



CHI St. Vincent Pharmacy Residency Program

SUBJECT: Resident Responsibilities		EFFECTIVE: February 28, 2018
DEPARTMENT: Pharmacy Residency Program	PAGE: 1 of 9	REVISED: 2/21, 1/22, 1/23, 1/24, 1/25, 8/26

PURPOSE:

To provide practice guidelines for pharmacy residents in the Pharmacy Residency Program.

REQUISITES: Requirements Definitions and Completion Checklist (Appendix A)

DEFINITIONS:

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

Duty Hours: Duty hours are defined as all scheduled clinical and academic activities related to the pharmacy residency program. This includes inpatient and outpatient care; in-house call; administrative duties; and scheduled and assigned activities, such as conferences, committee meetings, and health fairs that are required to meet the goals and objectives of the residency program. Duty hours must be addressed by a well- documented, structured process. Duty hours are documented weekly by the resident. Duty hours do not include: reading, studying, and academic preparation time for presentations and journal clubs; travel time to and from conferences; and hours that are not scheduled by the residency program director or a preceptor.

Moonlighting: Voluntary, compensated, pharmacy-related work performed outside the organization (external), or within the organization where the resident is in training (internal), or at any of its related participating sites. These are compensated hours beyond the resident's salary and are not part of the scheduled duty periods of the residency program, but do count towards the eighty-hour limit on duty hours.

Resident: Pharmacist or Graduate-Intern Trainees in the Pharmacy Residency Program. May be referred to as either "resident" or "pharmacy resident". Both terms are synonymous.

Residency: A Pharmacy Residency Program is a 12 month, full-time practice commitment.

Residency Advisory Council (RAC): Consists of the Residency Program Director (RPD) and all preceptors.

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

Work Week: A work week is defined as Sunday 0000 to Saturday 2359.

POLICY:

1. **Requirements:** Prior to employment, employee must complete and pass the following:

- a. Reference check
 - b. Drug screening
 - c. Required Vaccinations
 - d. Criminal background check
 - e. Licensure
2. **Licensure:** All residents must be eligible for pharmacist licensure in the State of Arkansas. Residents should obtain pharmacist licensure to practice in the State of Arkansas within 90 days from the start of the residency year. If a pharmacist license is not obtained prior to the start of the pharmacy residency year, a pharmacy intern license from the State of Arkansas will be required until pharmacist licensure is obtained. Residents must be licensed (pharmacist license) a minimum of 8 months of their residency year. Failure to do so will result in dismissal from the program. Residents who are not licensed within 60 days from the start of the residency year, may require extension of their residency to ensure that all required learning experiences can be completed as objectives may be difficult to achieve if the resident is not able to perform in a pharmacist role. Verification of licensure occurs in accordance with department policy. The resident is responsible for maintaining licensure, including any privilege taxes, and any required continuing education documentation for licensure. Exceptions to this policy will be reviewed by the residency advisory committee on a case by case basis. Extension of the residency, to ensure 8 months of licensed time and completion of goals and objectives, may be allowed but the final decision will rest with pharmacy management. Paid status for the resident will not be available after June 30th as the resident's paid position will at that time be filled by a resident from the next residency class. Residency will not be extended more than 90 days from the planned completion date.
3. **Testing:** It is highly recommended that residents sit for the NAPLEX prior to starting the residency year to ensure that licensure will occur within 90 days of starting the residency year. Failure to do so will be considered by the RAC should the resident fail to be licensed within 90 days of the start of the residency.
4. **Certification:** Advanced Cardiac Life Support (ACLS) Certification is required prior to beginning Critical Care and Emergency Medicine Learning Experiences. It is highly recommended that each resident successfully complete the ACLS curriculum and obtain certification within the first two months of the residency during the Orientation LE. The goal is to ensure that the resident is familiar with and capable of providing ACLS in the event of an emergency. Residents will be expected to share responsibility for code attendance while on campus.
5. **On-Duty Hours:** The Pharmacy Residency Program at CHI St. Vincent will comply with the American Society of Health-System Pharmacists (ASHP) Duty Hour Guidelines ([ASHP Duty Hour Requirements for Pharmacy Residencies](#)) for pharmacy residents.
 - a. Duty hours are limited to a maximum of eighty hours per week on average over a four-week period (or a four-week period within a rotation excluding vacation or approved leave), inclusive of all moonlighting.
 - b. In-house or at-home call is not required of residents.
 - c. Continuous onsite duty does not exceed sixteen consecutive hours.
 - d. Residents are required to have at least one day in seven completely free from all educational and clinical responsibilities, including home call, when averaged over a four-week period.
 - e. Residents should have 10 hours free of duty between scheduled duty and must have at a minimum 8 hours between scheduled duty periods.

- f. When residents are called into the hospital from home (voluntary moon-lighting hours to cover for call-ins, etc.), the hours spent in-house are counted toward the eighty-hour limit.
 - g. Moonlighting that occurs within the residency program is counted toward the eighty-hour limit on duty hours.
 - h. Duty hours will be maintained in a duty hours log. Pharmacy residents are responsible for keeping track of and reporting the duty hours per program requirements each week. Any correspondence or questions concerning the hour guidelines are directed to the RPD.
 - i. Pharmacy residents are required to staff up to every fourth weekend and up to one evening shift per week (1730-2100). Pharmacy residents will also staff multiple consecutive shifts during holiday weeks/high PTO times including the weeks of Christmas, New Year's Day, Thanksgiving, and Spring Break. Residents may also be scheduled to staff on their off-service weekdays for up to 2 shifts every 6 weeks. These shifts will be assigned by the scheduling coordinator but must be approved by the RPD. Weekend and evening shifts may be swapped with other employees as long as the swap still allows for the above to be followed. The RPD should be notified of any swaps as soon as possible.
 - j. Residents are expected to begin their shift on time and in accordance with CHI St. Vincent Employee Attendance policy.
6. **Extracurricular Professional Activity (Moonlighting):** It is the position of CHI St. Vincent that the primary responsibilities of pharmacy residents are to their own postgraduate pharmacy education and to the patients charged to their care. In as much, extracurricular professional activities, or "moonlighting," may generally conflict with these responsibilities, and CHI St. Vincent discourages such activities. The following applies to all moonlighting activities:
- a. External moonlighting is prohibited.
 - b. Internal moonlighting (within the organization), will be permitted if approved by the RPD.
 - c. Residents will be compensated for internal moonlighting with an hourly wage that is at least equivalent to starting pay for a staff pharmacist. This will be in addition to the resident's salary.
 - d. Moonlighting is prohibited during regular CHI St. Vincent Residency duty hours, as defined by the RPD.
 - e. Moonlighting during periods of authorized absence can occur provided that it does not interfere with the individual's primary responsibilities and is properly approved and recorded by the RPD.
 - f. After initial approval, the moonlighting activity is reported weekly on the duty hours log.
 - g. The resident must possess an unrestricted license to practice pharmacy in the state of employment prior to moonlighting.
 - h. Professional liability coverage is recommended and is the responsibility of the individual resident.
 - i. Moonlighting hours should not exceed 50 hours in a 6 week period when averaged over each quarter.
 - j. During regular evaluations, if the resident is noted to have any signs of decreased performance or impaired judgment while on scheduled duty periods immediately following hours of moonlighting (within 24 hours), moonlighting hours will be prohibited for the resident.
7. **Impairment:** Being unfit for work because of alcohol and/or illegal use or possession of controlled substances or any other violation of Fitness for Duty policy will subject an individual to disciplinary action in accordance with CHI St. Vincent policies and procedures, up to and including termination of employment.
8. **Evaluation:** The extent of residents' progression toward achievement of the program's required educational goals and objectives must be evaluated. Evaluation and disciplinary guidelines apply to pharmacy residents

as part of their CHI St. Vincent training. The purpose of the following guidelines is to evaluate the performance of pharmacy residents and address unsatisfactory progress, performance, or conduct. All evaluations will be stored in PharmAcademic, an online evaluation program.

- a. Each written evaluation of a resident addresses pharmacy knowledge, competence in patient care, professionalism, system-based practice, interpersonal and communication skills, and practice-based learning and improvement. The evaluation is read, reviewed, and signed by the resident, the preceptor, and reviewed by the RPD. The preceptor shares the evaluation with the resident and provides feedback. This evaluation occurs within 7 working days of the end of a learning experience, includes a written review of performance, and includes a discussion of areas of deficiency.
- b. The written evaluation and any documentation regarding the meeting is signed by the resident, preceptor, and reviewed by the RPD.

Initial Assessment: At the beginning of the residency, the RPD in conjunction with preceptors, must assess each resident's entering knowledge and skills related to the educational goals and objectives. The results of residents' initial assessments must be documented by the program director or designee in each resident's development plan by the end of the orientation period and taken into consideration when determining residents' learning experiences, learning activities, evaluations, and other changes to the program's overall plan.

Formative Evaluations Process: Preceptors must provide on-going feedback to residents about how they are progressing and how they can improve that is frequent, immediate, specific, and constructive. Preceptors must make appropriate adjustments to residents' learning activities in response to information obtained through day-to-day informal observations, interactions, and assessments. Oral formative feedback is required of all preceptors, however written documentation of feedback is recommended for residents who are not progressing satisfactorily. Formative evaluations are feedback given at a point and time for a specific task completed by the resident. When completed, the evaluation will be reviewed by the RPD. Specific recommendations for improvement and achievement of objectives should be documented for residents who are not progressing satisfactorily.

Learning Experience Summative Evaluations: Within 7 days of the end of a learning experience, a written evaluation of the resident's performances in meeting the objectives of each learning experience will be documented. The resident and preceptor will review these evaluations together. The resident will also complete a preceptor and learning experience evaluation and a self-evaluation (when applicable). For longitudinal learning experiences, summative evaluations must be completed every three months, at minimum. For preceptors-in-training, both the preceptor-in-training and the preceptor advisor/coach must sign evaluations.

Self-Evaluation Process for All Residents: Each resident will be assigned to self-evaluate themselves throughout the residency when assigned by the RPD.

Quarterly Review of the Resident Development Plan: Each resident must have a resident development plan documented by the RPD during or immediately following the resident's orientation. On a quarterly basis, the RPD or designee must assess residents' progress and determine if the development plan needs to be adjusted. The development plan and any adjustments must be documented and shared with all preceptors. The purpose of resident development plans is to modify the design and conduct of the program to address each resident's unique learning needs and interests. Development plans also provide a tool for monitoring, tracking, and communicating about residents' overall progress throughout the residency, and adjustments

made to meet their learning needs. The following is included in the development plan for each resident: Initial assessment by the resident and RPD including: Short- and long-term career goals; strengths; areas for improvements; and learning interests related to required or elective learning opportunities. Adjustments will be made to initial resident development plans each quarter. The quarterly updates are completed and discussed with each resident. Adjustments are made based upon review of residents' performance relevant to the previous quarter's plan with input from preceptors and residents

9. Disciplinary Action/ Performance Improvement Counseling

- a. CHI St. Vincent will utilize a performance improvement process which is an extension of the evaluation and professional development process. If job performance or conduct is unsatisfactory, the preceptor and/or RPD may give the resident written notice of the deficiency and explain how the performance or conduct needs to improve in order to continue the residency.
- b. This includes, but is not limited to satisfactory progress toward attainment of all program goals and objectives, and adherence to all medical center, hospital, pharmacy and residency policies. See *Progressive Corrective Action* and *Resident Disciplinary Action* policy.

10. Extended Leave of Absence (LOA)

- a. An extended LOA is defined as any time off that exceeds 3 consecutive scheduled days off.
- b. If a LOA is requested during a *required* clinical rotation, the resident cannot miss more than 10% of the scheduled days therefore the hours missed must be made up by extending the LE or making up the days later in the year, otherwise the learning experience will not be satisfactorily completed and the resident will not receive a certificate of completion.
- c. Should there be a need for an extended LOA, the resident will request extended leave from the RPD as soon as possible. Planned leave of absences should be requested through the RPD and the CHI Leave Administrator no later than 30 days before the desired leave start date.
- d. The RPD and the resident may develop a new plan (which may include extending the program) in order to meet the requirements of the residency program. However this request may not be accommodated and cannot be guaranteed for each request. The resident's plan and extended leave request must be approved by the Director of Pharmacy.
- e. If a LOA is granted, the resident utilizes all accrued paid time off (PTO) available to him/her prior to taking any portion of the time away as unpaid leave. In cases of medical leave, residents should apply for medical leave. Residents are only eligible for Short Term Disability after 90 days of employment. The resident's PTO accruals will be utilized as the resident will not be eligible for FMLA according to Catholic Health Initiatives policies on Employee Eligibility for Benefits. In cases of personal leave, all PTO accrued will be utilized.
- f. Accruals may cease when a resident is on leave. Accruals restart subsequent to the resident's return to paid status. While on leave, the resident may have to submit monthly premium payments to continue insurance benefits through CHI St. Vincent, if required by CHI. During paid leave, the employee portion of the costs for benefits will automatically be deducted from the employee's pay. For unpaid leave, the employee will be billed for the cost of the benefits. If the employee does not pay the cost of these benefits, the coverage will end.
- g. In the event that the residency program is extended beyond June 30th, a predetermined length of commitment to meet necessary goals and objectives of the residency program is established in order to receive certification of completion. The residency requires 12 months (52 weeks) of training for

successful completion of the program. The 12 month term must be completed within 90 days of the residents planned completion deadline (June 30th).

- h. If the LOA request results in failure to meet necessary goals and objectives, or the program cannot be extended, the resident is notified as soon as possible. This is accompanied by a request for the resident's resignation from employment with CHI St. Vincent without a completion certificate.
- i. Prior to LOA, a written plan including expected date of return is signed by the resident and the Program director.
- j. Paid status and benefits for the resident after a LOA may not be available after June 30th as the resident's paid position will at that time be filled by a resident from the next residency class. Completion of the residency beyond that date may be permitted, but may be unpaid.
- k. Total time away from the residency program (including time spent for residency sponsored travel) cannot exceed 37 total days without an extension of the program to make up the lost time.

11. Residency Sponsored Travel

- a. Residents and the RPD will attend American Society of Health-Systems Pharmacists Mid-Year Clinical Meeting (ASHP MYCM), MidSouth Pharmacy Residents Conference, and the Arkansas Association of Health-Systems Pharmacists (AAHP) Fall Seminar during the residency year. For meetings that offer CE credit, a minimum of 3 hours of CE credit per day or the lesser of 10 hours per trip is required. A copy of the official CE certificate must be presented to the RPD in order to qualify for travel reimbursement. Residency sponsored travel will include reimbursement for flight, hotel, conference affiliated ride-share services (or mileage and parking if own vehicle), and registration. Reimbursement for meals, snacks, and drinks may not be available. The expectation of all residency sponsored travel is to promote the program through recruitment efforts, poster presentations, and research or medication use evaluation presentations. Failure to meet participation expectations, may result in denial of reimbursement.
- b. All travel and reimbursement through Concur must be approved by the Director of Pharmacy and must be in accordance with all CommonSpirit Health travel policies.

12. Time Off

- a. Paid Time Off (PTO)
 - i. Paid time off includes vacation time, personal days, holidays, inclement weather, and short-term illness. Paid time off will accrue based on paid hours worked. The amount of time off an employee accrues during each two-week pay period will vary, depending on position and length of service. Residents may use time off only after it has been accrued and when approved by the RPD. Residents will accrue 0.0846 Vacation hours per eligible hours worked, which is 176 hours per 12 months.
 - ii. Vacations are discouraged during residency since the residency year is dedicated to learning. Vacation days must be pre-approved by the RPD. The RPD accepts all requests for vacation and communicates approvals/denials based on available time off.
 - iii. Requests for time off during staffing weeks are handled on a case by case basis by the RPD in order to avoid service interruptions in the Department.
 - iv. In accordance with Catholic Health Initiatives policies, the resident is not eligible to use PTO until the first day of the month, following 30 days of employment.

- v. The maximum amount of time off that can be taken at one time will not exceed greater than 3 consecutive days at any given time for reasons other than LOA or approved by the RPD. If a resident misses more than 10% of the scheduled days for a clinical learning experience, the days must be made up or the learning experience will not be satisfactorily completed.
 - vi. Upon completion of the residency (in accordance with CHI St. Vincent's Resignation Policy), the resident will be paid for accrued or unused PTO at the time of termination.
- b. Minor and Major Holidays: Martin Luther King (MLK) Day (minor), Memorial Day, Independence Day, Labor Day, New Year's Day, Thanksgiving, Christmas.
 - i. Residents will be scheduled for staffing or clinical rotations on MLK Day as it is considered a minor holiday and holiday pay is not paid.
 - ii. Residents will staff as part of the hospital pharmacy practice longitudinal rotation on Memorial Day and Labor. Residents should expect to staff around winter holidays including but not limited to weekends, the day after Thanksgiving, Christmas Eve, and New Year's Eve.
 - iii. Residents will not be required to work Independence Day, Thanksgiving Day, Christmas Day, or New Year's Day, even if it falls on the resident's weekend. Residents may moonlight on these holidays if they desire and there is a department need.
- c. Short term disability:
 - i. A full-time employee (regularly scheduled to work at least 72 hours per two-week pay period) or a part-time employee (regularly scheduled to work at least 40 hours per two-week pay period), is eligible on the first day of the month following 90 days of employment for short-term disability. If an employee is absent from work due to injury, sickness, or temporary leave of absence, on the date that the employee would become eligible for coverage under this plan, eligibility for short-term disability (STD) benefits will begin on the date the employee returns to active employment. The elimination period begins on the first day of absence (i.e., a day the employee is scheduled to work) and continues for seven consecutive calendar days before short-term disability benefits will begin. During the elimination period, employees will be required to take paid time off (PTO) based on their scheduled hours up to a maximum of 40 hours.
 - ii. After the one week elimination period is exhausted, and if approved for short-term disability benefits, employees will receive 60% of their base pay for up to 25 additional weeks, or a total period of 26 weeks. Refer to CHI St. Vincent's Short Term Disability Policy for further details.
 - iii. Short term disability qualifies as an extended length of absence from the residency program. See section 10 above.
- d. Sick Days
 - i. Residents must alert their current preceptor and RPD of their absence due to unexpected illness as far in advance as possible, but no less than two hours prior to the start of the resident's shift in accordance with CHI St. Vincent policy.
 - ii. All time away due to illness is documented and kept on file with the RPD.
 - iii. If a resident misses more than 10% of the scheduled days for a clinical learning experience, the hours missed must be made up or the learning experience will not be satisfactorily completed.

- e. Inclement Weather
 - i. The Pharmacy Residency program is considered non-essential and therefore clinical learning experience attendance for the residents is not required. Residents are, however, encouraged to report to rotation if the preceptor is present and the resident is able to safely report to work.
 - ii. Staffing in a pharmacist role for the Hospital Pharmacy Practice learning experience is considered essential and residents should plan accordingly to ensure they are able to make it to work on time.
 - iii. If a significant amount of time is missed due to inclement weather, the resident will forfeit days/time on elective rotations and longitudinal projects in order to ensure that required learning experiences are completed (see section 13.a.v.).

13. Completion of Program Requirements

Residents are expected to satisfactorily complete all requirements of the individual residency program. Only those residents who satisfactorily complete the requirements will receive their Residency Certificate as evidence of program completion. The RAC must be in complete agreement that the resident has successfully completed all of the requirements of the program and successfully achieved all required goals and objectives for the residency. Residents in all residency programs will be required to perform or participate in a number of activities throughout the year. These activities are designed to assure competency with the goals and objectives outlined by the residency accreditation standards. The RPD will review the competency areas, activities, goals, and objectives (CAGOs) each quarter when completing the resident development plan.

In addition to the expectations, required competency areas, activities, goals, and objectives outlined by the accreditation standards a resident must complete the following requirements in order to successfully complete the program:

- a. Licensure within 90 days of hire
- b. Successfully complete all required learning experiences
- c. Receive satisfactory and achieved completion on all goals and objectives
- d. Receive achieved completion on at least 85% of objectives
- e. All objectives in R1 (Patient Care must be "achieved")
- f. Complete a research project and manuscript satisfactorily including presentation of results
- g. Present a poster at a clinical meeting
- h. Present at least 2 in-services to pharmacists
- i. Participate in and present articles for Journal Club
- j. Participate in Multidisciplinary Rounds
- k. Complete ACLS Certification and attend "Code Blue" events
- l. Precept at least one APPE pharmacy student as assigned
- m. Review, Compile, and Assess Medication Errors and ADRs as assigned
- n. Participate in drug policy development
- o. Participate in residency recruitment efforts
- p. Participate in patient safety and quality improvement initiatives
- q. Complete 2 medication use evaluations (MUE)
- r. Complete drug monograph(s)
- s. Complete the Teaching Certificate Program at UAMS
- t. Complete the Research Certificate Program at UAMS

- u. Reliable attendance for learning experiences and staffing
- v. Complete an end of year self-evaluation and review it with RPD

Completion of these and other requirements outlined within this policy will be documented using the *Requirements Definitions and Completion Checklist* (Appendix A). Evaluation of the resident's progress in completing the requirements is done as part of the quarterly review. These quarterly reviews are compared against each resident's development plan. The RPD shall assess the ability of the resident to meet the requirements by established deadlines and work with the resident to assure their satisfactory completion. If a resident is failing to make satisfactory progress in any aspect of the residency program, the following steps shall be taken:

- a. Residents shall be given verbal counseling by the RPD. Counseling shall entail suggestions for improvement in meeting requirement deadlines. This counseling shall be documented in their personnel file by the RPD.
- b. If the resident continues to fail in their efforts to meet deadlines or objectives, they shall be given a warning in writing and will be counseled on the actions necessary to rectify the situation.
- c. If the RPD determines that the resident may not complete the residency program in the usual time frame, a plan to satisfactorily complete the requirements shall be presented and reviewed by the Residency Advisory Committee. No action shall be taken against the resident until the Residency Advisory Committee reviews the report and recommendations concerning any action.

14. Pharmacy Organization Membership Requirements: ASHP and APA (AAHP) memberships are required of all pharmacy residents.

Policy Key Contact: Kristyn McKnight, PharmD BCCCP, Pharmacy Residency Program Director

Approved/Reviewed by: Residency Advisory Council

Reference(s): American Society of Health-System Pharmacists Guidelines

Attachment(s): None