MARSHALL Health NETWORK

St. Mary's Medical Center PGY-1 Pharmacy Residency Manual

2025-2026

Advancing Health. Inspiring Hope. Serving You.

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ST. MARY'S MEDICAL CENTER

When your health really matters

2900 First Avenue | Huntington, WV 25702 | 304.526.1234

Dear Resident,

It is with great pleasure that I welcome you to St. Mary's Medical Center for our pharmacy practice residency program. Our mission is "We are inspired by the love of Christ to provide quality healthcare in ways which respect the God-given dignity of each person and the sacredness of human life", which means our ethical actions and concern for the individual, whether a patient or coworker, is as paramount as our reputation for patient care. As we practice in an age where balancing the cost of providing quality care with maintaining business viability is a continuous struggle, please take appreciation of the fact that the core values of compassion, hospitality, respect, interdependence, stewardship, and trust remain the focus of this institution.

Within the Department of Pharmacy, you will be trained by a first in class group of practitioners. Our goal is to provide you with training that will fully prepare you for pharmacy practice while incorporating as many of your personal interests and goals into the program as possible. The residency will be very challenging and will require a high level of motivation and work ethic, but you were selected knowing that you are fully capable of exceeding all of our expectations. Through this process, our team hopes to learn from our residents as well. Your success and feedback is very important to us, so know that our doors are always open for you to discuss any issues or concerns that you may have.

I would like to reiterate my warmest welcome to our residency program. I am confident that you will have a great year and come out of this wonderful learning experience with new skills and friendships.

Sincerely,

Melissa Arthur, RPH
Director of Pharmacy
St. Mary's Medical
Center

Introduction to Marshall Health Network

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

- ***Advancing Health.*** MHN offers access to high-quality care and the latest advances. We lead research and solutions that improve people's lives.

- ***Inspiring Hope.*** We not only provide outstanding health care; we provide hope. Ultimately, our success is measured through our patients' eyes.

- ***Serving You.*** MHN is the place where patients receive highly reliable, caring healthcare. It recognizes employees as our trusted health care experts and greatest asset. Serving You is personal and makes it relatable to each reader, from employees and patients to community members.

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

- *MHN is committed to ensuring access to all (patients, employees, physicians, community members).*

- *As an integrated academic health system, the communities we serve can expect MHN's excellence in education, research, medical care, outcomes.*

- *As our system grows, we can never lose sight of delivering personal, compassionate care that we are uniquely able to provide.*

Introduction to St. Mary’s Medical Center

St. Mary's Medical Center, a member of Marshall Health Network, is the largest medical facility in Huntington, West Virginia. As one of Cabell County's largest private employers, and at 413 beds, it is among the largest healthcare facilities in the state of West Virginia. With specialties in cardiac care, cancer treatment, emergency/trauma services, neuroscience, and orthopedics, St. Mary's exceptional technology and medical expertise make it one of the region's medical leaders.

St. Mary’s is supported by a large integrated network including but not limited to the following:

- Level II Trauma Center
- Infectious Diseases Society of America Antimicrobial Stewardship Center of Excellence
- Regional Heart Institute: Center of Excellence
- Regional Cancer Center
- Regional Neuroscience Center with designation as Primary Stroke Center
- Comprehensive Intensive Care Services including Neurotrauma ICU, Medical ICU, Cardiac ICU, Open Heart ICU, Open Heart Recovery Units
- Training of undergraduate pharmacy students, interns, and residents
- Image-Guided Radiation Therapy (IGRT) with Cyberknife
- Center for Education
- Ironton Medical Campus
- Urgent Care

As a teaching facility associated with the Joan C. Edwards Marshall University School of Medicine and the Marshall University School of Pharmacy, St. Mary's trains medical residents and fellows in several specialties. The medical center campus is home to the St. Mary's School of Nursing, the St. Mary's School of Radiologic Technology, the St. Mary’s School of Respiratory Care and the Marshall School of Physical Therapy . All four programs are associated with Marshall University.

St. Mary's Centers of Excellence in Cardiac Care, Antimicrobial Stewardship, Cancer treatment, Emergency/Trauma services and Neuroscience, feature the exceptional technology and medical expertise that make St. Mary's Medical Center the region's medical leader. Advanced medical care delivered with compassion is the hallmark of St. Mary's reputation

St. Mary’s Mission and Values

Our Mission

On November 6, 1924, the Sisters of the Pallottine Missionary Society opened St. Mary's Hospital on a foundation of faith. The sisters built St. Mary's on a set of core values, which can still be seen in the Medical Center's lobby today.

From the moment when St. Mary's first opened its doors, the sisters set out to fulfill their mission:

"We are inspired by the love of Christ to provide quality health care in ways which respect the God-given dignity of each person and the sacredness of human life."

And so began the tradition that is St. Mary's Medical Center. It has been over one hundred years since the doors were first opened, and during that time, thousands of

lay people have joined the Sisters in fulfilling the Medical Center's mission. Along the way, St. Mary's has built on a tradition of faith, a tradition of hope, a tradition of healing and a tradition of service. Most of all, St. Mary's has built on a tradition of care.

Values

Values are the guiding principles for all our actions. They reflect our beliefs and our aspirations and provide stability in a time of change. At St. Mary's a strong belief in our core values is interwoven into the fabric of our culture. These values reflect what we stand for, what we expect from ourselves and each other, and what we aspire to be.

Because the love of Christ is the motivating force for all we do, we have arranged our core values to His Name:

COMPASSION, HOSPITALITY, REVERENCE, INTERDEPENDENCE, STEWARDSHIP, TRUST

Each of us at St. Mary's is committed to these values and to making them present in our relationships with those we are privileged to serve, and with each other. Our values will guide us as we continue our tradition of excellence and dedication to heal all we touch

Each of our values is symbolized by the hands on the beautiful wood carvings in St. Mary's main lobby. These pieces of art will be a constant reminder for us to make our values a reality.

COMPASSION

Showing loving concern and understanding for the whole person

Compassion means to feel with; therefore, we try to put ourselves in the place of others and be present to them in their suffering and need. We wish to allow God's compassion to become alive in our words and actions. We strive to reach out to others, touch their lives, and gently communicate love through generous service.

HOSPITALITY

A warm, helpful and welcoming attitude toward all persons

We want everyone coming to St. Mary's to feel at home - welcome, comfortable, cared for and secure. Hospitality calls us to be courteous, welcoming, and attentive to the needs of others.

REVERENCE

Respect for the Godgiven diginity of each person

We believe that all persons are created by God in His image. Human life is, therefore, of extraordinary value and sacred at every moment and stage development. Reverence calls us to treat every person with respect and dignity, and to care for everyone, irrespective of race, creed, age, and socioeconomic status. We wish to care for people so that they become whole and grow into the persons God wants them to be.

INTERDEPENDENCE

Cooperation and collaboration among all members of our health care community

The members of all our departments, as well as trustees and volunteers, strive to work together as a team to make high quality health care a reality. We are committed to maintaining close working relationships and collaborating with physicians, various community agencies and health care providers to meet our community's health care needs.

STEWARDSHIP

Responsible use of and accountability for our human, material and financial resources

Resources in health care belong to the Creator. We heal because God heals; have skills because God has created us with the wonderful capacities for learning and inventing. We strive to be good stewards of the gifts and resources entrusted to us and use them to create a healthy community and, within our means, to respond to the needs of the poor through service and advocacy.

TRUST

Integrity, truthfulness and straight-forwardness in relationships

St. Mary's Medical Center is a place of trust where all who enter find physical, psychological and spiritual security. We strive to respect others' right to privacy, promote confidentiality at all levels and to communicate clearly and accurately what can be expected of us and what we expect of others. We are committed to reflecting faithfulness to our mission, values and policies in the way we perform our healing ministry.

The Department of Pharmacy and Drug Information

St. Mary's Medical Center

Pharmacy Mission Statement

Marshall Health Network (MHN) Pharmacy Services is a team of over two hundred dedicated professionals providing compassionate care across the health continuum, including: acute care at Cabell Huntington Hospital (CHH) and St. Mary's Medical Center (SMMC); ambulatory care across many campuses, outpatient clinics, and provider-based departments; four infusion centers; and five community pharmacies, including a dual accredited specialty pharmacy. The goals and strategies in this three-year plan are directly aligned with our overall vision for pharmacy services and the goals of MHN. As we look to the future, we will embrace our role in helping MHN provide the best patient care and experience, supported by our foundational focus on integrated pharmacy practice, research and education, stewardship, advocacy and outreach, and innovation. We greatly appreciate the assistance from our many pharmacy team members and partners in developing this strategic plan.

Our VISION

To deliver comprehensive and integrated pharmacy services to our patients resulting in the best pharmaceutical outcomes and experiences.

Our MISSION

We shall deliver compassionate evidence-based care across the MHN pharmacy enterprise. We shall advocate for the best pharmaceutical outcomes and experiences for our patients within a highly reliable culture, fostering integration, innovation, education, stewardship and community in accordance with our values.

Our FOUNDATIONAL PILLARS

- Integrated Practice
- Innovation
- Education and Research
- Stewardship
- Advocacy and Outreach

Pharmacy and Drug Information

Description
The St. Mary's Medical Center (SMMC) Department of Pharmacy provides services including drug and disease state information, pharmacotherapy, drug preparation and distribution, and dosage monitoring services for all patients. All inpatient physician orders for medications are reviewed and validated by a clinical pharmacist for appropriateness of therapy.

St Mary's Hospital Pharmacy Scope of Services

Department of Pharmacy service areas include:
- Unit Dose Pharmacy
- IV Sterile Compounding Facility
- Integrated care areas in Cardiology, Hematology/Oncology, Critical Care, Internal Medicine, Emergency Medicine, Infectious Diseases, and Transitions of Care
- St. Mary's Pharmacy (retail)
- The Pharmacy HIMG (retail)
- HIMG Infusion Pharmacy

Hours of Operation
The Main Pharmacy is open 24 hours daily, 365 days per year. The Pharmacy HIMG is open Mon-Fri 8:30am-5:00pm. St. Mary's Pharmacy is open Mon-Fri 7:00am-10:00pm and Sat/Sun 8:30am-4:30pm. HIMG Infusion pharmacy is open Mon-Fri 7:30am-4:00pm.

Clinical Practice

Clinical pharmacy specialists and clinical pharmacists provide direct patient care throughout the institution. Many of these practitioners are active, integral members of the health care team and assist by providing services including:

- Drug selection
- Pharmacokinetic monitoring
- Drug information
- Antimicrobial Stewardship
- Renal dose monitoring
- Anticoagulation monitoring
- IV to PO conversion services
- Automatic therapeutic substitution
- Patient medication counseling and education
- Investigational drug service
- Other patient-focused services to optimize drug therapy outcomes including teaching in Cardiac Rehabilitation.

The pharmacy staff provides patient and health care provider education, participates in Adverse Drug Reaction (ADR) and Medication Risk Event programs, supports investigational drug research, drug and therapeutic policy development, and other cost containment and quality enhancement programs and projects.

Patients Served

The age, gender, and complexity of the condition of the patients served by the Department of Pharmacy and Drug Information encompass the patient population served by St. Mary's Medical Center. St. Mary's Centers of Excellence include adult cardiac care, antimicrobial stewardship, cancer treatment, emergency/trauma services, and neuroscience.

With appropriate support, pharmacy staff:

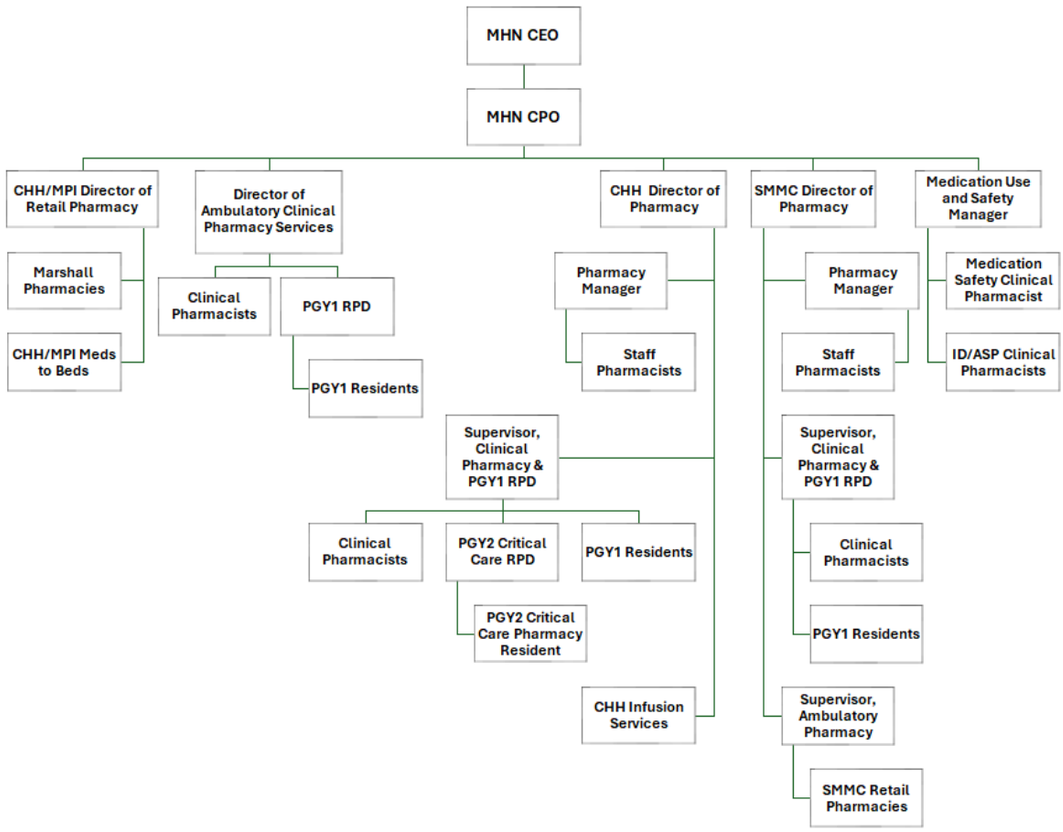
- Provide over 3.6 million doses and approximately 133,000 outpatient/retail prescriptions annually
- Prepare annually approximately 360,000 sterile admixtures
- Provide daily therapeutic recommendations resulting in positive quality and financial outcomes
- Provide patient-focused pharmacotherapy from admission to discharge
- Provide Meds-to-Beds program to facilitate patient discharge
- Provide education for patients in the Cardiac Rehabilitation program

Departmental Personnel

Pharmaceutical care is provided or supported by all departmental staff. Listed below are the components that make up our committed team:

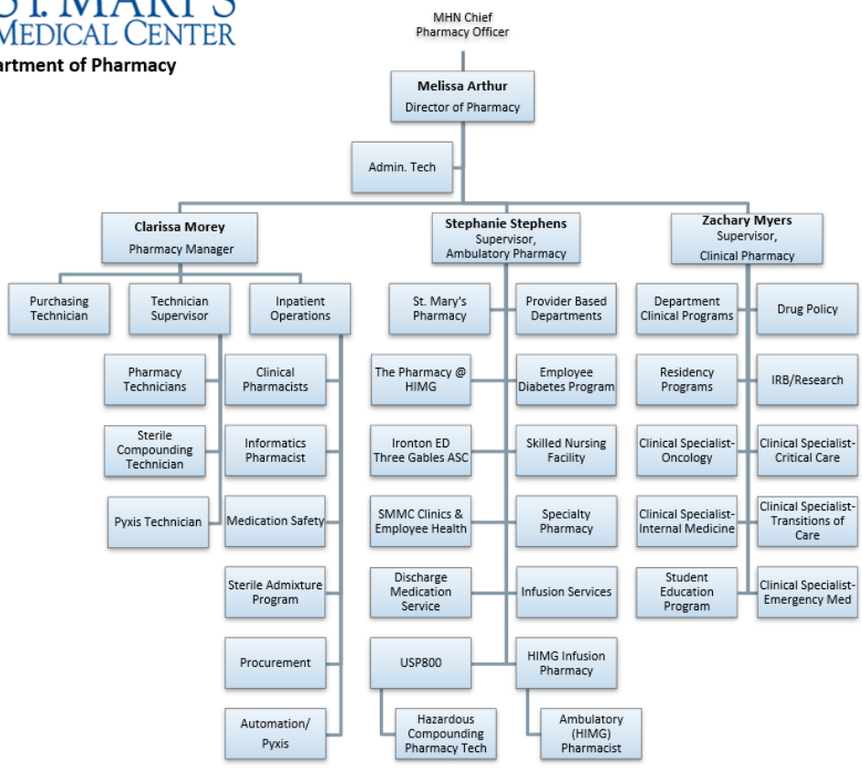
- Director of Pharmacy
- Pharmacy Manager
- Ambulatory Pharmacy Supervisor
- Clinical Pharmacy Supervisor
- Administrative Technician
- 340B Coordinator and 340B Analyst
- Pharmacy Analyst
- Clinical Pharmacists and Clinical Specialists
- MU School of Pharmacy Faculty Pharmacists
- IT Pharmacist
- Technician Supervisor
- Pharmacy Technicians
- Clinical History Technicians
- Retail Pharmacists and Technicians
- PGY-1 Pharmacy Residents
- Pharmacy Students/Interns

Marshall Health Network Pharmacy Organizational Chart



SMMC Pharmacy Organizational Chart

ST. MARY'S MEDICAL CENTER
Department of Pharmacy



St. Mary's PGY1

Pharmacy Residency Program

St. Mary's Medical Center

PGY1 Pharmacy Residency Program Description

Statement of Purpose

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

This residency is designed to provide postgraduate training in the provision of direct patient care to multiple patient populations. Residents will develop effective written and verbal communication skills in order to provide education to, and interact with, patients, students, and a multi-disciplinary team of health care providers. Residents will exercise and continue to develop leadership skills and professionalism while learning to manage their own clinical pharmacy practice.

Definitions

- The Residency Program Director, Residency Coordinator, and the Director of Pharmacy are the individuals responsible for the administration and coordination of the pharmacy residency program.
- The Residency Program Director designates the person responsible for directing the activities of a particular residency program and is responsible for completion of the Residency Developmental Program quarterly and final evaluations.
- Preceptor designates the individual assigned to educate, train and evaluate the resident within their practice area or area of expertise and is responsible for completion of their learning experience evaluations.
- Competency Areas: Categories of the residency graduates' capabilities. Competency areas are classified into one of three categories: or
  - *Required*: Four competency areas are required (all programs must include them and all their associated goals and objectives).
  - *Additional*: Competency area(s) that residency programs may choose to use (in addition to the four required areas) to meet program-specific program needs.
  - *Elective*: Competency area(s) selected optionally for specific resident(s).
- Educational Goals (Goal): Broad statement of abilities.
- Educational Objectives: Observable, measurable statements describing what residents will be able to do as a result of participating in the residency program.
- Criteria: Examples that describe competent performance of educational objectives. Since criteria are examples, they are not all required but are intended to be used to give feedback to residents on their progression and how residents can improve on the skills described in educational objectives when engaged in activities.
- Activities: The Standard required that learning activities be specified for each educational objective in a learning experience description. Activities are what residents will do to learn and practice the skills described in the objectives. Activities are the answer to the question. "What can residents do in the context of this learning experience that will result in outcomes necessary to achieve educational objective?" (compare and contrast activities with the criteria by referring to the definition of criteria immediately above). Specified activities should match Bloom's Taxonomy learning level stated in parentheses before each objective.

Competency Areas

Competency Area R1: Patient Care

Goal R1.1: Provide safe and effective patient care services following JCPP (Pharmacists' Patient Care Process).[1]

Objective R1.1.1: (Analyzing) Collect relevant subjective and objective information about the patient.
Criteria:
• Uses a systematic and organized approach to gather and verify information from appropriate sources (e.g., existing patient records, the patient, caregivers, other healthcare professionals).
• Evaluates medication list and medication-use history for prescription and non-prescription medications; including but not limited to dietary supplements, illicit and recreational substances, non-traditional therapies, immunizations, allergies, adverse drug reactions, and medication adherence and persistence.
• Collects relevant health data including medical and social history, health and wellness information, laboratory and biometric test results, physical assessment findings, and pharmacogenomics and pharmacogenetic information, if available.
• Determines patient lifestyle habits, preferences and beliefs, health literacy, health and functional goals, socioeconomic factors, and/or other health-related social needs that affect access to medications and other aspects of care.
• Determines missing objective information and performs appropriate physical assessment, orders laboratory tests, and/or conducts point of care testing, as applicable.

Objective R1.1.2: (Evaluating) Assess clinical information collected and analyze its impact on the patient's overall health goals.
Criteria:
• Determines appropriateness, effectiveness, and safety of each medication.
• Interprets clinical information appropriately as part of assessment.
• Identifies unmet healthcare needs of the patient.
• Identifies medication therapy problems accurately.
• Includes health-related social needs and considers social determinants of health (SDOH) as part of assessment.
• Considers preventive health strategies as part of assessment.
• Accurately applies evidence-based medicine and guidelines to individual patient care which reflects patient's values, preferences, priorities, understanding, and goals.

Objective R1.1.3: (Creating) Develop evidence-based, cost effective, and comprehensive patient-centered care plans.
Criteria:
• Chooses and follows the most appropriate evidence and/or guidelines.
• Addresses medication-related problems and optimizes medication therapy, in alignment with pertinent medication-use policies.
• Addresses health-related social needs and other social determinants of health (SDOH) as part of the care plan.
• Addresses preventive health strategies as part of the care plan.
• Engages the patient in shared decision making, as appropriate.
• Sets realistic and measurable goals of therapy for achieving clinical outcomes in the context of patient's overall healthcare goals, understanding, preferences, priorities, and access to care.
• Identify when a patient requires an alternate level or method of care.

Objective R1.1.4: (Applying) Implement care plans.
Criteria:
• Appropriately initiates, modifies, discontinues, or administers medication therapy, as authorized.
• Ensures timely completion of medication orders, prescriptions, and/or medication coverage determinations that are aligned with pertinent medication-use policies to optimize patient care.

• Determines and schedules appropriate follow-up care or referrals, as needed, to achieve goals of therapy.
• Engages the patient through education, empowerment, and self-management. • Engages other team members, as appropriate.

Objective R1.1.5: (Creating) Follow-up: Monitor therapy, evaluate progress toward or achievement of patient outcomes, and modify care plans.
Criteria:
• Reassesses all medications for appropriateness, effectiveness, safety, and patient adherence through available health data, laboratory and biometric test results, and patient feedback.
• Evaluates clinical endpoints and outcomes of care including progress toward or the achievement of goals of therapy.
• Identifies appropriate modifications to the care plan.
• Establishes a revised care plan in collaboration with other healthcare professionals, the patient, and/or caregivers.
• Communicates relevant modifications to the care plan to the patient, caregivers, and other relevant healthcare professionals, as appropriate.
• Modifies schedule for follow-up care or referral as needed to assess progress toward the established goals of therapy.

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.
Criteria:
• Routinely identifies patients who are experiencing care transitions.
• Effectively participates in obtaining or validating a thorough and accurate medication history.
• Conducts a thorough and accurate medication reconciliation.
• Identifies potential and actual medication-related problems.
• Provides medication management, when appropriate.
• Considers the appropriateness of medication therapy during care transitions.
• Evaluates cost, availability, coverage, and affordability of medication therapy.
• Takes appropriate actions on identified medication-related problems, including steps to help avoid unnecessary use of healthcare resources.
• Provides effective medication education to the patient and/or caregiver. • Identifies appropriate resources for patients in transition and makes appropriate connections or referrals to resolve issues.
• Follows up with patient in a timely manner, as appropriate.
• Provides accurate and timely follow-up information when patients transfer to another facility, level of care, pharmacists, or provider, as appropriate.

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 healthcare team members.
Criteria:
• Adheres consistently and appropriately to the Core Principles & Values for Effective Team-based Health Care.[2]
• Follows the organization's communication policies and procedures.
• Demonstrates appropriate skills in negotiation, conflict management, and consensus building. • Interacts collaboratively and respectfully.
• Advocates for the patient.
• Chooses an appropriate form of communication with team members based on type and urgency of information, recommendation, and/or request.
• Recommends or communicates patients' regimens and associated monitoring plans to relevant members of the healthcare team clearly, concisely, persuasively, and timely.

Objective R1.2.2: (Applying) Communicate effectively with patients and caregivers.
Criteria:

• Uses optimal method(s) to interact, in-person and/or virtually, with patients and caregivers including any accommodations to alleviate specific barriers to communication (e.g., patient-friendly language, language services, assistive technology, visual aids).
• Addresses communication barriers during telehealth interactions, as applicable.
• Interacts in a respectful, collaborative, empathetic, and personalized manner.
• Follows the organization's communication policies and procedures.
• Uses appropriate motivational interviewing techniques and open-ended questions to facilitate health behavior change.
• Considers non-verbal cues and adjusts delivery, when needed.
• In addition to an oral summary, provides a written summary of recommended medication-related changes and other pertinent educational materials and available resources, as appropriate.

Objective R1.2.3: (Applying) Document patient care activities in the medical record or where appropriate.
Criteria:
• Selects appropriate information to document.
• Documents services provided, actions taken, interventions performed, referrals made, and outcomes achieved, as applicable.
• Documents in a timely manner.
• Follows the organization's documentation policies and procedures.
• Documents appropriately to support coding, billing, and compensation.
• Ensures security of Protected Health Information (PHI) throughout the documentation process

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.
Criteria:
• Facilitates changes to medication therapy considering access, cost, social determinants of health (SDOH) or other barriers.
• Prioritizes formulary medications, as appropriate.
• Evaluates non-formulary requests for appropriateness and follows departmental or organizational policies and procedures related to non-formulary requests.
• Considers appropriate formulary alternatives.
• Ensures access to non-formulary products when formulary alternatives cannot be used**.**

Objective R1.3.2: (Applying) Participate in medication event reporting. [N/A for Managed Care]
Criteria:
• Demonstrates ability to investigate and submit a patient specific adverse medication event (e.g., medication error, near miss, and/or adverse drug reaction).
• Uses appropriate technology for reporting adverse drug events.

Objective R1.3.3: (Evaluating) Manage the process for preparing, dispensing, and administering (when appropriate) medications. [N/A for Managed Care]
Criteria:
• Adheres to applicable laws, institutional policies, departmental policies, and best practice standards.
• Identifies, detects, and addresses medication and health-related issues prior to verifying a medication order or dispensing a medication.
• Completes all steps of the medication preparation process.
• Completes all steps of the patient-centered dispensing process accurately and efficiently, including selection of self-care products, as appropriate.
• Takes responsibility for accurate and appropriate order assessment and verification duties for assigned patients.
• Administers medications using appropriate techniques, as appropriate.
• Oversees and ensures accuracy of other pharmacy personnel (e.g., clerical personnel, interns, students, technicians) involved in the preparation, dispensing,

and administration of medications according to applicable laws and institutional policies.
• Effectively prioritizes workload and organizes workflow for oneself and pharmacy support personnel.
• Refers patients for other healthcare services or care by other healthcare professionals, as appropriate.
• Ensures appropriate storage of medications.
• Determines barriers to patient adherence and makes appropriate adjustments.

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.
Criteria:
• Recognizes patterns within aggregate patient data (i.e., defined population data).
• Interprets outcomes benchmarks and dashboards, as applicable.
• Compares outcomes of population data to evidence-based or best practice guidelines and/or established benchmarks (e.g., Star ratings, quality metrics).
• Identifies areas for improved patient care management based on population data.
• Provides targeted interventions for individual patients within a defined group to improve overall population outcomes.
• Recommends appropriate services to patients, providers, or health plans to help improve patient and population outcomes.
• Engages leaders to determine necessary resource(s) to improve patient and population outcomes and promote equitable care.

Objective R1.4.2: (Creating) Prepare or revise a drug class review, monograph, treatment guideline, treatment protocol, utilization management criteria, and/or order set.
Criteria:
• Uses the appropriate format.
• Evaluates and applies evidence-based principles.
• Effectively synthesizes information from available literature.
• Incorporates all relevant sources of information pertaining to the topic being reviewed. • Applies medication-use safety and resource utilization information.
• Demonstrates appropriate assertiveness and timeliness if presenting pharmacy concerns, solutions, and interests to internal and/or external stakeholders.
• Delivers content objectively.
• Includes proposals for medication-safety technology considerations and improvements, when appropriate.
• Includes considerations for addressing established health equity concerns, when appropriate.
• Effectively communicates any changes in medication formulary, medication usage, or other procedures, if applicable

Competency Area R2: Practice Advancement

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.
Criteria:
• Explains concepts associated with project development.
• Appropriately identifies or understands problems and opportunities for projects.
• Conducts a thorough literature to contextualize project scope.
• Determines an appropriate question or topic for a practice-related project that can realistically be addressed in the available time frame.

• Uses best practices or evidence-based principles to identify opportunities related to the project.

Objective R2.1.2: (Creating) Develop a project plan.
Criteria:
• Develops specific aims, selects an appropriate project design, and develops suitable methods to complete the project.
• Includes operational, clinical, economic, and humanistic outcomes of patient care, if applicable.
• Incorporates appropriate quality improvement process design and/or methodology standardization, simplification, human factors training, quality improvement process, or other process improvement or research methodologies), if applicable.
• Develops a feasible design for a prospective or retrospective outcomes analysis that considers who or what will be affected by the project.
• Identifies committees or groups to provide necessary approvals, (e.g., intra- or interdepartmental committees, IRB, quality review board, health plan, funding, etc.).
• Develops a feasible project timeline.
• Develops a plan for data collection and secure storage that is consistent with the project intent and design.
• Develops a plan for data analysis.
• Acts in accordance with the ethics of human subject's research, if applicable

Objective R2.1.3: (Applying) Implement project plan.
Criteria:
• Obtains necessary project approvals, (e.g., intra- or interdepartmental committees, IRB, quality review board, health plan, funding, etc.) and responds promptly to feedback or reviews.
• Demonstrates a systematic and organized approach to gathering and storing data.
• Collects appropriate types of data as required by project design.
• Uses appropriate electronic data and information from internal or external databases, Internet resources, and other sources of decision support, as applicable.
• Adheres to the project timeline as closely as possible, adjusting for unforeseeable factors, when necessary.
• Correctly identifies need for additional modifications or changes to the project.

Objective R2.1.4: (Analyzing) Analyze project results.
Criteria:
• Uses appropriate methods, including statistics when applicable, for analyzing data in a prospective or retrospective clinical, humanistic, and/or economic outcomes analysis.
• Collaborates with project team members to validate project analysis, as appropriate.

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.
Criteria:
• Evaluates data and/or outcomes of project accurately and fully.
• Considers the impact of the limitations of the project design on the interpretation of results.
• Accurately assesses the impact of the project, including its sustainability, if applicable.
• Correctly identifies need for additional modifications or changes based on outcome.

Objective R2.1.6: (Creating) Develop and present a final report.
Criteria:
• Completes all report requirements on time and within assigned time frame.
• Develops a project report that is well-organized and easy to follow.

• Formats written report suitable for project audience. • Uses effective written and/or oral communication to convey points successfully.
• Submits and/or presents project report to intended audience.
• Summarizes key points at the conclusion of the report.
• Responds to questions in a concise, accurate, and thoughtful manner.

COMPETENCY AREA R3: Leadership

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.
Criteria:
• Identifies and explains factors influencing medication availability (e.g., procurement, inventory management, shortages, recalls, and formulary).
• Describes resolution of medication access or availability concerns.
• Identifies various effective leadership philosophies and principles.
• Explains how the pharmacy planning relates to the organization and/or department's mission and vision.
• Explains the department and/or organization's decision-making structure.
• Explains the department and/or organization's strategic planning process.
• Identifies human resources and personnel management pertinent policies and procedures including but not limited to workplace violence, safety, diversity, equity, inclusion, employee performance reviews, and implementation and use of appropriate virtual and technology resources.
• Explains current credentialing and privileging processes of the organization and potential changes for the future, if applicable.
• Explains the quality improvement plan(s) of the department and/or organization.
• Correctly assesses internal pharmacy quality, effectiveness, and safety data against benchmarks.

Objective R3.1.2: (Understanding) Describe external factors that influence the pharmacy and its role in the larger healthcare environment.
Criteria:
• Identifies and explains strengths, weaknesses, opportunities, and threats to pharmacy planning and practice advancement including accreditation, legal, regulatory, and safety requirements.
• Identifies and explains the impact of local or regional healthcare entities on pharmacy or organizational practice.
• Accurately explains the purpose and impact of external quality metrics to the practice 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.
Criteria:
• Uses principles of continuous professional development (CPD) planning (e.g., accurately reflect on personal strengths and areas for improvement, plan, act, evaluate, record/review).
• Sets realistic expectations of performance.
• Engages in self-reflection of one's behavior, knowledge, and growth opportunities.
• Identifies strategies and implements specific steps to address foundational and clinical knowledge gaps.
• Demonstrates ability to use and incorporate constructive feedback from others.
• Articulates one's career goals, areas of clinical and practice interest, personal strengths and opportunities for improvement, and stress management strategies.
• Engages in self-evaluation by comparing one's performance to a benchmark.
• Demonstrates self-awareness of personal values, motivational factors, and emotional intelligence.
• Demonstrates self-motivation and a "can-do" approach.

• Approaches new experiences as learning opportunities for ongoing self-improvement with enthusiasm and commitment.

Objective R3.2.2: (Applying) Demonstrate personal and interpersonal skills to manage entrusted responsibilities.
Criteria:
• Balances personal needs appropriately with the needs of the department and/or organization.
• Demonstrates personal commitment to the mission and vision of the department and/or organization.
• Demonstrates effective workload and time management skills.
• Prioritizes and organizes all tasks appropriately.
• Prioritizes appropriate daily activities.
• Prepares appropriately to fulfill daily and longitudinal responsibilities (e.g., patient care, projects, management, and meetings).
• Sets SMART goals (Specific, Measurable, Achievable, Relevant, Time-bound goals), implements action steps, and takes accountability for progress.
• Sets and manages appropriate timelines in harmony with pertinent stakeholders.
• Proactively assumes and takes on increased levels of responsibility.
• Proactively identifies issues or barriers and create potential solutions or management strategies.
• Follows through on obligations collaboratively and without prompting.
• Ensures timely and thorough transfer of appropriate responsibilities.
• Demonstrates resilience to recover from unanticipated changes and reprioritize responsibilities, as needed.
• Appropriately balances quality and timeliness in all aspects of work.

Objective R3.2.3: (Applying) Demonstrate responsibility and professional behaviors.
Criteria:
• Represents pharmacy as an integral member of the healthcare team.
• Demonstrates professionalism through appearance and personal conduct.
• Displays emotional intelligence by interacting cooperatively, collaboratively, and respectfully with the team.
• Holds oneself and colleagues to the highest principles of the profession’s moral, ethical, and legal conduct.
• Prioritizes patient healthcare needs.
• Accepts consequences for his or her actions without redirecting blame to others.
• Engages in knowledge acquisition regarding healthcare innovations, practice advancement, patient care, and pharmacy practice.
• Advocates effectively on behalf of patients to other members of the healthcare team. • Delegates appropriate work to technical and clerical personnel.
• Understands and respects the perspective and responsibilities of all healthcare team members.
• Contributes to committees or informal workgroup projects, tasks, or goals (e.g., contribute to committee discussions, identify pertinent background information, identify data for collection, interpret data, implement corrective action), if applicable.
• Works collaboratively within the department and/or organization’s political and decision-making structure

Objective R3.2.4: (Applying) Demonstrate engagement in the pharmacy profession and/or the population served.
Criteria:
• Identifies professional organization(s) that align with practice interests.
• Articulates the benefits of active participation in professional associations at all levels.
• Demonstrates knowledge and awareness of the significance of local, state, and national advocacy activities impacting pharmacy and healthcare.
• Develops personal vision and action plan for ongoing professional engagement.
• Participates appropriately in practice and advocacy activities of national, state, and/or local professional associations.
• Addresses the needs of the patients through service and/or education.

COMPETENCY AREA R4: Teaching and Education

Goal R4.1: Provide effective medication and practice-related education.

Objective R4.1.1: (Creating) Construct educational activities for the target audience.
Criteria:
• Obtains an accurate assessment of the learner's needs and level of understanding.
• Defines educational objectives that are specific, measurable, and appropriate for educational needs and learning level.
• Uses appropriate teaching strategies, including active learning.
• Chooses content that is relevant, thorough, evidence-based, accurate, reflects best practices and aligns with stated objectives.
• Designs instructional materials that meet the needs of the audience.
• Develops patient education materials that appropriately match the cultural needs and health literacy level of intended audience.
• Includes accurate citations and relevant references and adheres to applicable copyright laws.

Objective R4.1.2: (Creating) Create written communication to disseminate knowledge related to specific content, medication therapy, and/or practice area.
Criteria:
• Writes in a manner that is concise, easily understandable, and free of errors.
Objectives
• Demonstrates thorough understanding of the topic.
• Determines appropriate breadth and depth of information based on audience and purpose of education.
• Notes appropriate citations and references.
• Includes critical evaluation of the literature and knowledge advancements, and an accurate summary of what is currently known on the topic.
• Develops and accurately uses tables, graphs, and figures to enhance the reader's understanding of the topic, when appropriate.
• Writes at a level appropriate for the target readership (e.g., patients, caregivers, members of the community, pharmacists, learners, and other healthcare professionals).
• Creates visually appropriate documents (e.g., font, white space, and layout).
• Creates materials that are inclusive of all audiences, accommodating any person(s) with health conditions or impairments.
• Creates one's own work and does not engage in plagiarism. • Seeks, processes, and appropriately incorporates feedback from the targeted audience.

Objective R4.1.3: (Creating) Develop and demonstrate appropriate verbal communication to disseminate knowledge related to specific content, medication therapy, and/or practice area.
Criteria:
• Selects teaching method to deliver the material based on the type and level of learning required (cognitive, psychomotor, and affective).
• Incorporates multiple appropriate educational techniques to present content. • Demonstrates rapport with learners.
• Develops and uses effectively audio-visual and technology tools and handouts to support learning activities.
• Demonstrates thorough understanding of the topic.
• Organizes and sequences instruction properly.
• Presents at appropriate level of the audience (e.g., patients, caregivers, members of the community, pharmacists, learners, and other healthcare professionals).
• Speaks at an appropriate rate and volume with articulation and engaging inflection.
• Effectively uses body language, movement, and expressions to enhance presentations.
• Makes smooth transitions between concepts.
• Summarizes important points at appropriate times throughout presentations.

• Demonstrates ability to adapt appropriately during the presentation.
• Captures and maintains learner/audience interest throughout the presentation.
• Responds to questions from participants in a concise, accurate, and thoughtful manner

Objective R4.1.4: (Evaluating) Assess effectiveness of educational activities for the intended audience.

Criteria:

• Selects assessment method (e.g., written or verbal assessment or self-assessment questions, case with case-based questions, learner demonstration of new skill) that matches activity.
• Identifies appropriate time to solicit feedback from the learner.
• Solicits timely, constructive, and criteria-based feedback from the learner.
• Writes assessment questions (if used) in a clear and concise format that reflects best practices.
• Assesses learners for achievement of learning objective(s).
• Identifies and takes appropriate actions when learner fails to understand delivered content.
• Plans for follow-up educational activities to enhance or support learning and ensure objectives were met, if applicable

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.

Criteria:

• Identifies experiential learning opportunities in the practice setting and engages learners appropriately.
• Creates an organized and systematic approach to designing learning experiences for the learner.
• Identifies which preceptor role is applicable for the situation (direct instruction, modeling, coaching, facilitating).
• Chooses appropriate preceptor roles to stimulate professional growth in learner.
• Adjusts the preceptor role as learner needs change.
• Uses appropriate methods to provide both formative and summative feedback.
• Provides timely, constructive, and criteria-based feedback to learner, including actionable steps for continued growth and improvement.
• Engages the learner effectively in self-evaluation and self-reflection.
• Provides effective and focused direct instruction when warranted.
• Models critical-thinking skills by including "thinking out loud".
• Coaches, including effective use of verbal guidance, feedback, and questioning, as needed.
• Facilitates, when appropriate, by allowing learner independence and using indirect monitoring of performance.
• Selects appropriate problem-solving situations for independent learners.
• Ensures learner understands feedback and next steps needed to improve.

[1] Joint Commission of Pharmacy Practitioners. Pharmacists' Patient Care Process. May 29, 2014. Available at: https://jcpp.net/wp-content/uploads/2016/03/PatientCareProcess-with-supporting-organizations.pdf. ©
[2] Mitchel et al. Core Principles & Values of Effective Team-Based Health Care. Available at: VSRT-Team-Based-Care-Principles-Values.pdf (nam.edu)

Program Design

The residency is a 52-week postgraduate program that begins on the last week in June of each year consisting of core and elective learning experiences. The program is designed to meet or exceed ASHP PGY1 Residency Competency Areas, Goals, and Objectives while allowing enough time to develop the specific learning interests of each resident. The chart in PharmAcademic is a crosswalk between your learning experiences and the Residents Development Program required and elective learning objectives. The PGY1 Residency Program is structured as follows:

I. Required Core Rotations
    a. Rotations 5 weeks – six required rotations, except Project and Research (6 weeks) and orientation (6 weeks)
    b. Rotations Longitudinal – five required rotations
II. Elective Rotations- the resident and Residency Program Director will agree upon four elective rotations
III. Resident Major Project/Presentations
    a. ASHP Midyear (Poster)
    b. Great Lakes Residency Conference (Platform)
    c. WV Residency Conference (Platform) (AKA Annual Healthcare Symposium)
    d. Pharmacy Continuing Education- one in the first half of the year and one in the second half of the year
    e. Pharmacy Management Project
    f. Pharmacy Service Project
    g. Drug Policy (See Teams for templates and format instructions)
        i. Minimum of one Medication Use Evaluation
        ii. Minimum of one Drug Monograph
        iii. Four monthly one-pagers/pharmacy clinical updates
        iv. Adverse Event Evaluation (as assigned)
        v. FDA Safety Updates for Pharmacy and Therapeutic Committee (2 as assigned)
    h. During each Required Direct Patient Care Core Rotation, the resident is required to present a Case Presentation. During every other 5-week rotation, the resident is expected to present a Journal Club. (see Share Folder for templates and format information). A one-pager will also be required for each 5-week core rotation.

Required Core Rotations (5 weeks each):
Orientation/Inpatient Training (6 weeks)
Cardiology
Critical Care
Infectious Diseases
Internal Medicine
Project and Research (6 weeks)

Elective Rotations (5 weeks each):
Antimicrobial Management
Critical Care II
Emergency Medicine
Emergency Medicine II
Emergency Medicine III (Nocturnist)
Infectious Disease II
Internal Medicine II
Internal Medicine III (Nocturnist)
Oncology Ambulatory (at Marshall Health)
Oncology I & II
Pharmacy Management II
Scholarship of Teaching and Learning Program with MUSOP (yearlong)

Required Longitudinal Learning Experiences:
Pharmacy Management (12-week experience)
Research Project Longitudinal
Pharmacy Service (yearlong)
Medication Management (11 months)

Resident Responsibilities

Residents will be required to perform or participate in several activities throughout the year. These activities are designed to assure competency with the goals and objectives outlined in the residency accreditation standards. In addition to the expectations of the learning outcomes, we expect residents to be able to: describe their personal philosophy of pharmaceutical care that is based on a thorough understanding of emerging health care delivery systems and the role of pharmacy in helping patients and other health professionals to achieve optimal patient outcomes, function as pharmacy generalists, participate in medication use review and drug policy development. Residents must be able communicate effectively in verbally and in writing with other team members. Additionally, they will be able to teach others effectively about drug therapy and participate in quality improvement initiatives.

Activities for Successful Completion

1) Pharmacotherapy
   a) Participate in the Residency Orientation Program.
   b) Achieve 85% of residency program goals and objectives as outlined in PharmAcademic. No goal can end the year with a needs improvement status.
   c) Successfully complete the BLS, ACLS, and PALS curriculum.
   d) Complete a service project designed to improve the services of the department and medical center.
   e) Serve approximately 32 hours monthly as a Clinical Pharmacist.
   f) Provide a case presentation during each core rotation and a journal club on every other 5-week rotation. Through collaboration with the preceptor, the resident schedule shall generally be: i) Select topic(s):
      (1) Journal Club by 2nd week of rotation. Present on 3rd week.
      (2) Case Presentation by 3rd week of rotation. Present on 5th week.
   h) Attend the following meetings unless excused:
      i) Staff meetings
      ii) Pharmacist meetings
      iii) Clinical Specialist meetings
      iv) Mandatory in-services
      v) Medication Management & Safety
      vi) Pharmacy and Therapeutics Committee
   i) Provide the following clinical services with department-approved documentation to their coverage areas as assigned:
      i) Pharmacokinetic Dosing Service
      ii) Nutritional Support
      iii) IV to PO streamlining
      iv) Renal dosing adjustment
      v) Anticoagulation Dosing and Monitoring
      vi) Drug Information
   j) Attend Code Blue and Code Pink events whenever feasible.
   k) Participate in Clinical Pharmacy On-Call Program
      i) On a scheduled rotating basis, residents are expected to be on 24-hour call starting Monday at 7:00 AM until the following Monday.
      ii) Each resident will have a faculty back-up (second call) with whom individual situations must be discussed before making recommendations.
      iii) During the second half of the residency year, residents will be expected to manage call on their own, as assigned by a rotating schedule.
2) Management
   a) Complete one management project designed to improve the services of the department and medical center

b) Participate in the residency recruitment efforts of the department
c) Update SMMC PGY1 Pharmacy Website
d) Prepare all materials for Pharmacy Residency Showcases
e) Assist with residency candidate interview days
f) Assist with recruiting at the Midyear Residency Showcase
g) Residency Showcases, and additional state showcases as requested
h) Complete ADRs as assigned
i) Report Medication Incidents as indicated by clinical practice

3) Teaching
a) Prepare and present an ACPE continuing education seminar at the WV Resident's Conference.
b) Present two Pharmacy CE (WVBOP or MUSOP). This may be modified based on feedback of the preceptors.
c) Complete the Teaching and Learning Certificate Program with Marshall University SOP if desired by the resident (encouraged but not required).
d) Participate in additional teaching activities as necessary.
e) Present 1 case presentation and 1 one-pager for each 5-week core rotation, and present 1 journal club for every other 5-week rotation.
f) Teach the pharmacy-led educational program Cardiac Rehabilitation Medication Class

4) Research
I. Develop and present FDA warnings for Pharmacy and Therapeutics Committee for 2 months per resident.
II. Complete a research project designed to improve the services of the department and medical center.
III. Obtain approval from the Marshall Investigational Review Board.
IV. Display research as a poster at ASHP Midyear.
V. Present research as a platform presentation at a regional residency conference.
VI. Prepare research for publication in manuscript form.

5) Formulary Management
a. Two monthly FDA Safety Alerts prepared and presented at the MHN Pharmacy and Therapeutics Meetings
b. One Medication Use Evaluation
c. One Class Review
d. One Monograph or formulary modification

Guidelines for Clinical Call

The on-call resident <u>should not</u> be contacted for routine problem orders such as the following:

- Wrong doses or frequency
- Non-formulary drugs (contact administrator on-call, if issues persist)
- Restricted drugs unless for a patient in the resident's service
- Orders which do not comply with hospital policy (i.e. Dopamine drip on unmonitored floor)

The on-call resident <u>should</u> be contacted in the following circumstances:

- Problem orders <u>AFTER</u> at least 2 pages/Halo/Clinical Communication messages have been made to reach the physician without success.

- Problem orders that have been researched, or any phone call from a health care provider needing an answer to a medication question or problem in which:

    - An answer cannot be found
    - An answer was found but confirmation is needed
    - Physician was contacted but he/she is not satisfied with the recommendation
    - Or additional information is needed about a patient

The resident will fill out a Clinical Call Evaluation form for each call received on the clinical call service to record information regarding the call. These forms will be turned in after each call to the Residency Program Director and evaluated monthly by the Residency Program Director and Pharmacy Manager.

Participation in Teaching Activities

Resident involvement in the teaching activities fosters development and refinement of the resident's communication skills, builds confidence, and promotes the effectiveness of the resident as a teacher. Residents will participate in activities including in-services; precepting or co-precepting of introductory pharmacy practice experience students (IPPE), advanced pharmacy practice experience (APPE), didactic lectures, case studies, etc. In all cases, residents will work with and be evaluated by a preceptor. Residents will have didactic, as well as teaching sessions with the MUSOP assigned to complete a Teaching and Learning Certificate program.

Presentations

Residents are required to give at least 9 professional presentations: a Clinical Case with each core acute care rotation, WV Resident Conference (ACPE-accredited), two MUSOP CE presentations, and a platform on the resident's project at a residency conference. Some of the specific timelines are as follows:

I. ASHP Midyear Clinical Meeting-poster presentation (held in December)
    a. Ideas due by August 1st of the residency year. Research in progress to be presented at Midyear.
    b. Request to travel should be submitted when ASHP Midyear Site opens. This occurs generally in late August or early September. See Director and/or RPD for details on submission. Guidance documents can be found in Residency Folder.
    c. Consult www.ashp.org for submission/registration deadlines.

II. Great Lakes Resident Conference-major project presentation (held in April- May)
    a. Final results of major research project.
    b. Request travel should be submitted by December 31st.
    c. Presentation material submitted to RAC members for review by first week in March.
    d. Residents are required to attend at least 15 platform presentations.
    e. Consult http://www.glprc.com/ for submission/registration deadlines.
        i. GLRC Key Dates and Deadlines
            1. **February 1st –** Abstracts and CV due
            2. **March 31st –** Early Bird Registration due
            3. Residents must have uploaded FINAL version of their abstract to their member profile.
            4. Check website for further information.

III. West Virginia Resident Conference
    a. Ideas due by first week in October of the residency year.

IV. Pharmacy Continuing Education - every third Tuesday of the month (WVBOP) or the fourth Tuesday of the month (MUSOP). Minimum of 2 per resident

Presentations may require development of learning objectives, slides, audience handout, assessment tool to evaluate audience understanding, and an evaluation tool to assess the strengths and weaknesses of the presentation. The resident presentation may be previewed at the discretion of the preceptor.

Resident Presentation Evaluation Form

1. The form is used to evaluate the resident's presentation content and communication skills.
2. For Case Presentations, it is the responsibility of the resident to provide the evaluation form for the preceptors. If applicable, online evaluations may be accepted.
3. The topic for ACPE-Accredited Presentations (MPS) must be approved by the Residency Director and the resident's advisor.
4. Evaluations will be completed and discussed with the residents promptly following the delivery of a presentation.

In addition to the formal presentations, residents will be asked to give numerous nursing, physician and pharmacy in-services throughout the year, depending on the learning experience. There will also be an opportunity for the residents to participate in staff development and review clinical applications with students.

Pharmacy Continuing Education Presentations

All items must be approved with the preceptor you have selected prior to submission

1. Title of Presentation
2. Minimum of 3 objectives
3. Agenda for presentation including approximate time for each objective
4. Brief outline of content
5. Current curriculum vitae

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Above documents must be submitted at least 45 days in advance of presentation to Zac Myers (WVBOP) or Craig Kimble (MUSOP).

Prepare your presentation using Microsoft PowerPoint. Send a copy of completed slides to the either Zac Myers or Craig Kimble as appropriate, prior to the date of the presentation.

Participation in Recruitment Efforts

Each resident will assist with the recruitment efforts of the department. Because each resident is an important source of information and advice for potential candidates, there will generally be some scheduled time within the interview process for interviewees to interact with current residents. Additionally, each resident is requested to spend time providing information to interested parties during the ASHP Midyear Clinical Meeting and any Showcases. Residents will be asked to staff and update the residency showcase materials

Successful Completion of BLS, ACLS, and PALS Curriculum

Each resident is expected to successfully complete the BLS, ACLS, and PALS curriculum. The goal is to ensure the residents are familiar with and capable of providing BLS, ACLS, and PALS in the event of a Code Blue or Pink.

Evaluation of Competency Goals and Objectives

Receiving a certification expressing successful completion of the residency program is the responsibility of both the Residency Program Director and the resident. The program has established learning outcomes that must be successfully met as referenced under the SMMC PGY1 utilizing the ASHP Required Competency Areas, Goals, and Objectives for PGY1 Pharmacy Residency. To obtain the certificate for successful completion, the resident is expected to have "achieved for residency (ACHR)" at least 85 % of the goals and objectives evaluated. No learning outcome should terminate in a score of one "needs improvement (NI)" for satisfactory completion. If utilizing the 3-point Likert-

scale on the learning experience evaluation, a 1 would be equivalent to “NI”, a 2 would be “satisfactory progress (SP)”, and a 3 would be “achieved (ACH)”. The definitions for these scores are as follows:

NI: resident’s progress won’t result in achievement of objectives
SP: resident’s progress is expected to result in achievement of objectives
ACH: resident’s performance is ideal and meets what’s expected as a PGY1 graduate of the residency program

An objective will be considered “achieved for residency (ACHR)” if it receives an “achieved” score at least twice during the residency year. If a mark of 1 “needs improvement” is given, it is the responsibility of the Preceptor to give a reason for the score and suggestions for improvement with examples. The Residency Program Director will make every opportunity to restructure the program, if necessary, in effort to allow the resident the opportunity to achieve the goal. If the goal is again not successfully met, a certificate of completion may only be granted at the discretion of the Residency Program Director.

Evaluation and tracking of Goals and Objectives will occur during each quarterly update of the Developmental Plan. The resident is responsible for running the report from PharmAcademic and updating the Quarterly Plan update.

Licensure

All residents will be licensed as a Registered Pharmacist in West Virginia. The initial exams (NAPLEX and MPJE) are recommended to be taken no later than July 31st. Failure to achieve licensure within 90 days following the start of the residency will result in dismissal from the residency program and termination of employment. If first attempts at either exam are failed, a written plan for obtaining licensure by 90 days following the start of residency must be in place with the RPD and resident’s mentor.

Professional Conduct

It is the responsibility of all residents to always uphold the highest degree of professional conduct. The resident will display an attitude of professionalism in all aspects of his/her daily practice. It is expected that the SMMC Standards of Behavior (provided at orientation) are always adhered to. Please see the “Resident Disciplinary Action Process” section of the manual for further information.

Professional Dress

All residents are expected to dress in an appropriate professional manner whenever they are in the institution or attending any function as a representative of SMMC. Clean, pressed white lab coats of full length will be always worn in patient care areas. Specific problems with dress will be addressed by the resident's Preceptor or Supervisor. A detailed dress code policy may be found in the Pharmacy Policy and Procedure manual.

Employee Badges

SMMC requires all personnel (including residents) to always wear a badge when they are on campus. If the badge is misplaced, a replacement badge is available in the HR Department, for a minimal fee. If an employee badge is lost the resident must report the loss immediately to Security. All badges will be relinquished at the completion of the residency program.

Patient Confidentiality

Patient confidentiality will be strictly maintained by all residents. Any consultations concerning patients will be held in privacy with the utmost concern for the patients' and families' emotional and physical well-being. All residents must sign a confidentially agreement and complete HIPAA training during orientation.

Attendance

Residents are expected to attend all functions as required by the Dept of Pharmacy and its representatives. The residents are solely responsible for their assigned

operational pharmacy practice and on-call duties and are responsible for assuring that these service commitments are met in the event of an absence. All time off requests (see Appendices for Example Time Off Request Form) must be approved in advance with the involved preceptor, and Residency Director to assure that service responsibilities can be fulfilled. An excused absence is defined as vacation or professional time approved by Residency Director and Director of Pharmacy. Residents are expected to arrive before 7 a.m. and work a full 8.5 hr. workday at a minimum. Residents will clock-in and out daily using the In/Out Board upon receipt of account information. Some rotations will require arrival earlier than 7 AM.

Leave of Absence

It is the policy of the Medical Center to grant residents leaves of absences under certain circumstances. The granting and duration of each leave of absence and the compensation received by the resident, if any, during the leave of absence will be determined by the Medical Center in conjunction with applicable federal and state law. Various types of leaves will be considered including sick, vacation, personal or medical, jury, military, bereavement, and professional leave. Please see Appendix for Leave of Absence policy.

Duty Hours

1. St. Mary's Medical Center residency programs follow the Pharmacy Specific Duty Hours Requirements for the ASHP Accreditation Standards for Pharmacy Residencies.
2. Duty hours are defined as all scheduled clinical and academic activities related to the residency program. This includes inpatient and outpatient clinical care; in-house call; administrative activities; and scheduled and assigned activities such as conferences, committee meetings, and health fairs that are required to meet the goals of the residency program.
    a. 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.
    b. Residents must have a minimum of one day in seven days free of duty.
3. 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.
4. Residents ideally will have 10 hours free of duty between scheduled duty and must have at a minimum 8 hours between scheduled duty periods.
5. Continuous duty periods of residents should not exceed 16 hours.
6. At-home call hours are not included in the 80-hour weekly duty-hour calculation unless the resident is called into the hospital.
7. Duty hours will be calculated from the FREEINOUT Board. When staffing on the weekend or during internal employment (Moonlighting), the resident must login to FREEINOUT Board to keep track of all duty hours.
8. Residents are to complete duty hours attestation in PharmAcademic.
9. The RPD and Director of Pharmacy will evaluate every two weeks to assure compliance.

10. ASHP Duty Hour policy - https://www.ashp.org/-/media/assets/professional-development/residencies/docs/duty-hour-requirements.pdf

Internal Employment (Moonlighting)

Residents will be permitted to voluntarily apply for Second Job status as a Clinical Pharmacist to work shift openings provided that:

1. All internal moonlighting hours are approved by the Residency Program Director or designee in their absence and must not interfere with the ability of the resident to achieve educational goals and objectives of the residency program.
2. All internal moonlighting hours must be counted towards the 80-hour maximum weekly hour limit.
3. All internal moonlighting hours will be limited to a maximum of 16 hours in any given month in normal, non-disaster/pandemic situations.

4. Internal moonlighting will not be permitted during a normal residency day (0800 to 1600), to include dinner coverage
5. All internal moonlighting hours will be tracked by the Kronos system and FREEINOUT board for accurate recordkeeping.
6. Residents are expected to be aware of their total hours and notify the RPD with any anticipated problems.
7. All internal moonlighting hours will be posted on the monthly and/or weekly schedules for RPD review.
8. Internal moonlighting privileges can be revoked by the RPD, or Pharmacy Administration should the additional hours be deemed to have a direct impact the resident's performance or ability to achieve the learning goals of the residency program. The revocation of privileges would be communicated by the Director of Pharmacy and RPD via the Resident Disciplinary Action policy.

External Moonlighting

Outside moonlighting is not permitted.

IN/OUT BOARD Instructions:

1. Use desktop shortcut or go to http://www.freeinoutboard.com to login.
2. Change your status to "in" as soon as you arrive (i.e., before an early meeting, before rounds, etc). This is your official attendance record now for determinations of comp time, etc.
3. Change your status to "out" only as you are leaving.
4. Do not change your status from anywhere outside of SMMC campus.
5. Do not ask anyone else to change your status for you, unless approved by your supervisor.
6. Leave your status as "in" throughout the workday regardless of lunch, in-house meetings, etc. We are not expecting that level of detail if you are able to carry a communication device.
7. Change your status to "out", "meeting", etc. if you must leave the campus during the workday for an approved reason.
8. Enter your vacations and conferences under the "Add Event" function under the calendar so that it automatically states these things for you while you are away. **Important:** Enter in the comments who will be covering for you.
9. If there is an unexpected absence or illness, administration can update your "out" comments with appropriate coverage comments on your behalf.
10. You are able to change your password, phone #, etc. under "User Setting" link at the top of the screen. Click "submit" to save your changes

Stipend, Benefits and Resources

Stipend:
Residents are paid a stipend of $51,538. Residents are considered exempt employees and do not receive overtime pay for hours worked over 40 hours/week, unless internal moonlighting is approved at a per diem rate. Paychecks are issued every two weeks for 80 hours of pay.

Benefits:

1. Vacation:
    a. Pharmacy residents accrue 80 hours of vacation per year. Vacation must be requested in advance using the "Time Off Request" form and submitted to the Residency Program Director.
    b. The request will be reviewed by the Residency Program Director and the scheduling coordinator for approval. Residents are expected to work at least one major holiday per year.
2. Sick Time:
    a. Accrue one day (8hrs) per month to a maximum of 160 workdays (1280 hrs.).
    b. Persons who are resigning from the staff for any reason and have 120 or more sick days on the effective day of termination will receive pay equal to one-fourth of the accumulated sick time.
    c. During first year of employment, first day sick is without pay.
3. Health Insurance:
    a. The resident will be provided medical health insurance during their year of residency. This does not include dependents.
    b. Residents will be scheduled meet with the SMMC Benefit's Coordinator during their orientation period by Human Resources.
    c. Dental insurance is not currently offered whereas it is afforded only to persons employed for at least one year.
    d. Other optional benefits include vision, life insurance, short term disability among others.
4. Prescription Coverage:
    a. Residents receive prescription benefit coverage via our Retail pharmacy.
    b. A prescription card is also provided for getting prescriptions filled at most retail pharmacies but note that the fee structure is different when using this route.
5. Professional Leave:
    a. Paid professional leave for attendance at approved conferences will be provided.
    b. Preceptors during these periods should be given notice of your intended leave. Professional leave is not granted for job interviews. However, Flex Days can be used.
6. Flex Day:
    a. Granted once monthly at the discretion of the RPD and preceptor, with a maximum of 10 days per residency.
    b. The "Request for Time Off" form will be used to document approval. See Share Folder for document.
    c. The day is used to work off service on projects and presentations or for examinations.

Other Resources:

Travel Reimbursement

The Department of Pharmacy and Drug Information will provide secretarial support to the residents completing travel request and reimbursement forms. All receipts must be the original, line-itemized version. Every attempt should be made to submit requests in a finalized format. Please minimize draft work and maximize legibility. Requests to travel and reimbursement forms are available in the Pharmacy Administration offices and online.

Photocopying

Residents may use the Department of Pharmacy photocopy machine. Copies made are for business related purposes only.

Mail

Incoming mail will be delivered to the resident's mailbox in the Main Pharmacy. Outgoing mail must be placed in the outgoing mail bin located at the Pharmacy Office.

Keys

Offices for residents are located on the second floor in room 2213. Additional key assignments will be made to residents by the Residency Program Director. All keys must be returned prior to termination of employment.

Medical Library

The resident has access to the SMMC Center for Education Library.

Parking

Free parking is available on-site. See hospital maps for parking locations on campus.

Disciplinary Action, Remediation, and Dismissal Process

Disciplinary Grounds:

A Pharmacy Resident may be counseled or terminated from the residency program should there be evidence of their inability to function effectively or upon evidence of unethical or unprofessional acts against the SMMC Standards of Behavior. Examples which would require action include, but are not limited to:

1. Behavioral misconduct or unethical behavior that may occur on or off SMMC premises
2. Unsatisfactory attendance and/or punctuality
3. More than one unsatisfactory performance evaluation on a learning experience
4. Performance impairment
5. Commitment of plagiarism as determined by a majority decision of an ad-hoc committee called to review the materials suspected of plagiarism (including uncited use of artificial intelligence). The committee will consist of the RPD, Director or Pharmacy and at least two RAC members.

Reporting:

If a Resident displays evidence of unsatisfactory performance or exhibits inappropriate behavior during a learning experience, the preceptor is responsible for documenting this occurrence in writing and deliver immediately to the Residency Program Director (RPD), or if unavailable, the Director of Pharmacy. In addition, the Resident may be reported via a Witness Response form by any employee or customer of St. Mary's Medical Center. Any of these statements should be forwarded also to the RPD or Director of Pharmacy.

Resident Due Process:

The Resident must be notified in writing by the RPD of any reports of unsatisfactory behavior utilizing the SMMC Summary of Allegations report. Upon receipt of the report, the Resident shall have an opportunity to respond in writing to the allegation. This Summary of Allegations response form will become part of the documentation utilized during the disciplinary review process.

Disciplinary Review/Action Process:

The Residency Program Director and Director of Pharmacy will:

1. Review the documentation provided by the preceptor and Resident and any further case information
2. Decide if and what degree of disciplinary action is necessary according to the SMMC progressive disciplinary process. See the SMMC "Disciplinary Process" policy (attached and on the intranet) for further details.
3. If disciplinary action is warranted, the RPD will administer any verbal or written warnings to the Resident which should include written goals for improvement and a monitoring plan. If suspension or termination is necessary, the Director of Pharmacy and RPD will both administer this punishment with the support of Human Resources.
4. All written materials such as reports, summary of allegations, disciplinary letters, and goals for improvement will be filed in the Resident's personnel file in Human Resources and a copy kept in the Dept. of Pharmacy and Drug Information.

Remediation

All evaluated learning objectives in learning experiences must have a summative evaluation score of 2 or greater (Satisfactory progress or achieved). If the summative score is 1 (needs improvement) on 2 or more evaluated objectives, the learning experience must be remediated. Core Learning Experiences can be remediated once only. A total of two remediation occurrences are permitted anywhere in the program (core or elective). If additional remediation is required, the resident may be dismissed from the program at the discretion of RPD and/or Director of Pharmacy.

Chart Documentation Guidelines

In order to ensure consistent and quality pharmaceutical care, residents will be asked to follow standard formats when documenting in a patient's medical record. Chart notations may be written by licensed pharmacists in the state of West Virginia. Residents may write notes under the guidance of a preceptor initially; documentation will be reviewed and cosigned until the resident had demonstrated proficiency at documentation. It is up to the preceptor to determine whether a resident's note must include prior discussion and/or approval before the note is entered into the patient's medical record. Residents who are not yet licensed must have all notes co-signed by a preceptor.

Any documentation by pharmacy students must be co-signed by a licensed pharmacist. Students may write notes only after discussion with a resident or preceptor and all student notes must be reviewed.

Chart documentation should be clear and to the point. Documentation should be concise and contain information pertinent to the drug-related problem being addressed. Templates are available in the EMR for most frequently occurring situations.

Remember, the purpose of documenting the patient's medical record is to document and convey the care you have provided, or recommendations you feel are needed, to ensure optimal drug therapy for the patient. Because of legal, financial and political implications of chart notation, good judgment and consideration should always be followed. Notations should be accurate and concise. The focus should be drug-related rather than medical or diagnostic in nature. By restricting notations to the unique body of knowledge and contribution that pharmacists make to patient care, the value and importance of such will be optimized.

Situations Which May Require a Pharmacist Chart Notation

1. Consultations by other health care professionals regarding the patient's drug therapy selection and management. It should include initial work-up and follow-up recommendations.

2. Identification and communication of potential drug-related problems and recommendations.

3. Documentation that an adverse effect has potentially occurred; documentation that an ADR form has been completed.

4. Drug-related patient education and training (i.e., discharge counseling). The IPOC is used to document all inpatient and discharge counseling on medications provided to patients or their family members.

5. Summary of the patient's MEDICATION history upon admission, especially information that is additional to that which has been obtained by other health care providers.

Pharmacy Operational Training and Staffing Requirements

I. Each resident will train with a preceptor during the first 6 weeks of the residency. The areas in which training will occur are as follows:
   a. Human Resources Orientation- 1 day; first day of hire.
   b. Initial Order Entry Computer Training- 2-3 days
   c. Unit Dose/Order Entry- 2-3 weeks
   d. IV Room/Sterile Technique- 2 weeks
   e. Kinetics Training- 2 sessions with I.D. Clinical Specialist
   f. Clinical Pharmacy Reports- renal, anticoagulation, IV:PO- 2-3 sessions II. The St. Mary's Medical Center (SMMC) pharmacist knowledge/skills orientation checklist (found on the following pages) will be completed and kept in their personnel file to assure that all areas have been covered with the resident.

III. If the resident is not ready to function independently at the conclusion of the training period, the following actions will occur:
   a. A list of deficiencies will be developed by the preceptor.
   b. A plan will be developed by the preceptor, Residency Director and appropriate Supervisor to address those training needs.
   c. Remediation will the resident meets criteria for remediation.
   d. Progress will be re-evaluated according to the plan until the resident shows competency.

IV. When the resident is deemed competent by the preceptor(s) and the skills checklist is completed, the resident will function as scheduled in that area for the remainder of the residency.

V. The resident will be evaluated as an SMMC employee at 90-days from the beginning of the residency initiation.

VI. Each PGY1 resident will gain operational practice experience by working two weekend shifts every other week.
   a. A compensatory day will be provided on the Friday prior to the weekend that the resident has off. This day may be moved to another day of the week if approved by the Residency Program Director and any affected preceptors.
   b. A staffing shift evaluation form is to be filled out jointly between the resident and a clinical staff pharmacist for each shift. This is to be turned into the Pharmacy Manager within 1 week of the shift and will be reviewed as a part of the Pharmacy Service rotation. See appendix for a copy of the form.

VII. The resident is required to have an active West Virginia Pharmacist License to practice independently and meet the operational practice requirements.

VIII. Please refer to the SMMC “Second Jobs” Policy in the Human Resources P&P manual on the intranet for information on working additional shifts.

Residency Evaluation Process

Evaluation of topics for discussion should be based on the learning goals and objectives, clinical skills, and foundational knowledge in which the resident has achieved competency or shown significant improvement; and those in which the resident needs continued instruction and opportunities for improvement.

Preceptors should not wait until the end of a learning experience to discuss with a resident significant concern regarding their performance. Likewise, a resident should not wait until the end of a learning experience to discuss concerns with the learning experience or the Preceptor. Written evaluations should reflect the ongoing dialogue between Preceptor and Resident throughout the learning experience and should not contain any surprises for either party. Whether an individuals' performance was outstanding, or not up to par, this should have been communicated during the learning experience.

Feedback on performance, given by the preceptor or the resident, should be constructive, honest, and tactful. The goal is to improve performance. It is more constructive to suggest how something should be done rather than just pointing out a problem and not offering a solution. Feedback should be without fear of reprisal. The key evaluations and their required frequencies are listed below per type of learning experience.

Rotations:

Rotations require a Summative Evaluation, Preceptor Evaluation, and Self-Evaluation. Formative Evaluations are optional and at the discretion of the Preceptor. These are placed in the Feedback tab under the specific resident. PharmAcademic will send reminders for scheduled evaluations.

Timing of Evaluations:

The Residency Program Director, with support from the Designee and the Director of Pharmacy will assure that all summative evaluations are discussed face-to-face on or before the last day of the rotation, unless circumstances beyond control (ex. weather, illness). Evaluations should be formally submitted in PharmAcademic on the final day of the rotation, but not later than five business days following the completion of the rotation.

Longitudinal Learning Experiences:

This experience requires a Summative Evaluation, Preceptor Evaluation, and a Self-evaluation completed **quarterly**. Formative evaluation is optional. Formative evaluations are documented in the Feedback Section of PharmAcademic. PharmAcademic will send reminders for scheduled evaluations. These will need completion within five business days of the assigned date. See the following table for quarterly deadline dates.

Quarterly Evaluation Submission Deadlines	
Quarter	**Submission Date**
1st Qtr: July 1 - September 30	October 10th
2nd Qtr: October 1 – December 31	January 10th
3rd Qtr: January 1 - March 31	April 10th
4th Qtr: April 1 - June 30	June 20th

Evaluation Scoring Rubric

Summative and Learning Experience Scale:

- Needs Improvement: Needs Improvement (would not achieve goal)

- Satisfactory Progress: Meets Most Expectations (would achieve goal)
- Achieved : Consistently Exceeds Expectations (achieved goal consistently)

Preceptor Scale- ASHP Preceptor Scale
- Always
- Frequently
- Sometimes
- Never

Successful Completion Criteria

Successful completion of the learning experience will be warranted by achieving an achieved or satisfactory progress evaluation score on all residency goals listed in the final summative evaluation for the learning experience. Any final summative evaluation scores of Needs Improvement will be reviewed by the preceptor and residency program director for evaluation of potential steps for remediation. Please see Remediation Policy for further information.

Achieved for Residency will only be marked by the RPD or Designee when successful completion has been noted for two times on 5 week rotations or at least on two quarterly longitudinal evaluations. Generally this will occur during quarterly review of the developmental plan. However, it may occur at the discretion of the RPD or designee as appropriate.

Specific Evaluation Types:

As noted, evaluations will also be completed as required for presentations, case presentations, journal club reviews, etc. Please see the Share Folder for these evaluation forms.

Resident's Developmental Plan & Evaluation:

At the beginning of the residency year and quarterly, the Residency Program Director and or Designee will evaluate and the resident will self-evaluate their strengths, and weakness, and progress quarterly. This session will provide necessary information and feedback to optimize the residency learning experience and the opportunity to make any adjustments to the learning schedule. The deadline dates will be the same as for the other quarterly requirements.

RESIDENCY PROGRAM

Quarterly Self- Evaluation Guidelines

Each quarter the resident is to complete a self-evaluation. It cannot be stressed enough that it is your responsibility to see that you are working toward attainment of the residency goals. The first step in that direction is a thorough self-evaluation of your progress throughout the year. Your self-evaluation should include your progress to date on specific items including any skills that you may have or need developed because of the item. (an example might be development of speaking skills from preparing for your clinical seminar).

The quarterly self-evaluation is to be signed by the Resident and the Residency Director electronically. The resident will bring their Learning Portfolio document to the quarterly evaluation. The self-evaluation should include the following:

I. Evaluation and/or Progress Report on General Requirements: Things that would fall in this category include medication, FDA updates, updates on residency project, drug information questions, Lunch and Learn Presentations, Case Presentations, Journal Club, Drug Monograph. etc.

II. Clinical Skills and Knowledge Base: In this section you will evaluate your performance on each of your clinical rotations, giving a summary of your activities in one paragraph.

III. Staffing Commitment: In this section, give a brief description of your progress and barriers or difficulties you may be experiencing.

IV. Teaching: Summarize your activity, if any, with students and/or staff development, nursing or physician in-services, etc.

V. Miscellaneous: This includes any activities such as department meetings, attendance at professional meetings (i.e., ASHP, WVSHP), attendance at grand rounds, etc.

VI. Progress toward Individual Goals and Objectives: In the residency survey that you completed prior to the start of the residency, you identified several ASHP and personal goals. Discuss briefly how you feel you are working toward achieving these

VII. Learning Experience Self-Evaluation: Review and attach the evaluation forms for your learning experiences, including the self-evaluation forms. Comment on any strengths/weaknesses from those evaluations.

Appendix

APPENDIX TABLE OF CONTENTS

ST. MARY'S MEDICAL CENTER
POLICY AND PROCEDURE MANUAL

Title:	**HIPAA-Technology Acceptable Use**	Type:	Medical Center Operations Manual
Section:	Management of Information	Prepared By:	Corporate Compliance
Approved By:	Policy & Procedure Committee	# of Pages:	7

PURPOSE:

The purpose of this policy is to outline the acceptable use of computer equipment and information technology at St. Mary's Medical Center ("SMMC"). These rules are in place to protect the patients, employees, medical staff, volunteers, contractors, vendors, and associates/agents of SMMC. Inappropriate use exposes SMMC to risks including virus attacks, compromise of network systems and services, as well as legal and privacy issues.

POLICY:

The intention of SMMC for creating and publishing an Information System/Technology Acceptable Use Policy is not to impose restrictions which are contrary to SMMC mission, values, and culture of openness, trust, and integrity. On the contrary, the intention is to document SMMC commitment to creating an Information Security ("InfoSec") process and environment which focuses on protecting employees, medical staff, volunteers, patients, and partners from illegal or damaging actions by individuals or information systems, either knowingly or unknowingly. The ongoing InfoSec process will be designed to effectively and efficiently respond to information system/technology challenges and opportunities, while ensuring high quality patient care. Additionally, a properly designed and effective information security process should not adversely impact SMMC workflow or business processes.

Internet/Intranet/Extranet-related systems, including but not limited to computer equipment, software, operating systems, storage media, network accounts providing electronic mail, Internet browsing, and FTP services, are the property of SMMC. These systems are to be used for business purposes in serving the interests of the SMMC, and of our patients, staff, and associates in the course of normal operations.

Effective (InfoSec) is a team effort, but must be considered an individual responsibility, involving the participation and support of every SMMC employee, medical staff member, volunteer, contractor, vendor, and affiliate/agent who deals with information, information systems, and information technology. It is the responsibility of every SMMC computer user to know these guidelines and to conduct their activities accordingly.

This policy applies to employees, medical staff, volunteers, contractors, consultants, temporaries, vendors, associates/agents and other workers at SMMC, including all personnel affiliated with third parties. This policy applies to all equipment that is owned, leased, or utilized by SMMC.

DEFINITIONS:

Acceptable Use

This term consists of these related concepts:

- Information/data and systems may only be used by authorized individuals to accomplish tasks related to their jobs. User of the information/data and systems for personal gain, personal business, or to commit fraud is prohibited.
- Information not classified as public must be protected and must not be disclosed with authorization. Unauthorized access, manipulation, disclosure, or secondary release of such information constitutes a security breach and may be grounds for disciplinary action up to and including termination of employment.

Authorized User – Individual or entity permitted to make use of SMMC computer or network resources. Authorized users include employees, medical staff, students, contractors and vendors when in support of SMMC. Some users may be granted authorization to access SMMC data as authorized by the Data owner or Custodian. Such authorization is usually temporary with a known access termination date.

Data Owner or Custodian – representatives of SMMC who are assigned responsibility to serve as steward of SMMC data in a particular area. They are responsible for developing procedures for creating, maintaining, and using SMMC data based on policy and any applicable state and federal laws.

Spam – Unauthorized and/or unsolicited electronic mass mailings.

PROCEDURE:

I. General Use and Ownership

a. While SMMC desires to provide a reasonable level of privacy, users should be aware that the data they create on the SMMC systems remains the property of SMMC. Because of the need to protect the SMMC network, management cannot guarantee the confidentiality of information stored on any network device belonging to SMMC.

b. Workforce Members are not authorized to utilize any SMMC computer system for personal use. Exceptions to this policy must be made through the Department Leader and the Human Resources Department with proper authorization and notification provided to the Information Services Department, as well as to the SMMC Privacy and Information Security Officers.

c. For security and network maintenance purposes, authorized individuals within SMMC may monitor equipment, systems and network traffic at any time.

d. St. Mary's Medical Center reserves the right to audit networks and systems on a periodic basis to ensure compliance with this policy.

II. Security and Proprietary Information

a. The user interface for information contained on Internet/Intranet/Extranet-related systems should be classified as either confidential or not confidential, as defined by SMMC confidentiality guidelines. Examples of confidential information

include but are not limited to: electronic Protected Health Information ("ePHI"), SMMC strategic plans and non-public financial documents, other information as defined by Risk Management and Corporate Compliance. Employees, medical staff, volunteers, and all others engaged in SMMC business should take all necessary steps to prevent unauthorized access to this information.

b. Keep passwords secure and do not share accounts. Authorized Users are responsible for the security of their passwords and accounts. System level passwords should be changed quarterly (every 90 days); user level passwords should be changed every six months (every 180 days).

c. Authorized Users should assure that the workstation they are using will not allow unauthorized users to view sensitive information or allow others to use an application under their login credentials. Below are some scenarios and the actions to be taken:

Scenario	**Action when leaving the workstation**
Walking away from a PC at a nurse station.	Log out of the applications.
Walking away from a PC in the patient room or a portable PC.	Log out of the applications. Lock the workstation.
Walking away from a PC in a shared office.	Lock or log off the workstation. If you are going to be away for a few minutes, it is advisable to log out of any applications in case your system may need to be serviced while you are not present. If there are files open while this occurs, data may be lost.
Walking away from a PC in your private office.	Lock or log off the workstation and/or lock your door. If you are going to be away for a few minuets, it is advisable to log out of any applications in case your system may need to be serviced while you are not present. If there are files open while this occurs, data may be lost.

d. Use of encryption for information protection will be in compliance with SMMC Acceptable Encryption policy.

e. Because information contained on portable computers is especially vulnerable, special care should be exercised. As a general rule personal devices will not be

permitted to attach or "sync up" to SMMC information systems. Exceptions to this policy must be made through the Department Leader and the Human Resources Department with proper authorization and notification provided to the Information Services Department, as well as the SMMC Privacy and Information Security Officers. Under no circumstances will a personal device be permitted to attach to the SMMC network unless the user can document adequate antivirus/security on the device and other non-SMMC systems/technology, which the device connects to.

f. Postings by employees from a SMMC email address to newsgroups, bulletin boards, list servers, etc should contain a disclaimer stating that the opinions expressed are strictly their own and not necessarily those of SMMC, unless posting is in the course of business duties.

g. All devices used by the employee, which are connected to the SMMC Internet/Intranet/Extranet, whether owned by the employee or SMMC, shall be continually executing approved virus-scanning software with a current virus signature database. Exceptions to this policy must be made with proper authorization from the Information Services Department, with proper notification and documentation provided to the Information Security Officer regarding the need to override these settings based on departmental, group policy, or authorized performance related exceptions.

h. Workforce Members must use extreme caution when opening e-mail attachments received from unknown senders, which may contain viruses, e-mail bombs, or Trojan horse code.

III. Unacceptable Use

The following activities are, in general, prohibited. Workforce Members may be exempted from these restrictions during the course of their legitimate job responsibilities (e.g., systems administration staff may have a need to disable the network access of a host if that host is disrupting production services).

Under no circumstances is an employee of SMMC authorized to engage in any activity that is illegal under local, state, federal, or international law while utilizing SMMC - owned resources.

The items listed below are by no means exhaustive, but attempt to provide a framework for activities, which fall into the category of unacceptable use.

a. System and Network Activities

The following activities are strictly prohibited, with no exceptions:

i. Violations of the rights of any person or company protected by copyright, trade secret, patent or other intellectual property, or similar laws or regulations, including, but not limited to, the installation or distribution of "pirated" or other software products that are not appropriately licensed for use by SMMC.

ii. Unauthorized copying of copyrighted material including, but not limited to, digitization and distribution of photographs from magazines, books or other copyrighted sources, copyrighted music, and the installation of any copyrighted software for which SMMC or the end user does not have an active license is strictly prohibited.

iii. Exporting software, technical information, encryption software or technology, in violation of international or regional export control laws, is illegal. The appropriate management should be consulted prior to export of any material that is in question.

iv. Introduction of malicious programs into the SMMC networks or servers (e.g., viruses, worms, Trojan horses, e-mail bombs, etc.).

v. Revealing your account password to others or allowing use of your account by others. This includes family and other household members when work is being done at home.

vi. Using a SMMC computing asset to actively engage in procuring or transmitting material that is in violation of sexual harassment or hostile workplace laws in the user's local jurisdiction.

vii. Making fraudulent offers of products, items, or services originating from any SMMC account.

viii. Making statements about warranty, expressly or implied, unless it is a part of normal job duties.

ix. Effecting security breaches or disruptions of network communication. Security breaches include, but are not limited to, accessing data of which the employee is not an intended recipient or logging into a server or account that the employee is not expressly authorized to access, unless these duties are within the scope of regular duties. For purposes of this section, "disruption" includes, but is not limited to, network sniffing, pinged floods, packet spoofing, denial of service, and forged routing information for malicious purposes.

x. Port scanning or security scanning is expressly prohibited unless prior notification to the Information Services Department is made and permission is granted. These activities will be monitored by a qualified

Information Services Department staff member, documented, and reported to the Information Security Officer.

xi. Executing any form of network monitoring which will intercept data not intended for the employee's host, unless this activity is a part of the employee's normal job/duty. However, the purpose, scope, rationale, and results of these activities will be provided to the Information Security Officer.

xii. Circumventing user authentication or security of any host, network, or system/user account.

xiii. Interfering with or denying service to any user other than the employee's host (for example, denial of service attack).

xiv. Using any program/script/command, or sending messages of any kind, with the intent to interfere with, or disable, a user's terminal session, via any means, locally or via the Internet/Intranet/Extranet.

xv. Providing information about, or lists of, SMMC employees, medical staff, patients, etc. to parties outside SMMC unless this activity is part of the employee's normal job/duty.

b. Email and Communications Activities

i. Sending unsolicited email messages, including the sending of "junk mail" or other advertising material to individuals who did not specifically request such material (email Spam).

ii. Any form of harassment via email, telephone or paging, whether through language, frequency, or size of messages.

iii. Unauthorized use, or forging, of email header information.

iv. Solicitation of email for any other email address, other than that of the poster's account, with the intent to harass or to collect replies.

v. Creating or forwarding "chain letters", "Ponzi" or other "pyramid" schemes of any type.

vi. Use of unsolicited email originating from within SMMC networks of other Internet/Intranet/Extranet service providers on behalf of, or to advertise, any service hosted by SMMC or connected via SMMC network.

vii. Posting the same or similar non-business-related messages to large numbers of Usenet newsgroups (newsgroup Spam), bulletin boards, etc.

IV. Enforcement

Any employee found to have violated this policy can and may be subject to the SMMC progressive disciplinary process, which include sanctions up to and including termination of employment.

Other users may immediately have all access privileges revoked and will need to request re-establishment of same privileges, but this request will be subject to Senior Administration and/or Corporate Compliance approval and may include restrictions and policies above those described here.

Formed: 3/04
Reviewed: 12/05; 5/12; 6/14
Revised: 6/07; 4/10; 6/14; 10/14; 10/15; 8/16

ST. MARY'S MEDICAL CENTER

Position Description

1. **Title of Position: PGY-1 Pharmacy Resident**
2. **Location of Position: Department of Pharmacy and Drug Information 3. Description of Duties and Responsibilities:**

Summary:

A. Provide Pharmacotherapy for all covered patients.
B. Take Call per Call Schedule with preceptor backup.
D. Precept students
E. Complete all departmental documentation in timely manner.
F. Participate in all aspects of formulary management.
G. Support staff development programs, performance improvement projects, and policy and procedure.
H. Participate actively in designated committees.
I. Meet staffing requirements of 16 hours every two weeks

Detail:

Customer Service:

- Provide Pharmacotherapy for all covered patients:
  (a) Make therapeutic recommendations (with appropriate preceptor backup)
  (b) Pharmacokinetic interventions (with appropriate preceptor backup)
  (c) Provide current evidence based medication information to all patient care providers
  (d) Maintain service availability for nursing, pharmacy, and allied health professionals
  (e) Maintain availability to medical / surgical team as designated by the Residency Director.

- Take Call per Call Schedule (on call with appropriate preceptor backup)

- Maintain on call coverage 24/7.

- Complete IV to PO Conversion, renal monitoring, anticoagulation monitoring, antibiotic monitoring daily.

- Precept Pharm.D. Students.

- Complete requested ADR forms for covered and assigned patients

- Participate in the prescribing and monitoring of high-cost, problem prone medications.

- Maintain adherence of clinical or disease guidelines/pathways.

Quality Improvement

- Participate on Collaborative Practice Group or work team as requested

- Participate in formulary management via Pharmacy and Therapeutics Committee (including MUE/TI, Class review, and new drug evaluation) as requested, on time.

- Develop and implement pharmacy policy and procedure for as requested, or as appropriate for project, and /or rotation assignments.

Employee Relations

- Encourage positive work relations with inpatient pharmacists, technicians and other health professionals.
- Participate in recruiting, and teaching as necessary.

- Provides monthly updates to pharmacists on specialty area and projects.

Positional/Operational

- Sign the BOP Journal daily.

- Sign minutes of Pharmacy meetings within 10 days of meeting.

- Support maintenance of formulary streamlining / operations.

- Complete inpatient competency evaluation as required per Dept of Pharmacy (Policies / Procedures, Staffing, IV Prep, ACLS etc.) on time.

- Follow pharmacy policy and procedures including written time off requests.

- Maintains patient confidentiality and follows all HIPAA Guidelines.

- Performs other duties as required or assigned.

- Follows all standard safety precautions.

- Reports on the job as scheduled.

- Follows the standards of conduct and policies and procedures of St. Mary's Medical Center and applicable laws and regulations and reports violations through the appropriate chain of command.

YES__NO__ Annually completes required competency assessments. (Reference competency checklist)

N/A__YES__NO__ Utilize appropriate measures to promote and maintain patient safety.

N/A__YES__NO__ Makes decisions which include using the age of the patients treated when appropriate.

N/A__YES__NO__ Attends OSHA education classes.

N/A__YES__NO__ Demonstrates knowledge of operation to include but not limited to the required unit specific equipment/procedures.

N/A__YES__NO__ Demonstrates knowledge of on-going unit specific performance improvement activities.

DEMONSTRATES THE VALUES OF ST. MARY'S MEDICAL CENTER:

- Compassion - Loving concern and understanding for patients, visitors and co-workers.
- Hospitality - A warm, helpful and welcoming attitude toward patients, visitors and co-workers.
- Reverence - Respect for the God-given dignity of patients, visitors and co-workers.
- Interdependence - A cooperative and collaborative attitude among all members of the health care community.
- Stewardship - Responsible use of and accountability for our human, material and financial resources.
- Trust - Integrity, truthfulness and straight-forwardness in relationships.

4. Requirements: **Education:** Degree from accredited College of Pharmacy and hold a Doctor of Pharmacy Degree. Licensed to practice pharmacy in West Virginia. Membership in professional organizations is desirable.

Experience: Must possess experience that allows the individual to effectively interact and positively relate to members of the medical, nursing and pharmacy staffs.

Skills: Must type accurately and with moderate speed. Must maintain a neat, clean, and orderly appearance at all times. Must maintain a calm attitude and mature outlook in moments of stress. Must have a strong personal ethics and excellent professional conduct. Must possess strong personal interrelationship skills, exceptional communication and organizational skills and a high tolerance level.

5. Supervision:

Received From: Clinical Pharmacy Supervisor, Residency Director or authorized designee.

Given to: Students or Technicians

Formed: 06/06, Updated 6/12
Reviewed: 7/19/14
PGY-1 Pharmacy Resident

ST. MARY'S MEDICAL CENTER

Title of Position: PGY-1 Pharmacy Resident

Department: Pharmacy Service and Drug Information

Aptitudes:

- These aptitudes are considered to be occupationally significant for the specific job description; i.e., essential for successful job performance.

- Reading/Verbal: Ability to read and understand meanings of words and ideas associated with them, and to use them effectively. To comprehend language, to understand relationships between words, and to understand meanings of whole sentences and paragraphs. To present information and ideas clearly.

- Writing: Ability to write with proper grammar and spelling.

- Numerical: Ability to perform arithmetic operations quickly and accurately.

- Spatial: Ability to comprehend forms in space and understand relationships of plane and solid objects. May be used in such tasks as blueprint reading and in solving geometry problems. Frequently described as the ability to "visualize" objects of two or three dimensions, or to think visually of geometric forms.

- Form Perception: Ability to perceive pertinent detail in objects or in pictorial or graphic material; to make visual comparisons and discriminations and see slight differences in shapes and shadings of figures and widths and lengths of lines.

- Clerical Perception: Ability to perceive pertinent detail in verbal or tabular material. To observe differences in copy, to proofread words and numbers, and to avoid perceptual errors in arithmetic computation.

- Motor Coordination: Ability to coordinate eyes and hands or fingers rapidly and accurately in making precise movements with speed. Ability to make a movement response accurately and quickly.

- Finger Dexterity: Ability to move the fingers and manipulate small objects with the fingers rapidly and accurately.

- Manual Dexterity: Ability to move the hands easily and skillfully. To work with the hands in placing and turning motions.

- Eye-Hand-Foot Coordination: Ability to move the hand and foot coordinately with each other in accordance with visual stimuli.

- Color Discrimination: Ability to perceive or recognize similarities or differences in colors, or in shades or other values off the same color; to identify a particular color, or to recognize harmonious or contrasting color combinations, or to match colors accurately.

Temperaments:

- These temperaments are considered to be occupationally significant for the specific job description; i.e., essential for successful job performance.

- Situations involving communication with patients and the public, whether on the telephone, in writing, or in person.
- Situations involving a variety of duties often characterized by frequent change.
- Situations involving repetitive or short-cycle operations carried out according to set procedures or sequences.
- Situations involving the direction, control, and planning of an entire activity or the activities of others.
- Situations involving the necessity of dealing with people in actual job duties beyond giving and receiving instructions.
- Situations involving working alone and apart in physical isolation from others, although the activity may be integrated with that of others.
- Situations involving influencing people in their opinions, attitudes, or judgments about ideas or things.
- Situations involving performing adequately under stress when confronted with the critical or unexpected.
- Situations involving the evaluation (arriving at generalizations, judgments, or decisions) of information against sensory or judgmental criteria.
- Situations involving the evaluation (arriving at generalizations, judgments, or decisions) of information against measurable or verifiable criteria.
- Situations involving the interpretation of feelings, ideas, or facts in terms of personal viewpoint.
- Situations involving the precise attainment of set limits, tolerances, or standards.

Physical Demands:

- Physical demands are those physical activities required of a worker in a job. The worker must possess physical capabilities at least in an amount equal to the physical demands made by the job. The minimum physical qualifications are listed below.
- Reaching: Extending the hands and arms in any direction.
- Handling: Seizing, holding, grasping, turning, or otherwise working with the hand or hands.
- Fingering: Picking, pinching, or otherwise working with the fingers primarily (rather than with the whole hand or arm as in handling).
- Feeling: Perceiving such attributes of objects and materials as size, shape, temperature, or texture, by means of receptors in the skin, particularly those of the finger tips.
- Talking: Expressing or exchanging ideas by means of the spoken word.
- Hearing: Perceiving the nature of sounds by the ear.
- Acuity, far: Clarity of vision at 20 feet or more.

- Acuity, near: Clarity of vision at 20 inches or less.
- Depth perception: 3-dimensional vision. The ability to judge distance and space relationships so as to see objects where and as they actually are.

- Field of vision: The area that can be seen up and down or to the right or left while the eyes are fixed at a given point.

- Accommodation: Adjustment of the lens of the eye to bring an object into sharp focus. This item is especially important when doing near-point work at varying distances from the eye.

- Color vision: The ability to identify and distinguish colors.

For the following: (never=0%, rarely=1-10%, occasionally=11-33%, frequently=34-66%, continuously=67100%)

- *Lifting (waist > overhead)*: Occasionally Up To 10 lbs. Rarely Up To 34 lbs. Never Over 50 lbs.

- *Lifting (floor > waist)*: Occasionally Up To 10 lbs. Rarely Up To 34 lbs. Never Over 50 lbs.

- *Carrying*: Occasionally Up To 10 lbs. Rarely Up To 34 lbs. Never Over 50 lbs.

- *Pushing:* Occasionally Up To 10 lbs. Rarely Up To 34 lbs. Never Over 50 lbs.

- *Bending/Stooping*:Rarely

- *Squatting*: Rarely

- *Crawling*:Never

- *Crouching*: Never

- *Reaching above shoulder level*: Rarely

- *Balancing*: Never

- *Pushing/Pulling*: Rarely

- *Kneeling*: Never

- *Sitting*: Frequently

- *Standing*: Frequently

- *Walking*: Frequently

- *Climbing*: Never

Environmental Surroundings:

The environmental surroundings of a worker in this job description:

100 % of time spent INSIDE

0 % of time spent OUTSIDE

This job description reflects the general details considered necessary to describe the principal functions of the job identified, and shall not be construed as a detailed description of all the work requirements and demands that may be inherent in the job.

Revised: 06/06, 06/12
Reviewed: 7/19/14
Pharmacy Practice Resident

Resident Case Presentation Evaluation Form

Resident_____Date_____

Evaluator_____

Skill	Score
Knowledge of the Patient: **Resident has a knowledge and understanding of the clinical and physiological aspects of this patient.** *1= has a poor understanding of patient and clinical picture* *2= has some understanding of patient and clinical picture* *3=has an acceptable understanding of patient and clinical picture* *4=has a good knowledge of patient and clinical picture* *5= has an excellent understanding of patient and clinical picture*	**1 2 3 4 5**
Prioritization: **The resident defined and prioritized problems correctly.** *1=problems are not defined correctly or in order of priority* *2=problems are defined but not in order of priority* *3=problems are defined and prioritized correctly* *4=problems are defined and prioritized with additional explanation 5=problems are defined and prioritized with great detail*	**1 2 3 4 5**
Recognition: **The resident recognized and adequately critiqued medication related problems.** *1=did not recognize medication related problems* *2= identified some mediation related problems* *3= identified all medication related problems* *4= identified all medication related problems with some critique 5= identified all medication related problems with thorough critique*	**1 2 3 4 5**
Integration of Pharmacotherapy: **Resident integrated clinical pharmacotherapy into the presentation - included a minimum of 1 reference to support proposed treatment.** *1=no clinical pharmacotherapy presented no references* *2=some clinical pharmacotherapy but not integrated* *3=integrated clinical pharmacology into presentation at least 1 reference* *4=integrated a good amount of clinical pharmacology greater than 1 reference* *5= Extended clinical pharmacology with multiple references*	
Application: **The resident is able to correctly apply the above knowledge and understanding, along with an appropriate rationale, to diagnosis and management of the patient's problem.** *1=not able to apply knowledge, understanding, rationale to diagnosis* *2=able to apply some knowledge, understanding, rationale to diagnosis* *3=correctly apply knowledge and understanding with rationale to diagnosis*	**1 2 3 4 5**

4=displayed good knowledge and understanding with expanded rationale
5=displayed excellent knowledge and understanding with rationale to diagnosis and management of patient's problems

1 2 3 4 5

Presentation and Organization:
The case was presented clearly and logically, and followed the standard case presentation format.
1= case presented poorly, did not follow format
2=case presented with some logic, followed format slightly
3=case presented with logic and followed standard format
4=case presented clearly, logically and followed format
5=case presented using no notes, clear, logic, expanded format

1 2 3 4 5

Content: Thorough review of article was provided with appropriate quantity of data		

St. Mary's Medical Center Pharmacy Residency

Rotation Schedule Change Request Form

Resident Name:_____

I would like to change my schedule as follows:

Schedule Dates Affected: _____through _____

Current Rotation Name:_____

Requested Rotation Name: _____

Instructions:

1. **Request must be completed at least 1 month prior to start of rotation in question.**
2. **Sign-off pathway must be in this order:**
    a. **Current preceptor, then**
    b. **Desired preceptor, then**
    c. **Residency Program Director**
3. **Copies of completed form must be given to all signing parties.**

Approved By:

Resident		**(Date)**	**Current Preceptor**		**(Date)**
Residency Director		**(Date)**	**Desired Preceptor**		**(Date)**

SMMC Presentation Evaluation Form

Presentation Title: _____ Date_____

Speaker: _____

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	Comments
Speaker Evaluation						
The speaker maintained appropriate eye contact throughout the presentation.						
The presenter spoke in a strong voice at an appropriate pace throughout the presentation.						
The slides were visually appealing, easy to read, and contained no spelling errors.						
The speaker was clearly knowledgeable on the topic presented.						
The speaker actively engaged the audience in this learning activity.						
The speaker adequately answered questions and provided clarification when necessary.						
It was evident that the resident had direct and substantial involvement in the project/study.						
The presentation was unbiased and provided a fair balance of information. Specific products were referred to by a generic or chemical name and the speaker did not appear to be promoting a product or company.						
Overall Presentation Quality						
The program was organized and presented in a logical fashion.						
The knowledge gained at this program will be applicable to my daily practice.						
The program met my expectations based on the learned objectives.						
Overall, I gained new information and knowledge on the subject presented.						
The program subject and degree of detail were appropriate for the audience.						
The program subject and degree of detail were appropriate for the time allotted.						
Presentation Content						
The presentation topic was current and relevant.						
Specific and measurable learning objectives were stated.						
The purpose of the presentation was clearly stated.						
The information was provided and discussed in sufficient detail.						
The stated conclusions were appropriate given the current practice standards.						

The program was completed in the appropriate time frame YES NO

Reviewer's Name:_____ **Reviewer's Title:** _____

Policy and Procedure for Leave of Absence (LOA)

PURPOSE: It is the policy of the Medical Center to grant residents leaves of absences under certain circumstances.

POLICY:

I. The granting and duration of each leave of absence and the compensation received by the resident, if any, during the leave of absence will be determined by the Medical Center in conjunction with applicable federal and state law.

II. The following types of leaves will be considered:

a. Family & Medical Leave of Absence (FMLA) – As required by law, an employee with 12 months of service and who has worked at least 1,250 hours during the previous 12 months is eligible for FMLA. Residents are not eligible for FMLA.

b. Sick leave - Is granted as up to 12 days per residency year. Sick days can be used for illness or injury as well as for procedures. Unplanned sick leave must be reported as soon as you determine you will not be able to work. It is the residents responsibly to directly notify the Residency Program Director (RPD) and the preceptor of their absence. If the RPD cannot be reached by telephone, the resident will contact the Residency Designee. The resident must call in each consecutive day of the illness. If three or more consecutive days are required, you must furnish medical certification by a physician attesting to the need for sick leave during the period of absence.

c. Personal or Medical Leave - Approval of LOA's will be at the sole discretion of the Medical Center and will normally be for one of the following reasons:
    i. The leave would be mutually beneficial for the employee and the Medical Center.
    ii. The employee has a serious health condition or other personal or family catastrophic illness or event.

d. Vacation is given as 10 days. Vacation can be used for rest, relaxation, and recreation as well as time off for personal days (e.g. physician/dental appointments) and emergency purposes (e.g. car repair).

e. Military Leave– As required by law, residents who are absent in order to serve in the uniformed services of the United States or participate in annual encampment or training duty as well as emergency call-ups in the U.S. Military Reserves or the National Guard shall receive an unpaid leave of absence and benefits as required by law.

f. Bereavement Leave –Residents will receive three paid days of bereavement leave for the death of an immediate family member. Immediate family members include spouse, child, parent, brother, sister, grandparents, grandchildren, mother-in-law and father-in-law.

g. Jury Duty- Residents who are called for state or federal jury duty will receive time off as required by law. Residents will receive the difference between their regular pay and jury duty pay when serving on jury duty during the time they are scheduled to work.

h. Professional leave is granted when the resident is presenting or representing SMMC related activities. These include, but are not limited to, residency

showcase presentations, ASHP Midyear, regional residency conference, and WV Residency Conference. Professional leave is not granted for interviews.

III. Requests for a leave of absence or any extension of a leave should be submitted advance, preferably 2 weeks, in writing to the RPD. When the need for leave or extension is not foreseeable, residents should provide as much notice as is possible. The RPD with assistance from Residency Advisory Committee will recommend approval or denial. It is advisable to include comments in the request that it has been discussed with preceptor who has agreed.

IV. A resident cannot miss more than 5 days in any learning experience due to any type of leave above without having to repeat the excess days missed and potentially extending the residency to provide the one year requirement of residency training.

V. Leaves longer than accrued benefit time must be approved by the RPD, cannot extend beyond 10 weeks, and will extend the residency.

VI. For leaves longer than 10 weeks, the resident will not be able to successfully complete the residency year. The resident is not guaranteed a residency position for the next residency year.

VII. Every resident on a leave of absence will be required to use all applicable accrued benefit time prior to beginning any unpaid leave of absence.

VIII. The Medical Center will provide health insurance and other benefits to residents on leave as required by law. Benefits that accrue according to length of service (i.e. vacation, sick, etc.) do not accrue during periods of unpaid leave, with the exception of time off at the request of the Medical Center.

IX. Nothing in this Policy shall serve to change or modify the employment-at-will status of any resident. Further, this Policy and/or approval of leave shall not be deemed to constitute a contract between the Medical Center and any resident or to be considered an inducement for the employment of any individual.

Time off Request

DATE: _____

NAME: _____

REQUESTED DATES:

_____ THRU _____

_____ THRU _____

_____ THRU _____

INDIVIDUAL DAY (S)

_____

_____

_____

PLEASE MARK IF YOU ARE USING A HOLIDAY, BIRTHDAY, ELECTIVE DAY, ETC.

_____Reviewed _____Approved

By: _____

S

St. Mary's Medical Center PGY1 Inpatient Pharmacy Resident Staffing Shift Evaluation Form

Resident Name: _____

Date of Shift: _____

Evaluator: _____

Rating System: 5 = consistently displays competency independently; 4 = displays competency with few reminders; 3 = displays competency with frequent reminders; 2 = cannot complete task independently, but is putting forth effort and acceptance of coaching; 1 = requires frequent redirection to complete task

Section 1: Operational Efficiency & Professionalism

Evaluation Area	Rating	Comments
Adherence to Department Policies/Procedures	___	
Communication with Pharmacy Staff	___	
Communication with Providers/Nursing	___	
Time Management	___	
Professional Conduct	___	
Follow-Up with Rejected Orders	___	

Section 2: General Feedback

Notable Interventions/Drug Information Questions During Shift (for residents to fill out, up to 5 interventions/questions):

Strengths Demonstrated During This Shift:

Areas for Improvement:

Goals for Next Shift:

_____ _____

Evaluator Signature **Resident Signature**

**Turn into Pharmacy manager or Program Director with 1 week of staffing shift evaluated.

SMMC PGY-1 Pharmacy Resident Clinical On-Call Intervention Documentation Form

Resident Name: _____

Date/Time of Call/Text: _____

Caller/Texter Name & Role: _____

Patient Name/FIN:_____

S – Situation

Brief description of the issue presented by the caller:
(Include patient age, relevant medication/problem, and the specific question or request/why a call was necessary.)

B – Background

Relevant clinical and patient information provided (or obtained by resident):
(Include diagnosis, allergies, renal/hepatic function, current medications, and any pertinent lab values or clinical context.)

A – Assessment

Resident's clinical assessment of the situation:
(Include interpretation of the clinical issue, potential safety concerns, urgency, and clinical judgment.)

R – Recommendation / Action Taken

Resident's recommendation or actions performed:
(Include medication recommendations, provider follow-up, communication with preceptor, etc.)

Resident Self-Reflection

- **Was this call appropriate for you to handle? Why or why not?**
- **What did you learn from this case?**
- **Would you manage this differently in the future?**

RPD/Preceptor Review Section (for internal use)

- **Was the call appropriate for the resident to receive?** ☐ Yes ☐ No
- **Was the resident's assessment and response appropriate?** ☐ Yes ☐ No
- **Feedback/Recommendations for Resident:**

_____

Resident Signature

_____

RPD Signature

_____

Pharmacy Manager Signature