 weeks in length unless otherwise noted)

- Antimicrobial Stewardship
- Critical Care I
- Education and Teaching – longitudinal
- Family Medicine Inpatient
- Hospital Pharmacy Practice (staffing) – longitudinal
- Medicine/Surgery
- Pharmacy Administration
- Orientation (first block of residency)
- Project – longitudinal

Elective Learning Experiences: (4-6 weeks in length unless otherwise noted)

- Ambulatory Care – Geriatrics/Palliative Care Clinic
- Critical Care II
- Emergency Medicine
- Neonatal Critical Care/Obstetrics
- Oncology
- Perioperative

The individual preceptors will determine the Learning Experience requirements and activities, and the Learning Experience structure will follow the usual course for the given Learning Experience.

LEARNING EXPERIENCE (REQUIRED)	PRIMARY PRECEPTOR
Antimicrobial Stewardship	Dillon Thai, PharmD, BCIDP
Critical Care	Scott Rouse, PharmD, BCPS
Education and Teaching (longitudinal)	Chris Oswald, PharmD, BCPS, BCCCP, DPLA
Family Medicine Inpatient	Alex Ham, PharmD, BCPS
Hospital Pharmacy Practice (Staffing) (longitudinal)	Nicole Brock, PharmD, BCPS
Pharmacy Administration	Chris Oswald, PharmD, BCPS, BCCCP, DPLA
Medicine/Surgery	Stacy Diggs, PharmD, BCPS
Orientation (first block of residency)	Chris Oswald, PharmD, BCPS, BCCCP, DPLA
Project (longitudinal)	Arielle Arnold, PharmD, BCPS*

*Project advisor individually assigned

LEARNING EXPERIENCE (ELECTIVE)	PRIMARY PRECEPTOR
Critical Care II	Jessica Cornell, PharmD
Ambulatory Care – Geriatrics/Palliative Care	Jeremy Crowfoot, PharmD
Perioperative	Megan LaCrone, PharmD, BCPS
Emergency Medicine	Arielle Arnold, PharmD, BCPS
Neonatal Intensive Care/Obstetrics	Michele Clark, PharmD
Oncology	Angela Melbihess, PharmD

Objectives Taught and Evaluated in Learning Experiences

All goals and objectives selected for evaluation in individual Learning Experiences are reviewed and approved by the RPD and RPC in coordination with RAC.

Required clinical Learning Experiences (Antimicrobial Stewardship, Critical Care, and Medicine/Surgery) will teach and evaluate goals and objectives in competency area R1: Patient Care in order to provide opportunity of assessment in at least two distinct patient populations. Further evaluation of those goals and objectives may occur in electives as decided upon by the primary preceptor of the Learning Experience.

Competency areas R2, R3, and R4 are all taught and evaluated in the required longitudinal rotations. Further evaluation of those goals and objectives may occur in electives as decided upon by the primary preceptor of the Learning Experience.

Evaluations and Assessments

The pharmacy residency at SARMC offers the resident opportunities to obtain the skills and knowledge required to become a competent pharmacy practitioner. The specific program for each resident varies based upon interests and goals. During the year, the residents will be evaluated by Learning Experience preceptors and the RPD. As part of the evaluation process for each Learning Experience, the residents will complete a self-assessment in addition to the preceptor evaluation.

The resident is required to meet with the Learning Experience preceptor prior to the start of each new Learning Experience a pre-rotation questionnaire will be completed prior to each clinical block to assist with the discussion.

All written evaluations are completed through PharmAcademic. All evaluations must be complete, submitted to PharmAcademic and co-signed within 7 days of the assigned date. Should the resident have their evaluations completed, but not the preceptor (or vice versa), the evaluations should be submitted anyway. It is the resident's responsibility to ensure that all evaluations are up to date and complete as they progress through the residency. Failure to do so may affect their ability to continue their learning experience as scheduled.

Midpoint Evaluations for Each Rotation

This formative assessment will occur halfway through the rotation and be directly related to the performance of the resident listing an area of strength of the resident and an area of improvement. The Midpoint evaluation will include Midpoint Evaluation, and Midpoint Evaluation Preceptor Feedback. The resident will identify an area of strength and an area of improvement as part of the self-assessment process using the objectives assigned to rotation. For the area of improvement, the resident will work with the preceptors for the rotation to identify specific strategies to improve his/her performance moving forward. The preceptor midpoint evaluation will provide specific comments to provide the resident with information they can use to improve their performance for the remainder of the rotation. The preceptor will provide comments using start, stop, continue format regarding the resident self-evaluation and add any additional objectives that were discussed with the resident. They will add progression plans or rotation changes to support the plan for the remainder of the rotation. See Failure to Progress. Additional formative assessments may be scheduled as needed by the RPD, preceptor, or at the request of the resident.

Final Evaluations for Each Rotation

Summative evaluations will occur at the end of the learning experience and include: Resident Performance Evaluation, Preceptor Evaluation and Learning Experience Evaluation. Specific comments should be included to support the overall evaluations by the preceptor using start, stop, continue format. The resident will verbally discuss his/her overall summative performance as it pertains to each goal and objective for the learning experience as part of the self-assessment process. Documentation of this verbal discussion will occur in the summative evaluation completed in PharmAcademic by the primary preceptor.

Resident's Individual Plan/Quarterly Assessment

Consistent with the ASHP residency standard, each pharmacy resident completing the training program shall prepare an individual plan for development within 30 days of beginning the residency year. The resident assumes primary responsibility to develop the plan and document his/her respective goals, interests, strengths, and planned Learning Experiences and activities.

Plan for Development

To prepare a plan, the resident should address the following topics, preferably in a narrative form. This is accomplished using the ASHP Entering Interest Form in PharmAcademic prior to the start of the residency year. The resident will complete a baseline assessment using the appropriate residency program's self-evaluation (Entering Objective-Based Self Evaluation completed in PharmAcademic).

Plan Schedule

Individual plans for development are completed every 90 days from the start of the residency. This would be October, January and April of the residency year (assuming July start date). Development plans not documented and finalized within 30 days of the due date are considered late.

Resident Self-Assessment:

Prior to each development plan update, the resident will document an updated self-assessment that follows the Development Plan Template.

RPD/RPC Requirements:

Reviews the resident's self-assessment and documents the following in each development plan update and discusses with the resident.

- An assessment of progress on previously identified opportunities for improvement related to the competency areas.
- Identification of new strengths and opportunities for improvement related to the competency areas.
- Objectives achieved for the residency (ACHR) since last plan update.
- Adjustments to the program for the resident for the upcoming quarter (or 90 days).
- Documents updates to the resident's progress towards meeting all other program completion requirements at the time the development plan update is documented.

Plan Communication

The initial plan is shared within 30 days from the start of the residency. Updates to the resident self-assessment and development plan are finalized and shared through PharmAcademic to all program preceptors within 7 days of completion.

Rating Scale Definition

Abbreviations/Documentation Requirements

ACHR = Achieved for Residency

ACH = Achieved; example(s) recommended

SP = Satisfactory Progress; example(s) of how to work towards ACH required

NI = Needs Improvement; action plan for improvement/progression required

<u>Rating</u>	<u>Definition</u>
Needs Improvement (NI)	<ul style="list-style-type: none">• Deficient in knowledge/skills in this area• Often requires assistance to complete the objective• Unable to ask appropriate questions to supplement learning
Satisfactory Progress (SP)	Resident is performing and progressing at a level that should eventually lead to mastery of the goal/objective <ul style="list-style-type: none">• Adequate knowledge/skills in this area• Sometimes requires assistance to complete the objective• Able to ask appropriate questions to supplement learning• Requires skill development over more than one rotation
Achieved (ACH)	<ul style="list-style-type: none">• Fully accomplished the ability to perform the objective independently in the learning experience• Rarely requires assistance to complete the objective; minimum supervision required• No further developmental work needed
Achieved for Residency (ACHR)*	<ul style="list-style-type: none">• 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 rendered by preceptors for each objective assigned to be taught and evaluated.

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 the participation in and

completion of a medication usage evaluation), if the objective has been marked with the ACH rating, these will be brought to the RAC meeting to discuss for conferring of the ACHR rating by consensus of the RAC members.

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., internal medicine and critical care, etc.), these will be brought to the RAC meeting to discuss for conferring of the ACHR rating by consensus of the RAC members.

Once ACHR rating consensus is conferred to applicable objectives, this will be documented in the RAC meeting minutes, communicated to the resident, documented in the resident's development plan as well as the RPD/RPC will document the applicable objectives as ACHR in PharmAcademic™.

Once all objectives related to a goal are documented as ACHR in PharmAcademic™, the goal automatically is assessed as ACHR. 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 course of the residency program training if a preceptor and/or the RPD observe any resident performance as needing reinforcement, remediation, and/or further assessment, the RAC can decide to remove the ACHR rating from the associated objectives for further training and evaluation. If this occurs, it will be documented in the RAC meeting minutes, an action plan developed in collaboration with the resident which will be documented in the resident development plan and communicated with applicable preceptor(s).

Successful Completion of Residency

Upon successful completion of all program requirements and compliance with all conditions of the residency program, the resident shall be awarded a certificate indicating successful completion of the PGY-1 program.

*See individual learning experience descriptions for deadlines and requirements for successful completion of a learning experience. If those are not met, discussion with RPD and preceptor will occur and there is potential for disciplinary action as stated in the Failure to Progress and Dismissal policy.

Requirements for completion of the residency program:

- Obtain achieve for residency (ACHR) on 26 of the 31 required goals and objectives. All of Competency Area R1 Patient Care goals and objectives must be rated as ACHR.
- Satisfactory Progress on all required goals and objectives.
- Satisfactory completion of all scheduled Learning Experiences as determined by the primary preceptor for each rotation, which includes having no goals or objectives marked Needs Improvement.
- Longitudinal Research Project
 - Presentation at regional resident conference (additional platform presentations may become available [e.g. Idaho Society Health System Pharmacy, Trinity Health, Idaho State University])
 - Poster presentation at state/national conference
 - Write up of final Resident Project in manuscript form
- Medication Use Evaluation (MUE)
- Drug class review, monograph, treatment guideline, or protocol
- Teaching a professional lecture for CE credit
- Completion of assigned longitudinal Hospital Practice (staffing) hours
- Completion of a Teaching Certificate through Boise Learning and Teaching program
- Submission of all scheduled PharmAcademic evaluations

Policies and Procedures/Human Resources (HR)

Program Start Date and Term of Appointment

The PGY1 residency start date and term of appointment will be determined in conjunction with HR for the beginning of July through the end of June. The residency will be 52 weeks in length. Exact dates will be communicated in the post-match acceptance letter and HR offer letter.

Stipend and Benefit Information

The PGY1 residency stipend will be shared in the post-match acceptance letter and applicable benefit information will be shared through the HR recruitment office during facility onboarding procedures. Stipend and benefit estimates from previous year will be shared with candidates when the interview offer is extended.

Technology and Workspace

Each resident will be provided a laptop, docking station and monitor in a work environment that is conducive to concentrating without frequent interruptions. Appropriate technology will be requested as needed to support remote work.

Licensure

All Residents must obtain an Idaho license by the start of residency. If a resident obtains Idaho pharmacist licensure before the start of residency, then no intern license is necessary. All residents must be licensed in the state of Idaho to practice as a pharmacist by July 31st. If there are unforeseen delays (i.e. delays from the school of pharmacy or board of pharmacy) with licensing, a new specified date will be determined with RPD/RPC. If the resident is NOT licensed by July 31st or other specified date the following will happen:

- Program preceptors will be informed that the resident is not licensed as this will impact the duties that are assigned on Learning Experiences and clinical service.
- The RPD will assess the resident's Learning Experiences and projects based on this information and adjust as necessary.

- Progress in the residency program may be affected and any activities missed will need to be made up. After the resident is licensed, the RPD will readjust the resident's program plan accordingly. The residency certificate will not be issued until after the completion of all program requirements.
- If at the end of 120 days from the start of residency and the individual is still not licensed, RAC and RPD, in discussion with Human Resources, will work towards dismissal from the program and termination from the institution.

Hospital Practice (Staffing)

Consistent with the ASHP residency standards, each resident will complete a pharmacy practice component of the residency program. Often referred to as “staffing,” this practice component represents another learning opportunity within the framework of the residency program.

- Residents will staff one weekday a month and every fourth weekend throughout the residency year.
 - This may be modified based on department needs and communication will occur if that is the case.
- During orientation in July the residents will receive:
 - Training for procedural issues and systems for Saint Alphonsus
 - Departmental Orientation Checklist
- It is expected that the resident will, at the end of orientation, demonstrate a proficient level of staffing performance for the main pharmacy. This will be determined by required sign offs on the orientation checklist and orientation learning experience evaluations.
- Approval for clinical staffing will be evaluated after successful observation of main pharmacy staffing shifts and demonstrated proficiency of performance during Medicine and other select clinical blocks. Residency program evaluations will aid in determining this approval along with RAC/RPD/applicable pharmacy manager approval. Scheduled clinical staffing occurs in the last quarter of the residency year.
- If the resident is unable to meet these staffing expectations, the RPD, primary preceptor, and resident shall meet to decide and develop an action plan to meet these expectations.
- The resident's practice performance will be evaluated on a quarterly basis using the Hospital Pharmacy Rotation objectives and activities.
- Shift trades will follow the Departmental Scheduling and Paid Time Off (PTO) standard operating procedure and be marked as such on the main schedule maintained in our electronic scheduling system.
 - The RPD will be notified electronically and must grant approval for all shift trades with other residents prior to documentation in the electronic scheduling system.
 - For shift trades with other pharmacists, the RPD will be approached by the pharmacist first and grant approval before asking the resident in question. This approval does not require the resident agree to the switch.

- Residents are required to staff the same number of weekends assigned as part of the learning experience regardless of trades.

Holiday Staffing Coverage

Residents, as a part of the professional staff of the department, will assist with holiday coverage during the residency year.

Residents will be expected to work one of the following:

- Thanksgiving Day, Christmas Day, New Year's Day, or Memorial Day

The shift scheduled will be in accordance with the appropriate competency level of the resident at the time the holiday occurs and based on the needs of the department. The final day selected by each resident will be mutually agreed upon with the RPD and department management during Orientation. Any additional holiday shifts worked by a resident outside of this requirement will follow the Additional Staffing Activities policy.

Pharmacy Specific Duty Hours Requirements

The Saint Alphonsus Regional Medical Center PGY1 Pharmacy Residency will follow the Pharmacy Specific Duty Hours Requirements for ASHP Accreditation Standards for Pharmacy Residencies [here](#)

- Duty hours must be limited to 80 hours per week, averaged over a four-week period, inclusive of all in-house call activities and all moonlighting.
- Mandatory time free of duty: residents must have a minimum of one day in seven days free of duty (when averaged over four weeks). At-home call cannot be assigned on these free days.
- Residents should have 10 hours free of duty between scheduled duties and must have at a minimum 8 hours between scheduled duty periods.
- Continuous duty periods of residents should not exceed 16 hours.
- It is the responsibility of the Resident to inform his/her Primary Preceptor and the Residency Director if their current Learning Experience causes conflict with hours. It should be discussed between the parties and a plan should be decided upon.

Reporting of Hours and Monitoring Process

- The resident will be responsible for recording all moonlighting hours and ensuring that these hours are in compliance with the Pharmacy Specific Duty Hours Requirements for ASHP Accreditation Standards for Pharmacy Residencies.
- The resident will document duty hours (including moonlighting) monthly and document compliance with the duty hours requirements in PharmAcademic.

Additional Staffing Activities

Residents are permitted to work additional shifts (moonlighting) for compensation within the Saint Alphonsus Health System (SAHS). Shifts covered within the Department of Pharmacy will be compensated at a predetermined wage with no shift differential or holiday pay. These additional staffing activities must not interfere with the ability of the resident to achieve the goals and objectives and requirements of the residency program. Any moonlighting outside of a SAHS facility will be reviewed by RAC and also meet the details and requirements outlined in this document. It is the resident's responsibility to disclose outside moonlighting opportunities and expected hours to the RPD so they can report to RAC for review.

The process for residents moonlighting will be as follows:

- The maximum moonlight hours allowed is 20 hours per pay period.
- The SAHS employee who is attempting to trade out of a shift with a resident must receive electronic approval from the RPD prior to making the trade.
- The RPD will review those residents qualified to work the shift in question, taking into consideration the following: current rotation and staffing requirements, program and project workload, known external commitments, ability to successfully carry out the responsibilities, and desire to work additional shifts.
- Change in shift coverage will be marked on the electronic schedule and follow the Pharmacist scheduling and vacation departmental process.
- For hours worked at a SAHS facility, the resident will email the RPD/timecard monitor the hours worked in order to receive the additional pay. The resident will not clock in and out for the shift.
- Moonlighting will not be approved if there is a known conflict with a program requirement; and is prohibited if it appears to be interfering with the resident's judgement or ability to achieve educational goals and objectives of the residency program.

Pharmacist preceptors must notify the program director immediately if the resident is exhibiting signs of fatigue while participating in additional staffing activities. Any resident exhibiting signs of fatigue while staffing additional shifts, will be prohibited from picking up additional hours for 4 weeks from the last additional shift worked.

All additional shifts must follow the Pharmacy Specific Duty Hours Requirements for ASHP Accreditation Standards for Pharmacy Residencies found [here](#) and will be tracked in PharmAcademic.

Time off/Absences

Overall time away from the residency program cannot exceed a combined total of 37 days. Examples of time away from the program including paid time off (PTO) and leave of

absence/extended leave. Thirty-seven days is defined as 37 scheduled training days. Service commitment/staffing shifts are considered independent of training days and are included in the total service commitment/staffing shifts required to complete the residency program requirements.

The resident may not miss more than 20% of their scheduled time per rotation. This includes scheduled staffing days and designated holidays during the traditional workweek. All requests for time off must be submitted to the Learning Experience primary preceptor and the RPD prior to the beginning of the rotation, or as soon as the resident learns of the needed time off. All requests for time off must be approved first by the Learning Experience primary preceptor and then the RPD. Requests should be submitted in writing via email. Requests related to the resident's staffing requirements must be submitted before the due date for the schedule.

If the resident exceeds the 20% maximum, the resident, preceptor and RPD will meet to make arrangements to meet requirements for successful completion of the rotation. Despite all efforts, a situation may arise where the resident has not completed the Learning Experience and/or program requirements. This determination shall be made by the Learning Experience primary preceptor and the RPD. An alternate plan will be developed to enable the resident to successfully complete the program requirements if possible. The residency year can be extended by up to 30 days to allow completion of program requirements. Extension up to 6 weeks will be considered depending on accommodations or extenuating circumstances as discussed with program leadership, department leadership and human resources. See Failure to Progress and Dismissal policy.

Paid Time Off (PTO)

Consistent with hospital policy, each resident will earn 200 hours of paid time off (PTO) annually. The hours available accrue on an apportioned basis over the course of the year. Use of PTO must be pre-approved with the primary preceptor of the rotation during the intended time off as well as the RPD. Once approval is received, the resident will document PTO in the electronic scheduling system for tracking.

PTO covers the time absent from work for: illness, holidays not worked, interviewing for future positions, and personal leave/vacation. Because the primary purpose of the residency is educational, it is not expected that all of PTO will be used during the residency year. PTO cannot be used to exceed the 37-day absence limit above. Any unused time at the end of the residency year will follow hospital policy.

Use of PTO will not be required to meet licensing or other program requirements (i.e. testing days, conferences). If travel is required for testing, use of PTO may be waived through approval of the RPD and RAC based on the circumstances presented where a delay in testing would present a hinderance to the resident's residency experience (i.e. no availability at local testing

sites). See policy on ‘Special Events and Exceptions’ for further details on professional event travel.

If applicable based on start date, residents will have July 4th off (or the observed day) during orientation. As PTO is accrued and this holiday occurs during the initial pay period of the residency, a full paid day (8 hours) will not likely be possible. Any available PTO will be applied, and the remainder of the time will be taken as unpaid.

HR Leave Policies

It is policy for Trinity Health to allow an employee to take a leave of absence under certain circumstances when the leave does not qualify for protection under any federal, state or local law. The decision to approve or deny a request for an elective leave of absence will follow Trinity Health Human Resources Ministry-Wide Elective and Other Leaves of Absence policy. The decision to approve or deny a request for an elective leave of absence under this policy is based on the sole discretion of RAC in conjunction with the applicable leave administrator.

For colleagues who meet eligibility requirements of the Family Medical Leave ACT (FMLA), procedure will follow the Trinity Health Human Resources Family Medical Leave Act (FMLA) for Non-Military Leave Ministry Wide Policy.

Jury Duty commitments will follow the Trinity Health Human Resources Jury Duty Benefit Ministry Wide Policy.

Any additional leave requests will be handled per HR policy as applicable.

An alternate plan will be developed to enable the resident to successfully complete the program requirements if possible. The residency year can be extended by up to 30 days to allow completion of program requirements. Extension up to 6 weeks will be considered depending on accommodations or extenuating circumstances as discussed with program leadership, department leadership and human resources. See Failure to Progress and Dismissal.

Special Events and Exceptions

Residents are required to attend several professional events throughout the residency year. The residents will notify the scheduler of special dates, including professional organization meetings along with other departmental function dates as soon as those dates are made available. These dates will be covered as professional leave and will not require use of PTO. Expenses paid will be in accordance with the current year’s budget and facility travel policies. Conferences that are supported include: ASHP Midyear, ISHP Fall Conference and a Regional Research Conference.

Emergency Response Training

Residents must successfully pass certification for Advanced Cardiac Life Support (ACLS) and maintain any competency assignments regarding their certification as assigned. The class will be scheduled during the first few months of residency training, or as schedule permits. Any resident who holds a current/active ACLS certification will be exempt from training until renewal is required. Additional certification or training such as Pediatric Advanced Life Support (PALS), Cardiac Rhythms, or other offered classes by SARMC may be available for the resident to complete so long as they do not interfere or obstruct completion of other program requirements. The resident and RPD will discuss any desired additional training and develop a plan as best as possible.

Project Review and Presentation Timeline

Residents and preceptors will adhere to a respectable timeline and schedule for all projects and presentations*. This timely review allows for appropriate comment and feedback prior to submission of the final product. Residents should anticipate no less than one (1) week in between sending out the item in question for review and return of feedback. All items scheduled for presentation will be sent as the final version to the RPD or designated point of contact at least one (1) week prior to the scheduled presentation time. This ensures any last-minute edits or changes can be done in an appropriate amount of time so as to not delay any vote or dissemination of project content.

It is the resident's responsibility to ensure feedback is completed and all open communication loops have been closed. This means that even if no feedback or comment is given, the resident will follow up with the preceptor(s) that in fact that was the intent. No project or presentation will be considered completed without preceptor and RPD/RPC approval.

Example: Monograph presentation to P&T on April 20th.

- Resident sends draft monograph to pre-identified preceptor reviewers by March 23rd
- Preceptors to review and submit comment to the resident by March 30th
- Resident incorporates any necessary feedback and resends to both preceptors and RPD by April 6th for final review.
- Final version sent to the RPD for distribution to the committee due April 13th

Failure to comply with timelines can result in the development of a performance improvement and initiation of the disciplinary policy.

*It is recognized that an ideal timeline for select items may be expedited based on need of the department and institution. Appropriate measures and expectations will be taken into consideration as necessary.

Evaluating overall performance

- **Learning Experience preceptors** will monitor the resident's overall performance (throughout their Learning Experience) including that which may affect the resident's judgment or impact their ability to achieve the educational goals and objectives of the Learning Experience and residency program and provide safe patient care. If preceptors identify any performance issues or the resident's inability to safely perform his/her duties as noted above, the preceptor will notify the RPD.
- **Residents** have the professional responsibility to be appropriately rested and physically and mentally fit for duty to provide services required by the patients and health care. The resident will notify the RPD in the event they are unable to safely perform his/her duties.
- **RPD** will evaluate resident's overall performance at a minimum of quarterly including that which may affect the resident's judgment or impact their ability to achieve the educational goals and objectives of the Learning Experience and residency program and provide safe patient care. The RPD will address situations as outlined below.

Plan if moonlighting affects a resident's judgment while on scheduled duty hours

- If it is deemed by the RPD that a resident's moonlighting is not in compliance with the Pharmacy Specific Duty Hours Requirements or is interfering with the ability of the resident to achieve the educational goals and objectives of the residency program the following actions will be taken.
 - The RPD and resident will agree on a written plan outlining the steps the resident will take to comply with the requirements and/or how the resident will prevent moonlighting hours from interfering with the ability of the resident to achieve the educational goals and objectives of the residency program. The plan will include a timeframe for when follow-up will occur to ensure compliance with the plan.
 - If the resident fails to complete the plan, disciplinary action up to and including termination will be considered (See Employee Counseling and Corrective Action policy).

Failure to Progress and Dismissal

Progression through and completion of a pharmacy residency training program is contingent upon the resident's satisfactory performance in meeting knowledge, performance, and professional behavior standards as defined by The American Society of Health System Pharmacists (ASHP), Saint Alphonsus Regional Medical Center and Trinity Health. This policy is intended to outline the process by which a resident, who is failing to meet knowledge, performance, or professional behavior standards, will be evaluated and supported. The overall

goal of such a process would be to identify a plan that would support the resident's successful completion of the residency program. If, however, the resident is unable to successfully resolve the areas of concern, this policy also provides guidance on a formal review process that includes disciplinary action up to and including termination from the residency program.

All documentation that results from any step in this process will be uploaded and documented in PharmAcademic.

Problem Identification:

- At the midpoint or other designated time for each evaluated learning experience, the assigned preceptor will complete an evaluation of the residents' performance using the start, stop, continue method. The evaluation will include an assessment of whether the resident is progressing such that they will be able to successfully complete the requirements of the learning experience.
 - If the preceptor/RPD feels the residents Needs Improvement (NI) for any objectives in the learning experience, they will complete a Resident Action Plan using the program's defined template.
- If an area of concern is identified outside the scope of a specific learning experience, a preceptor and/or RPD/RPC has the authority to implement a Resident Action Plan.
- Depending on the severity of the issue, the RPD can request moving straight to a Resident Performance Improvement Plan and/or review by RAC.

Resident Action Plan

The purpose of a Resident Action Plan is to identify specific, measurable, achievable, repeatable and time bound (SMART) goals for a pharmacy resident who has failed to meet expectations for a specific goal or objective or as determined by the RPD.

The resident action plan will identify the specific residency goal/objective(s) of concern, describe the area(s) for improvement, describe the specific action plan, and specific timeframe to complete.

The Resident Action Plan will be shared with the resident in the physical presence of both the experience preceptor and the RPD. If there is no experience preceptor involved, an additional witness should be utilized when the plan is communicated to the resident. After the action plan is reviewed with the resident, the resident, experience preceptor and RPD will sign and date the document acknowledging their understanding of the expectations outlined in the action plan.

Within 5 days of the agreed upon timeframe for evaluation, the experience preceptor and the RPD will assess the performance of the resident relative to the plan and discuss the updated performance with the resident. If there is no experience preceptor involved, an additional witness should be utilized when the follow-up is communicated to the resident.

- If the resident was able to successfully progress per the Resident Action Plan, no further action is necessary.
- If the resident was NOT able to successfully complete the Resident Action Plan, a Resident Performance Improvement Plan will be initiated.
 - If this occurs, then RAC will convene within 7 days to determine next steps for the unsuccessful completion of the rotation to recommend further action:
 - For a Required Block Rotation (Medicine/Surgery, Critical Care, etc)
 - The resident will repeat the required rotation and lose an elective.
 - The resident will repeat the required rotation and extend the program by no more than 30 days.
 - For an Elective Rotation (Critical Care II, Oncology, etc)
 - The resident will repeat the elective rotation and lose a different elective rotation.
 - The resident will repeat the elective rotation and extend the program by no more than 30 days.
 - For a Required Longitudinal Rotation (Project, etc)
 - RAC will convene for a Failure to Progress Review as listed below.

Residency Performance Improvement Plan

The purpose of a performance improvement plan is to identify specific, measurable, achievable, repeatable and time bound (SMART) goals for a pharmacy resident who has failed to meet expectations defined in an improvement action plan and/or displays behavior that is not conducive to achieving the predetermined goals and objectives of the residency program.

A resident performance improvement plan should be implemented if a RPD determines that a resident has failed a Resident Action Plan, has Needs Improvement (NI) at the final evaluation of the rotation, has required multiple Resident Action Plans, or displays behavior(s) that are inconsistent with the successful completion of a pharmacy residency program. In rare circumstances, the Pharmacy Operations Manager, or the Director of Pharmacy may implement a resident performance improvement plan for a specific resident.

The RPD will utilize applicable human resources policies in the development of this plan.

The resident performance improvement plan will be shared with the resident in the physical presence of the experience preceptor (if applicable) and the RPD. After the performance improvement plan is reviewed with the resident, the resident, experience preceptor, RPD, and the appropriate administrator will sign and date the document acknowledging their understanding of the expectations outlined in the improvement plan.

Within 5 days of the agreed upon timeframe for evaluation, the experience preceptor (if applicable), the RPD, and the appropriate administrator will assess the performance of the resident relative to the plan and discuss the updated performance with the resident.

- If the resident was able to successfully complete the performance improvement plan, no further action is necessary.
- If the resident was NOT able to successfully complete the performance improvement plan, RAC will be convened within 7 days to assess the performance of the resident and recommend further action.

Residency Advisory Committee Review of Failure to Progress

The committee will be charged with reviewing all pertinent documentation relative to the case in question. The committee may also review any other information relative to the resident's performance including but not limited to rotation and/or experience evaluations, completed work, etc.

RAC will invite the following individuals to share their perspective of the situation with the Committee individually.

- The resident
- The experience preceptor(s) if applicable
- The Residency Program Director

Upon reviewing all the written and verbal information regarding the case, RAC will share a formal written recommendation with the resident, the experience preceptor (if applicable), the RPD within 3 days of the meeting. The RPD will be responsible for determining the final course of action based on the recommendation of RAC.

Recommendations from the Committee includes but are not limited to:

- Repeating rotation(s) to achieve SP or ACH for the objectives previously marked as NI.
 - In the case of receiving NI for a required rotation this will be the minimum requirement and will result in replacement of an elective rotation or extension of program.
- Additional or modified activities/requirements aimed at improving competence in the identified areas of concern.
- Termination from the residency program.
- Extension of the residency program to allow sufficient time to demonstrate progress and/or completion of goals/objectives.
- The residency year can be extended by up to 30 days to allow completion of program requirements. Extension up to 6 weeks will be considered depending on accommodations or extenuating circumstances as discussed with program leadership, department leadership and human resources. Adjustments in level of autonomy or staffing requirements

Appendix A: Preceptor Requirements and Development

Preceptors

Preceptors for the Saint Alphonsus RMC PGY-1 residency must be licensed pharmacists* that meet the eligibility requirements outlined in the ASHP Accreditation Standard for PGY1 Pharmacy Residency Programs. In addition, they must serve as role models for learning experiences and demonstrate the ability to precept residents' Learning Experiences. Preceptors designated as 'Primary' for a particular Learning Experience will have additional responsibilities to the program.

Responsibilities

Preceptors serve as role models for learning experiences. They must:

- contribute to the success of residents and the program;
- provide learning experiences in accordance with Standard 3;
- participate actively in the residency program's continuous quality improvement processes;
- demonstrate practice expertise, preceptor skills, and strive to continuously improve;
- adhere to residency program and department policies pertaining to residents and services;
- demonstrate commitment to advancing the residency program and pharmacy services;
- serve in the capacity of resident project advisor as needed;
- provide guidance and oversight of resident assignments (ex. MUE, lectures, departmental education) as needed;
- complete, at a minimum, the required preceptor development sessions as directed by Residency Advisory Committee (RAC)
- complete an annual Academic and Professional Record

Primary Preceptors must also:

- serve as a member of the Residency Advisory Committee (RAC);
- participate in 75% of RAC meetings per year either in-person or virtually or acknowledge meeting minutes and respond to items as requested;
- maintain an up-to-date Learning Experience description for the area they serve as primary preceptor;
- orient the resident (or assign a designee to orient the resident) to the Learning Experience;
- review past learning experience evaluations during rotation preparation;
- keep other preceptors within the Learning Experience informed as to the resident's and program's progress;
- collect feedback and comment for evaluation from the other preceptors within the Learning Experience;
- complete all necessary documentation for the Learning Experience;
- adhere to deadlines and due dates set forth by the Residency Program Director (RPD) and RAC.

Eligibility

Have completed an ASHP accredited PGY1 residency program followed by a minimum of one year of pharmacy practice experience in the area precepted **OR**

Have completed an ASHP accredited PGY1 residency program followed by an ASHP accredited PGY2 residency and a minimum of six months of pharmacy practice experience in the area precepted **OR**

Have three or more years of pharmacy practice experience in the area precepted if they have not completed an ASHP accredited residency program

Qualifications

Preceptors must demonstrate the qualifications as outlined in the ASHP requirements of preceptors (Standard 4) per review of the academic and professional record.

- Demonstrate the ability to precept residents' learning experiences
 - Content knowledge/expertise in the area of pharmacy practice precepted
 - Contribution to pharmacy practice in the area precepted
 - Role model ongoing professional engagement
- Maintain an active practice and ongoing responsibilities for the area in which they serve as preceptors
 - Participate and guide learning, including the ability to assess residents' performance

Staffing

In demonstrating practice expertise, it is recognized that preceptors must maintain an acceptable number of staffing hours in the area to which they are listed as a preceptor. It is further recognized, in order to build a well-rounded experience, a resident may learn more effectively from a multitude of preceptors in a given practice area. Therefore, in coordination with the schedule writer and the staffing model, the primary preceptor will arrange to spend at least 50% of the rotation with the resident. The remaining time may be spent with other preceptors in the practice area in accordance with the schedule and department staffing needs. The primary preceptor is responsible for ensuring frequent communication with other area preceptors to have a real time understanding of resident performance and progression regarding rotation goals and objectives.

- For longitudinal rotations or rotations where a pharmacist is not "staffed" (e.g. project, hospital practice), time spent directly with the resident will be defined in the Learning Experience description. This may include, but is not limited to, monthly or quarterly progress reports and evaluations as well as formative feedback following the completion of a particular project or task (e.g. poster presentation or lecture).
- If there are any unforeseen or extenuating circumstances or scheduling difficulties as determined by the schedule writer and pharmacy management requiring alteration to the above staffing requirements, communication will occur between the RPD and other preceptors in the area and a plan will be developed.
 - For residents on rotation with pharmacists not recognized as preceptors or otherwise unattended (i.e. sick call unable to be filled), the program administration will work to ensure available preceptor direct oversight during the day. Any occurrence(s) will be documented in the final evaluation by either the primary preceptor or RPD.

Assessment and Development Plan

- Prior to being assigned as a preceptor and annually RAC (or appropriate subcommittee of RAC) will evaluate the preceptor's eligibility per the eligibility, responsibilities and qualifications above.
 - This evaluation will be based on review of the Academic and Professional Record, resident and preceptor evaluations, and any other observations and feedback received throughout the year.
 - Preceptor development and RAC meeting attendance (if applicable) will be reviewed.
- Pharmacists that do not meet the above eligibility, responsibilities, and qualifications for residency preceptors will work with RAC (or appropriate subcommittee of RAC) to development an individualized plan to meet the qualifications for becoming a preceptor within two years.

Remediation

Current preceptors who no longer meet the responsibilities and/or qualifications required of preceptors and are not able to meet the items outlined in a development plan within two years, may, at the discretion of RAC, be considered for remediation.

- If placed on remediation, the preceptor will be assigned an advisor and RAC (or appropriate subcommittee of RAC) and preceptor will develop and agree upon a documented preceptor remediation plan.
- If the preceptor, at the discretion of the RPD, is not considered a candidate for remediation (eg. unwilling, unable to agree upon a plan) or has not satisfactorily completed a previously agreed upon preceptor remediation plan, they will not routinely staff in areas while a resident is present on that Learning Experience. (This will not apply for staffing in the main pharmacy.) If the area cannot be adequately staffed without that individual during the times residents are present on that Learning Experience, the preceptor may forfeit their position within that area so that a qualified replacement may be found.

*Non-pharmacist Preceptors

Non-pharmacists (e.g. physicians, physician assistants, certified nurse practitioners) may be utilized as preceptors per the following requirements:

- The learning experience is scheduled after the RPD and preceptors agree that the residents are ready for independent practice.
- A pharmacist preceptor will work closely with the non-pharmacist preceptor to select the educational goals and objectives for the learning experience.
- Input from the non-pharmacist preceptor is reflected in the rotation's summative evaluation,

Appendix B: Residency Timeline

Month	Resident	Preceptors	Residency Advisory Committee	Administration
July	<ul style="list-style-type: none"> - Orientation - Create resident development plan - ACLS class assignment - Select longitudinal project - Select weekend and holiday staffing rotation assignment 	<ul style="list-style-type: none"> - Orientation - Communicate resident/preceptor expectations - Submit preceptor APR forms and self-assessment (all preceptors) - Share and discuss incoming residents' knowledge and skills related to education goals and objectives with area precepting group. 	<ul style="list-style-type: none"> - Orientation - Approve changes to Learning Experiences - Review incoming residents' knowledge and skills related to educational goals and objectives - Establish preceptor development plan - Establish residency project advisory committee/project advisors 	<ul style="list-style-type: none"> - Sign match agreement - Submit change of staff form to Idaho BOP within 10 days of completion of program - Book Midyear booth /hotel
August	<ul style="list-style-type: none"> - Pharmacist licensure due August 1 - Order business cards - ISHP Fall Conference planning 			<ul style="list-style-type: none"> - Schedule interview days - Update residency website with current residents information, any other updates
September	<ul style="list-style-type: none"> - Quarterly resident assessment - ISHP Fall Conference 		<ul style="list-style-type: none"> - Quarterly resident assessment review - Quarterly program assessment review - Resident goal achievement review - Resident tracking document review - Plan Virtual Showcase 	<ul style="list-style-type: none"> - Set Interview Committee assignment and expectations
October	<ul style="list-style-type: none"> - ASHP Midyear registration - ASHP poster abstract - ISU pharmacy fair 		<ul style="list-style-type: none"> - Establish Interview Committee 	<ul style="list-style-type: none"> - Review marketing materials/website - ISU Pharmacy Fair
November	<ul style="list-style-type: none"> - Complete poster for ASHP midyear 		<ul style="list-style-type: none"> - Review Application Process - Finalize project ideas for upcoming year 	<ul style="list-style-type: none"> - Virtual Showcase - PhORCAS prep - Pay ASHP Accreditation Fee - Contact HR for Midyear Swag and recruitment materials

Month	Resident	Preceptors	Residency Advisory Committee	Administration
December	- Quarterly resident assessment - ASHP Midyear		- Quarterly resident assessment review - Quarterly program assessment review - Resident goal achievement review - Resident tracking document review	
January	- Residency interviews	- Residency interviews	- Residency interviews	- Residency interviews
February	- Residency interviews	- Residency interviews	- Residency interviews - Finalize project ideas for upcoming year	- Resident interviews - Book Mountain States hotel - Lunch and Learn report out from National Conference -
March	- Quarterly resident assessment - Mountain States Conference registration, preparation - Mountain states abstracts		- Quarterly resident assessment review - Quarterly program assessment review - Resident goal achievement review - Resident tracking document review	- Register group for Mountain States
April	- ISHP Spring Conference (typically) - Mountain States slides due	- Recruit for project involvement and reviews	- Interview process quality review - Mountain States internal review - Assess required vs elective rotations and goals/objectives T/E	- Mountain States travel plans
May	- Mountain States Conference	- Review and update Learning Experience for rotation (due June 1 st)	- Orientation planning for incoming residents - Schedule review for incoming residents; integrate student rotations with resident rotations - Update graduate tracking document	- Review previous residency year feedback - Register for ASHP Midyear Residency Showcase booth space
June	- Final quarterly resident assessment - Manuscript due - End of year celebration	- Review previous residency year feedback - End of year program evaluation	- Review previous residency year feedback - Final quarterly resident assessment review	- Register for ISU pharmacy fair - Resident close out - Submit change of staff form to Idaho BOP

Month	Resident	Preceptors	Residency Advisory Committee	Administration
	- Complete resident close out checklist	- End of year celebration	<ul style="list-style-type: none"> - Final resident goal achievement review - Final resident tracking document review - Final program assessment review/annual report - Final manual updates approved - End of year celebration/certificates 	within 10 days of completion of program

Resident Close Out Checklist

- Update residency tracking document to all complete
- Ensure all resident work is in their personal folder on the SARMC PGY1 Pharmacy Residency Program Sharepoint
- Forwarding email address/contact info for those not staying on staff
- PharmAcademic close out
- Clean office
- Turn in badge
- Project future plans defined and communicated with RPD/RPC (in conjunction with project advisor)
- Final development plan

Appendix C: Resiliency and Well Being

Life Your Whole Life is the integrated well-being strategy for Trinity Health Colleagues and their family members and comprises activities, tools and benefits that support us in achieving our unique well-being goals. At Trinity Health, we believe that our spiritual, mental, emotional, physical, financial, social and vocational well-being can positively affect quality of life not only for ourselves, but also for our families and those we serve. Full details of the provided resources can be found [here](#).

Mental well-being has never been more important to our overall health. Therefore, Trinity Health introduced a new mental well being benefit, powered by Spring Health. The no-cost benefit provides our colleagues and their dependents (age 6 - 17), spouse, partner or any person(s) living in their household enhanced access to high quality support for their mental well-being needs.

Benefit components:

- Six free therapy sessions per calendar year
- Personalized care
- Diverse providers
- Self-guided wellness exercises,
- Coaching
- Medication management
- Work-life services (ex. legal assistance, financial services, child or elder care)

Access information:

trinityhealth.springhealth.com

Work-life code: trinityhealth

Contact Spring Health:

careteam@springhealth.com

1-855-629-0554

General support: M-F, 8am-11pm ET

Crisis Support: 24/7 (Option 2)

Full benefit details can be found [here](#).