



**NORTH MEMORIAL HEALTH  
DEPARTMENT OF PHARMACY SERVICES**

**PGY-1 ASHP Accredited  
Pharmacy Residency Program**

Residency Candidate Guide  
2023 - 2024

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## **SECTION I: INTRODUCTION**

### **A. About North Memorial**



For more than 50 years, North Memorial has served the Twin Cities area with compassionate care. Today, North Memorial Health Hospital is a Level I Trauma Center and the largest independent health care system in the Twin Cities. North Memorial is a comprehensive stroke center and a recipient of the Elite Stroke Care Award from the American Heart and American Stroke Association. North Memorial was listed as one of just 11 hospitals in Minnesota to rank in the top 10 percent for patient safety in the U.S. Affiliated with the University of Minnesota's Family Practice Resident Program, North Memorial offers a wide array of comprehensive inpatient and outpatient services from birth through adulthood. Pharmacy practice is decentralized, utilizes an electronic health record (EPIC®), and employs automated dispensing cabinets to dispense medication doses. The entire pharmacy department was completely remodeled in 2015.

#### **North Memorial Health consists of:**

- 2 hospitals
- 20 Primary Care and Specialty Clinics
- 2 Urgent Care clinics
- 2 Urgency Centers
- Home and community outreach services
- 100+ specialty care services
- 104 ambulances serving Minnesota, Wisconsin and 18 bases
- 9 helicopters and 7 bases
- 440+ providers
- 6,500+ team members

#### **What makes North Memorial Health better?**

- Level 1 Adult Trauma Center
- Comprehensive Stroke Program
- Largest birth center for deliveries in Minnesota
- Level III NICU in Maple Grove and Level II NICU in Robbinsdale
- Joint Replacement Centers
- Comprehensive Heart and Vascular Center

## ***The North Memorial Mission, Vision, and Values***

**Mission statement of North Memorial:** *“Empowering our customers to achieve their best health”*

**Vision statement of North Memorial:** *“Together, health care the way it ought to be”*

### **Values of North Memorial:**

**Inventiveness:** We believe in solving problems creatively and thinking differently about what is possible.

- We are empowered to think in new ways and contribute to positive change in our organization
- We anticipate customer needs and find innovative solutions.
- We see challenges and change as opportunities to learn
- We embrace change
- We work in an environment where risking failure is acceptable when exploring new and better ways to serve our customers while continue to practice evidence-based care.

**Accountability:** We believe every team member is empowered to meet our customers' needs including helping them make choices about their health.

- We understand our individual roles and take responsibility for meeting the diverse needs of our customers
- We are empowered to help customers make choices about their care.
- We set high performance expectations and hold ourselves and our teams responsible for the quality of our work and the results we achieve as a system.
- We accept our mistakes and learn from them
- We show up every day ready to do our best because we understand that together we are better than the sum of our parts.

**Relationships:** We create engagement with customers and team members through strong communication, partnering and respectful interactions.

- We involve customers in decisions about their health and encourage them to take responsibility for healthy life choices
- We work with the entire care team to establish shared goals that reflect the customer priorities.
- We promote open dialogue and share knowledge with our customers and team members.
- We demonstrate respect for customers and fellow team members
- We count on and support one another individually and as part of the team.

### **B. Contact Information**

For more information about North Memorial Health, please access our website at:

<http://www.northmemorial.com>

<https://northmemorial.com/pgy-1-pharmacy-residency/>

## **SECTION II: FOUNDATION**

### **A. Purpose and Philosophy**

**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.

Residents interact with a variety of healthcare professionals including pharmacists, pharmacy specialists, physicians, medical residents, physician assistants, nurse practitioners, respiratory therapists, dietitians, social workers, and other healthcare professionals. The residency offers a full range of experiences in areas including Critical Care, Trauma, Cardiology, Infectious Diseases, Hematology/Oncology, Psychiatry, Administration, Internal Medicine, Transitions of Care, Neonatal Intensive Care, Emergency Medicine, and Health Analytics. In addition, residents gain valuable experience through multidisciplinary rounds, medication use evaluations, patient consults, and staffing. Residents will also complete a longitudinal project, precept Doctor of Pharmacy Students on rotations (both APPE and IPPE) and provide in-services to pharmacy as well as other health care providers.

Residency training also offers other advantages:

- *A competitive advantage in the job market* – More and more employers recognize the value of residency training. A pharmacist who has completed a residency will have a clear advantage over applicants who have not.
- *Networking opportunities* – Many opportunities arise for residents to establish or expand their network of professional acquaintances and contacts including preceptors and other residents.
- *Career planning* – While training, most residents gain a clearer picture of what type of practice best suits them. Residency preceptors are committed to providing personal attention to assist each resident in further defining professional goals.

The ASHP accreditation standard provides criteria that every program must meet to receive and maintain accreditation. Working within the required standards and accentuating our strengths, our philosophy is to provide a program that is flexible and tailored to meet the needs of the individual resident. Our mission is to help develop practitioners who provide compassionate, remarkable pharmaceutical care.

### **B. Recruitment and Selection of Residents**

North Memorial Residency Program adheres to the *Rules for the ASHP Pharmacy Resident Matching Program*. This residency site agrees that no person at this site will solicit, accept, or use any ranking related information from any residency applicant.

Applicants to the pharmacy residency program must be licensed or be eligible for licensure in MN, have graduated or are candidates for graduation from an ACPE accredited School of Pharmacy (or one pursuing accreditation) or have a Foreign Pharmacy Graduate Equivalency Committee (FPGEC) certificate from the National Association of Boards of Pharmacy (NABP) and be a highly motivated pharmacist who desires advanced education and training. To apply, a transcript from the School of Pharmacy, three letters of recommendation, letter of intent, and CV is required along with completion of the

PhORCAS application. Applications must be received by the January 2<sup>nd</sup>, 2024, deadline to be considered for the residency program beginning July 5<sup>th</sup>.

A standardized, pre-interview assessment tool is used to evaluate candidates who apply to the residency program. Candidates are ranked based on their pre-interview assessment scores and applicants will be invited to interview starting with the highest ranked applicant and moving to the lowest ranked applicant until the number of interview slots allocated for the year is filled. During the interview, candidates will rotate through groups of preceptors from various learning experiences, the residency program director (RPD), residency program coordinator (RPC), and pharmacy leadership. They will be asked a series of standard questions in each group and are scored based on established criteria. After the interview process is completed, the interviewers will meet to discuss and evaluate each candidate. A post-interview scoring rubric is used in candidate discussion of applicants' fit with the program. The RPD will submit the final rank list to the matching program.

If the residency has unfilled positions after Phase I, the Phase II interview process will be enacted. Candidates will be required to apply through PhORCAS, with the application deadline based on the timeframe of the original process and the specific deadline date to be determined at that time. This will likely be set for seven (7) days after the re-opening of the application. The same standardized, pre-interview assessment tool will be used to evaluate candidates for an interview. Six (6) virtual interviews per open residency spot will be offered starting with the highest ranked applicant moving to the lowest ranked applicant until the number of interview slots are filled. The virtual interview will have a similar panel of interviews including preceptors, RPD, RPC, and pharmacy leadership. Interviews will be scored using the same pre-defined process as Phase I. The RPD will submit the final rank list to the matching program.

If the residency has unfilled positions after Phase II, the Post-Match interview process will be enacted. Candidates will be required to apply through PhORCAS. The same standardized, pre-interview assessment tool will be used to evaluate candidates for an interview 24h after post-match applications are opened. Due to the time limitations around post-match, shortened video-conference interviews with a panel consisting of the RPD and 2-4 additional pharmacists as available (preceptor(s) and leadership) will be completed. A maximum of 6 virtual interviews per open residency spot will be conducted utilizing the same standard questions of one panel and scored based on established criteria. After 6 interviews are completed, interviewers will meet to discuss and evaluate candidates using the post-interview scoring rubric and RPD will offer position(s) to the highest scored candidate moving to the lowest scored applicant eligible for matching with the program.

### **C. Individualized Plan Development**

Before or during the first week of the residency, each resident is required to complete an initial self assessment form (Experience, Skills, and Interest Inventory). The RPD and resident will review the form together and create a customized residency plan for the upcoming year based on the needs and interests of the resident. The plan will be completed within the first 30 days of the residency program.

The resident will reassess the validity of the plan as part of their overall self-assessments they complete every quarter. The resident must review the plan with the RPD quarterly to determine if there should be any changes made. The plan will be available quarterly to preceptors through PharmAcademic.

## D. Program Competency Areas

Competency Area R1: Patient Care

Competency Area R2: Advancing Practice and Improving Patient Care

Competency Area R3: Leadership and Management

Competency Area R4: Teaching, Education, and Dissemination of Knowledge

Competency Area E5: Management of Medical Emergencies

## E. Program Goals and Objectives

The residency program will provide each resident with specific learning/practice experiences designed to enable the resident to expand the scope of their practice skills. These experiences will be varied in nature, but with an overall emphasis on patient care and the pharmacist's responsibility to providing safe and effective patient outcomes related to pharmacotherapy. Specific educational goals for our PGY1 pharmacy residency are:

**\* Denotes the ten (10) objectives that must be achieved for residency for successful completion of residency**

### Patient Care

Goal R1.1: In collaboration with the health care team, provide safe and effective patient care to a diverse range of patients, including those with multiple co-morbidities, high-risk medication regimens, and multiple medications following a consistent patient care process.

**\* Objective R1.1.1: (Applying) Interact effectively with health care teams to manage patients' medication therapy.**

Objective R1.1.2: (Applying) Interact effectively with patients, family members, and caregivers.

Objective R1.1.3: (Analyzing) Collect information on which to base safe and effective medication therapy.

**\* Objective R1.1.4: (Analyzing) Analyze and assess information on which to base safe and effective medication therapy.**

**\* Objective R1.1.5: (Creating) Design or redesign safe and effective patient-centered therapeutic regimens and monitoring plans (care plans).**

**\* Objective R1.1.6: (Applying) Ensure implementation of therapeutic regimens and monitoring plans (care plans) by taking appropriate follow-up actions.**

**\* Objective R1.1.7: (Applying) Document direct patient care activities appropriately in the medical record or where appropriate.**

Objective R1.1.8: (Applying) Demonstrate responsibility to patients

Goal R1.2: Ensure continuity of care during patient transitions between care settings.

Objective R1.2.1: (Applying) Manage transitions of care effectively.

Goal R1.3: Prepare, dispense, and manage medications to support safe and effective drug therapy for patients.

**\* Objective R1.3.1: (Applying) Prepare and dispense medications following best practices and the organization's policies and procedures.**

Objective R1.3.2: (Applying) Manage aspects of the medication-use process related to formulary management.

**\* Objective R1.3.3: (Applying) Manage aspects of the medication-use process related to oversight of dispensing.**

### Advancing Practice and Improving Patient Care

Goal R2.1 Demonstrate ability to manage formulary and medication-use processes, as applicable to the organization.



Objective R2.1.1: (Creating) Prepare a drug class review, monograph, treatment guideline, or protocol.

Objective R2.1.2: (Applying) Participate in a medication-use evaluation.

Objective R2.1.3: (Analyzing) Identify opportunities for improvement of the medication-use system.

Objective R2.1.4: (Applying) Participate in medication event reporting and monitoring.

Goal R2.2: Demonstrate ability to evaluate and investigate practice, review data, and assimilate scientific evidence to improve patient care and/or the medication-use system

Objective R2.2.1: (Analyzing) Identify changes needed to improve patient care and/or the medication-use system.

Objective R2.2.2: (Creating) Develop a plan to improve patient care and/or the medication-use system.

Objective R2.2.3: (Applying) Implement changes to improve patient care and/or the medication-use system.

Objective R2.2.4: (Evaluating) Assess changes made to improve patient care or the medication-use system.

\* **Objective R2.2.5: (Creating) Effectively develop and present, orally and in writing, a final project report.**

### **Leadership and Management**

Goal R3.1: Demonstrate leadership skills.

Objective R3.1.1: (Applying) Demonstrate personal, interpersonal, and teamwork skills critical for effective leadership.

Objective R3.1.2: (Applying) Apply a process of ongoing self-evaluation and personal performance improvement.

Goal R3.2: Demonstrate management skills.

Objective R3.2.1: (Understanding) Explain factors that influence departmental planning.

Objective R3.2.2: (Understanding) Explain the elements of the pharmacy enterprise and their relationship to the health care system.

Objective R3.2.3: (Applying) Contribute to departmental management.

\* **Objective R3.2.4: (Applying) Manage one's own practice effectively.**

### **Teaching, Education, and Dissemination of Knowledge**

Goal R4.1: Provide effective medication and practice-related education to patient, caregivers, health care professionals, students, and the public (individuals and groups).

Objective R4.1.1: (Applying) Design effective educational activities.

Objective R4.1.2: (Applying) Use effective presentation and teaching skills to deliver education.

Objective R4.1.3: (Applying) Use effective written communication to disseminate knowledge.

Objective R4.1.4: (Applying) Appropriately assess effectiveness of education.

Goal R4.2: Effectively employ appropriate preceptor roles when engaged in teaching students, pharmacy technicians, or fellow health care professionals.

Objective R4.2.1: (Analyzing) When engaged in teaching, select a preceptor role that meets learners' educational needs.

Objective R4.2.2: (Applying) Effectively employ preceptor roles, as appropriate.



## Management of Medical Emergencies

Goal E5.1: Participate in the management of medical emergencies.

\*Objective E5.1.1: Exercise skill as a team member in the management of medical emergencies according to the organization's policies.

## F. Program Structure

### Rotations

| Required Rotations                   | Longitudinal Rotations (Required) | Elective Rotations                |
|--------------------------------------|-----------------------------------|-----------------------------------|
| Orientation (5 weeks)                | Staffing (1 year)                 | Healthcare Analytics (4 weeks)    |
| Internal Medicine (4 weeks)          | Resident Project (1 year)         | Hematology-Oncology (4 weeks)     |
| Cardiovascular-Medical ICU (4 weeks) | Medication Safety (3 months)      | Neonatal Intensive Care (4 weeks) |
| Trauma-Neuro ICU (4 weeks)           |                                   | Transitions of Care (2 weeks)     |
| Emergency Medicine (4 weeks)         |                                   | Outpatient Oncology (4 weeks)     |
| Cardiology (4 weeks)                 |                                   | Psychiatry (4 weeks)              |
| Infectious Diseases (4 weeks)        |                                   | Critical Care II (4 weeks)        |
| Administration (4 weeks)             |                                   | Infectious Diseases II (2 weeks)  |
| Medical-Surgical (4 weeks)           |                                   | Emergency Medicine II (2 weeks)   |
|                                      |                                   | Precepting (4 weeks)              |

- Most rotation hours will occur during the day shift except for the emergency medicine rotation(s) and staffing which will involve evening hours. There may be opportunities and/or rotation expectations outside of these hours. The RPD or RPC will provide residents with adequate notification of hours prior to these experiences.
- Residents are given 12-14 weeks of electives (range based on conference and holiday dates for a given calendar year).
- Elective rotations are 2 or 4 weeks in length as defined above. If a specific request for an alternate rotation duration is made, RPD will work with the resident and preceptor to develop an alternate LED for that duration if it can be accommodated.
- Individualization of the resident schedule based on interests will be accommodated as best as possible, however no more than 1/3 of the 12-month residency may be in one area. This means that no more than 16 weeks can be taken in a single clinical area (example: cannot take more than 16 weeks of rotations in an intensive care area including both required and elective rotation options)
- Based on the interests of residents, additional rotations currently not offered may be developed with the RPD during the resident's time at North Memorial. The development of any additional elective rotations will only be an option if the resident has satisfactorily progressed through all required rotations.

### Staffing and Service Commitment

- Orientation will take place during the first 5 weeks of the residency.
- Each resident will train with a hospital pharmacist as assigned each day.
- After the orientation period, the RPD, RPC with feedback from the relevant preceptors, and the resident will mutually determine if the resident is ready to function independently as a pharmacist based on the *Orientation Assessment of Proficiency* criteria and area specific items that may be added.
- If the resident is not ready to function independently at the conclusion of the training period, the following actions will occur:
  - A list of deficiencies will be developed by the preceptor and resident.
  - A specific plan will be outlined by the preceptor and the resident to provide additional training/experience in the area(s) of weakness.

- A copy of this plan will be maintained by the RPD, and progress will be re-evaluated on a weekly basis.
- Residents will generally staff every third weekend on a rotating basis and include the Friday of the staffing weekend. Hours will be posted on the pharmacist schedule. Staffing hours can be day or evening. The shifts may be 8-10 hours in duration depending on the staffing needs of the pharmacy
  - Holiday staffing: Residents are required to work 3 holidays a year and holiday sign up slots will be provided to the residents during orientation. Holiday shift options will be determined by the Pharmacy Manager for each residency class and may include: Thanksgiving, day after Thanksgiving, Christmas Eve, Christmas Day, New Year's Day, 4<sup>th</sup> of July, or Memorial Day.
    - If a holiday falls on a scheduled weekend to work, the resident will be expected to work the non-holiday shift(s) of that weekend.
    - Please note: Christmas Eve and New Year Eve begin at 3 PM. A resident would be expected to work their regularly scheduled day hours during the day shifts of these dates
  - If the resident needs off on his/her weekend to work, it is the resident's responsibility to trade with another resident or staff pharmacist who can work the assigned shift. The resident may not give away their shift to a casual or part time pharmacist unless approved by the Pharmacy Manager.
- The resident will be involved in various service commitments on behalf of the pharmacy department. These commitments occur at various parts of the year and may include but are not limited to: North Memorial Safety Fair, vaccination clinic.

## **G. Residency Advisory Council**

North Memorial Health's Residency Advisory Council (RAC) consists of the RPD, RPC, core preceptors, and the current residents. The RAC is chaired by the RPD or RPC and will be scheduled to meet on a regular basis. The purpose of the RAC is to offer guidance to the residency program and maintain adherence to the ASHP Standards. In conjunction with the RPD, the RAC supports the residency with the following:

- Review, maintain, and assure that the residency program follows current ASHP accreditation standards
- Review the annual Residency Program Manual
- Annual review of the qualifications of residency preceptors
- Annual review of residency's policies, objectives, learning experiences
- Assure that the overall residency program goals and specific learning objectives are met, training schedules are maintained, appropriate preceptorship for each rotation is provided and resident evaluations are conducted
- Review residency applicants' requirements and participate in the formal review process for evaluation and selection of the incoming residents.
- Annual review of the incoming resident's individualized plan for residency, training schedule and quarterly reviews the resident's progress in the residency
- Engages in preceptor development/education
- Conducts corrective action and dismissals as necessary with RPD
- Reviews residency research projects with residents at various stages of development for feasibility, research design, and presentation.

## **H. Preceptors**

Preceptors at North Memorial are defined in select categories. Each group of preceptors has a unique role in the development of residents, and all are vital to the success of our program. Everyone in the pharmacy department brings a slightly different perspective about their roles and the pharmacy profession which enhances the exposure and learning opportunities of our

residents. All members of the department of pharmacy are expected to support the residency program.

- **Core Preceptor:** core preceptors are the pharmacy professionals who serve as the primary preceptors for the residency and meet all preceptor requirements of ASHP. Core preceptors must spend a significant amount of their time practicing in their identified areas. They must also practice in the area of their rotation during the time residents are being trained. Every rotation has an assigned core preceptor. Core Preceptors will achieve and maintain the standards set in the ASHP Preceptor Academic and Professional Record. This form will be updated yearly and maintained by the RPD/designee. Core preceptors will develop and maintain their respective rotation LEDs.
- **Preceptor in Training:** a preceptor in training is a pharmacy professional who is in the process of completing all preceptor requirements of ASHP and/or assists the core preceptor in select rotations.
- **Staff Preceptor:** staff preceptors are all other pharmacy professionals who are not core or a preceptor in training. North Memorial considers them very valuable in the residents learning process and they are expected to participate in residency activities.
- **Non-pharmacist Preceptor:** non-pharmacist professionals (ex. MD, RT, RD) who interact closely with the resident during select rotations. Non-pharmacist preceptors are very important in the resident's development. The non-pharmacist preceptors are expected to assist in the structure of select rotations and assist in resident evaluations.

#### **Core Preceptors**

Andrea Leo, Pharm.D.  
Chad Novak, Pharm.D., BCCCP  
Hailey McCoy, Pharm.D  
James Bischoff, Pharm.D., BCPS  
Jennifer Marquart, Pharm.D., BCPS  
Margaux Hamilton, Pharm.D., BCPS  
Laura Akerman Pharm.D., BCPS  
Lesia Tchobaniouk, Pharm.D., BCPP  
Mike Waldt, Pharm.D., MS., BCSCP  
Natalie Kravchenko, Pharm.D. BCPS, BCCCP  
Elizabeth Canterbury, Pharm.D., BCCCP  
Sarah Hayes, Pharm.D., BCOP  
Tamara Berg, Pharm.D., BCPS  
Rebecca Ratzlaff, Pharm.D., BCPS  
Jonathan Schulz, Pharm.D, BCPS  
*Pending*

#### **Rotation(s)**

Neonatal Intensive Care & Medical-Surgical  
Cardiology  
Infectious Diseases I & Infectious Diseases II  
Trauma-Neuro ICU & Critical Care II  
Residency Program Director & Orientation  
Internal Medicine  
Cardiovascular-Medical ICU  
Psychiatry  
Medication Safety & Administration  
Emergency Medicine I & Emergency Medicine II  
Healthcare Analytics  
Hematology-Oncology  
Residency Program Coordinator & Staffing  
Precepting  
Transitions of Care  
Outpatient Oncology

## SECTION III: HUMAN RESOURCES

### A. Salary & Benefits

Salary will be \$48,000 for class of 2023-2024. Benefits will be consistent with NMH Non-Contract Employees.

### B. Meeting Reimbursement

Meeting reimbursement will be completed for conferences required by the residency program. A maximum of \$3,000 annually will be reimbursed. A portion of the \$3,000 total reimbursement will come from NMH Non-Contract Employees benefits.

### C. Time Off

- Paid time off (PTO) accrual and paid holidays will be consistent with NMH Non-Contract benefits. This time can be taken as personal days, vacation days, sick days, holidays and educational meetings that are outside those sponsored by the residency program.
- Requests for days off must be **emailed** to the rotation Preceptor and RPD in advance. The final decision for approval lies with the preceptor.
- To maximize the residents learning experience in each rotation, residents are limited to **2 days off** per rotation, under the discretion of the preceptor (this includes sick, holiday or personal time off). Absences **greater than 5 days** per rotation are considered excessive and will be reviewed by the RPD for impact on successful completion of the rotation requirements. Pre-scheduled vacations are encouraged and may be accommodated through adjustment of the resident's rotation schedule when possible.
- There is no provision to provide for an extension of the program beyond duration of 12 months for any resident. Residents with leaves of absence that exceed the maximum amount of PTO and paid holidays **will result in the resident not receiving a certificate of completion.**
- In situations of excessive absence from any rotation resulting in concern about the resident meeting program expectations will meet with the preceptor(s), RPD, and RPD to develop an action plan to ensure that the resident meets program requirements.
- All leave, including professional leave, cannot exceed a combined total of **37 days**. Extension of the program is not permitted so **leave more than 37 days will result in the resident not receiving a certificate of completion.**
- Residents can take up to 7 project days throughout the year. These dates are generally on the 3<sup>rd</sup> Monday of each month starting in September (excluding December and January). A resident has the option to decline project days and instead participate in an additional day of the assigned rotation in coordination with the preceptor. Residents are expected to be onsite on project days unless otherwise arranged with the RPD. If a project day will result in excessive time away from a single rotation, discussion with preceptor and RPD on rescheduling the project day should occur.

### D. Leaves of Absence

Residents are classified as regular, full-time, non-contract employees of North Memorial Health Hospital. The residency contract begins and ends every 12 months. As such, there is no provision to provide for an extension of the program beyond duration of 12 months for any resident. Residents with **leaves of absence that that exceed the maximum amount of PTO/holiday time will result in the resident not receiving a certificate of completion.**

### E. Employment

The residency is 12 months in length beginning July 5<sup>th</sup> and ending July 4<sup>th</sup>, unless otherwise arranged with the RPD. Residents are classified as regular, full-time, non-contract employees of North Memorial Health Hospital. The resident is required to comply with the hiring practices of NMHH and receives orientation through the North Memorial HR Department

- All pre-employment checks and screening must be completed prior to start date of the residency candidate unless otherwise arranged with the RPD.

## F. Pharmacy Licensure & Verification

Pharmacy licensure in Minnesota is a requirement for pharmacy residents at NMHH. Upon notification of successful completion of the NAPLEX and/or law exam, the resident will provide documentation of licensure to the residency program director.

- Failure to obtain Minnesota licensure by August 1<sup>st</sup> will result in a review of the resident's status and possible implementation of a remediation program to aid the resident in passing the NAPLEX and/or law exams.
- The residency program must ensure that a minimum of 2/3 of residency is completed as a pharmacist licensed to practice in the program's jurisdiction. Failure to obtain Minnesota Pharmacist licensure by October 1<sup>st</sup> will result in dismissal from the residency.
- Residents are encouraged to obtain licensure as early as possible and ideally before beginning the residency program.

## G. Vaccinations

Residents will be expected to adhere to immunization requirements of North Memorial. These immunization records include, but are not limited to: TB screening, MMR, Varicella, Tdap, Hepatitis B, Influenza, and SARS-CoV-2.

## H. Duty-Hour Requirements

Refer to ASHP Duty-Hour Requirements for Pharmacy Residencies for all details:

<https://www.ashp.org/-/media/assets/professional-development/residencies/docs/duty-hour-requirements.ashp>

Duty hours are defined as all hours spent on scheduled clinical and academic activities, regardless of setting, related to the pharmacy residency program that are required to meet the educational goals and objectives of the program.

- Includes: inpatient and outpatient patient care (resident providing care within a facility, or from the resident's home when activities are assigned to be completed virtually); staffing/service commitment; in-house call; administrative duties; work from home activities (i.e., taking calls from home and utilizing electronic health record related to at-home call program); and scheduled and assigned activities, such as conferences, committee meetings, classroom time associated with a master's degree for applicable programs or other required teaching activities and health and wellness events that are required to meet the goals and objectives of the residency program.
- Excludes: reading, studying, and academic preparation time (e.g., presentations, journal clubs, closing knowledge gaps); travel time (e.g., to and from work, conferences); and hours that are not scheduled by the residency program director or a preceptor.

Duty hours must be limited to no more than 80 hours per week, averaged over a four-week period, inclusive of internal and external moonlighting.

- Documentation of Duty Hours will be through New Innovations system ([www.new-innov.com](http://www.new-innov.com)) and monthly attestations in PharmAcademic.
- Documentation of vacation hours will be through NMH MyTime Application

## I. Moonlighting

The resident's primary professional commitment must be to the residency program. A residency is a full-time obligation. It provides an exceptional learning opportunity that demands considerable time to meet the requirements. Moonlighting must not interfere with the ability of the resident to achieve the educational goals and objective of the residency program. The residency program is considered the primary priority of each resident.

The responsibilities of the resident **do not** correspond with the normal 9:00 AM to 5:00 PM scheduled forty-hour work week. At times, extra hours of coverage (weekends, evenings) are necessary to maintain residency requirements. Fluctuations in workload, unusual service demands or patient loads, may all determine the hours of the resident service. Internal

moonlighting is not permitted, and external moonlighting is discouraged. If pursued, external moonlighting is limited to no more than 8 hours per month and all shifts must be emailed to the RPD for approval a week in advance to ensure adherence to *ASHP Duty-Hour Requirements* and documentation of external moonlighting hours. This assessment will evaluate that the moonlighting shift meets the following criteria.

- Only occurs during non-residency hours
- All duty hours including moonlighting must not exceed 80 hours per week averaged over a four-week period
- Allows for a minimum of one day in seven days free of duty when averaged over 4 weeks
- Must have at a minimum 8 hours between scheduled duty periods.
- Continuous duty periods should not exceed 16 hours.
- Evaluation of the resident's overall performance or judgment while on scheduled duty periods to assure their ability to achieve the educational goals and objectives of their residency program are being met and safe patient care is provided.
- If the RPD deems that moonlighting hours interfere with the completion of residency hours, impair residents' overall performance, or affect their ability to achieve the educational goals and objectives, the RPD will require that moonlighting hours are relinquished.

## **J. Disciplinary Action and Dismissal**

Disciplinary action aligns with HR Correction Policies of North Memorial. Appropriate disciplinary action (ex: coaching, written warning, suspension, termination) will be taken if a resident fails to:

- Present and conduct him/herself in a professional manner.
  - Examples of illegal or unethical behavior: refusal to carry out duties, theft, falsifying documents, intoxication or under-the influence while at work.
- Follow NMHC policies and procedures.
- Make satisfactory progress on any of the residency requirements, goals, or objectives.

If disciplinary action is deemed necessary, the following steps will be taken:

- The resident will meet with the RPD and involved preceptors to discuss the issues during an investigation interview. Following the investigation interview the RPD and involved preceptors will meet, discuss the findings, and determine next steps.
- Together with the resident, RPD, and preceptors will determine an appropriate solution to rectify behavior and/or deficiency.
  - A resident identified as having a serious deficit or performance problem that could prevent the resident from fulfilling the program criteria will be placed on an action plan which may include remediation of certain learning experiences or training that must occur before the resident is allowed to progress to a new clinical rotation. The resident and the preceptor(s) will report to the RAC on a regular basis, as specified in the action plan (not less than every month) regarding the resident's progress. The resident may be removed from the action plan when the resident's progress in resolving the problem(s) specified in the plan is sufficient by a vote by the RAC. If the resident is not making progress, or it becomes apparent that it will not be possible for the resident to receive credit for the residency, the RAC will inform the resident at the earliest opportunity. The decision for credit or no credit for a resident on an action plan is made by a majority vote of the RAC. The RAC vote will be based on all available data, with attention to the resident's fulfillment of the action plan.
  - In the case of illegal or unethical behavior associated with performance of patient care duties, the RPD may seek advisement from appropriate hospital department resources including Risk Management, Director of Pharmacy, and Compliance. Following careful review of the circumstances, the RAC may recommend no action, implementation of action plan, or dismissal of the resident. The Director of Pharmacy will have the final say in any disciplinary action that involves police or potential arrest.



## K. Professional Appearance

Residents are expected to follow the North Memorial Professional Appearance Policy.

## SECTION IV: ACTIVITIES AND REQUIREMENTS

### A. Residency Experience and Activities (*\* denotes activity required for completion of the residency program*)

#### **\* Required and Elective Learning experiences:**

Refer to Section II – E: Program Structure for further details on required and elective learning experiences. Criteria based assessments will be reviewed at the outset of each rotation by resident and preceptor to assure completion of all requirements by the end of the residency year.

#### **\* Staffing and Service Commitment:**

Refer to Section II – E: Program Structure for further details on required staffing and service commitment activities. The resident will be responsible for promoting the Department of Pharmacy in a professional manner.

#### **\* Journal Clubs:**

Each resident will present a minimum of two current pharmacotherapy related journal articles during the residency year. Resident attendance is strongly encouraged at all sessions. One Journal Club each will be selected during the required Cardiology and Critical Care learning experiences.

#### **\* Case Presentations:**

Each resident will formally present a minimum of two case presentations during the residency year. The cases presented should revolve around pharmacotherapy topics, include primary literature, and be a case in which the resident was directly involved. Resident attendance is strongly encouraged at all sessions.

#### **\* Formal Presentations:**

Two formal presentations at minimum by each resident will be conducted during the residency year. These presentations will be presented to the pharmacy department and other guests. Resident attendance is required at all sessions.

- One presentation on a pharmacotherapy topic that includes some controversy and/or is a hot topic in pharmacotherapy that the resident attended a session on at ASHP Midyear
- The second formal presentation will be a 10-20-minute presentation of the resident's research project. This includes several practice sessions then the formal presentation with feedback/evaluation from preceptors and residents.

#### **\* Manuscript for Publication:**

Each resident will prepare a manuscript of their Research Project in a format acceptable for publication in a peer reviewed journal.

#### **\* Pharmacy Leadership Topics:**

Leadership or management topics related to current practice will be discussed every other month. Each resident will be expected to lead one of the discussions.

#### **\* Medication Use Evaluation:**

Each resident will complete at least one medication use evaluation during the residency year.

#### **\* Drug Utilization Evaluation:**

Each resident will complete at least one drug utilization evaluation during the residency year. This may include a drug class review, monograph, treatment guideline or protocol.



**\* BLS and ACLS Certification:**

Each resident is expected to successfully complete the BLS and ACLS curriculum within the first 90 days of the residency start date.

**\* Nursing/Provider Presentation:**

Provide a medication related educational presentation to nursing or providers during the residency year.

**\* Lead/Facilitate a Meeting:**

The resident will be responsible for leading/facilitating a pharmacy meeting (RAC, staff meeting, or another department meeting). This will be assigned during the required administration rotation.

**Teaching Activities:**

- Residents will serve as co-preceptors with department preceptors for Advanced Pharmacy Practice Experience students as opportunity allows.
- Residents will lead a topic discussion for Acute Care Advanced Pharmacy Practice Experience students while on rotations at NMHH. \*
- Residents will participate in activities including in-services, co-precepting of Institutional Experience and Drug Information Advanced Practice Experience students, and didactic lectures and family medicine grand rounds ad hoc.

**Hospital Educational Programs:**

Noon conferences, departmental grand rounds, and other educational conferences are offered throughout NMHC. Residents are encouraged to attend various conferences related to specific rotations.

**Conferences & Meetings:**

- **ASHP Midyear Clinical Meeting**  
Residents will submit an abstract on a project or MUE for the poster session and prepare a professional poster for presentation. \* Posters will be reviewed by RAC. The abstract is due in September/October. Projects that require IRB approval cannot begin patient data collection until approval is obtained. Residents will verify ASHP requirements before submitting posters. Residents will participate in the ASHP Residency Showcase.
- **NorthStar Pharmacy Residents Conference**  
Residents will submit an abstract and prepare a presentation for NorthStar on their longitudinal research project. \* NorthStar is a one-day conference in Minneapolis, MN in May. The purpose of NorthStar is to provide residents the opportunity to share their experiences (projects) as a power-point presentation. Information for this conference can be found on the MSHP website. Check this website for registration and project deadlines.
- **MSHP Fall Midyear Meeting**  
Resident will plan to attend the meeting and represent the residency program at the Residency Showcase.
- **MSHP Spring Annual Meeting**  
As the schedule allows, resident will attend the meeting and may present a poster at the Resident Research Poster Session.

**Pharmacy and Therapeutics Committee:**

Each resident will attend P&T committee meetings and related subcommittees during the residency year. Residents are responsible for various activities surrounding this meeting including organizing materials for distribution, completing and presenting medication use evaluations, formulary reviews, quality improvement projects and or taking minutes during the meetings.

**Resident Meetings:**

Residents will attend scheduled resident meetings to discuss upcoming resident events, other issues pertaining to the residency program, and actions/recommendations made at residency council meetings, etc. The meetings will be scheduled by the RPD. In addition, Residents are required to attend all meetings that the current preceptor attends unless instructed otherwise.

**Pharmacist Staff Meetings:**

Residents are to attend all pharmacist staff meetings unless instructed otherwise.

**Recruitment:**

Residents will assist in the resident recruitment and candidate selection process of the next residency class. Resident presence is expected at the Fall MSHP meeting, ASHP Midyear meeting and Interview sessions at North Memorial.

**Pharmacy Week:**

Residents are responsible for planning the activities surrounding Pharmacy Week. Pharmacy Week occurs in late October, planning should begin well in advance.

**B. Requirement for Completion**

Successful completion of PGY-1 Residency Program requires all the below:

- Overall achievement (ACHR) of  $\geq 85\%$  of the evaluated ASHP learning objectives (outlined in Section II – E) and maintained in the PharmAcademic system. The resident's progress towards achieving all goals and objectives will be monitored quarterly by the RPD in the resident individual Development Plan (Section V – D).
  - The resident will be marked as ACHR on a particular objective if:
    - a) The resident has received ACH on 2 separate occasions for that objective
      - i. Exception for R2.2.5: Effectively develop and present, orally and in writing, a final project report – will be marked as ACHR after the resident received ACH once
    - b) The resident has demonstrated improvement over time leading to an ACH by the end of the 12-month program on an objective. These cases will be evaluated at a RAC meeting prior to marking as ACHR.
- ACHR of the 10 required objectives (outlined in Section III – F, denoted with \*)
- Completion of all the Required (\*) Resident Experience Activities (outlined in Section IV – A).

**Completion Tracking (refer to Appendix A: Completion Requirements Tracking Form):**

Residents will maintain a tracking form for all required activities to monitor progress towards completion of the residency. Evaluation tracking progress of goals and objectives will be through the PharmAcademic system. An electronic folder of activities completed will be kept throughout the year by the resident to be evaluated quarterly by the RPD and turned in to the RPD at the end of the residency.

**Expected progression of ACH and ACHR**

3 months - 15% ACH across objectives

6 months - 30% ACH across objectives, 10% ACHR

9 months - 60% ACH across objectives, 30% ACHR + ACHR in 5 goal objectives

12 months - 85% ACH and ACHR + ACHR in the 10 goal objectives

Preceptors will follow the criteria associated with their objectives listed in the ASHP required competency areas, goals, and objectives for post graduate year one (PGY1) pharmacy residencies as a marker for ACH. If an objective is marked as satisfactory progress or needs improvement, one (or more) criteria will be identified, and specific feedback will be provided on the area for improvement that is needed.

**Certificate of Residency:**

A certificate of residency completion will be awarded to residents who complete the requirements for completion.

**C. Residency Project**

A longitudinal project, completed by the resident and mentored by a pharmacist preceptor, is required of all residents. Each resident will conduct a longitudinal research project over the course of the residency year. This project will include idea development, literature review, study design, IRB submission, data collection, data analysis, data interpretation, oral presentation, and a written manuscript suitable for publication. The project is to be of benefit to the individual, the Department of Pharmacy, and to the institution. The project will be presented at the NorthStar Residency Conference and a written manuscript suitable for publication submitted to project preceptor and RPD by the end of the year.

**SECTION V: DEVELOPMENT AND EVALUATION****A. Rotation Learning Education Description**

Preceptors of all rotations (required, longitudinal, and elective) must maintain a Learning Experience Description (LED). The LED must include a general description of the rotation and practice area, expectations of the resident, educational goals and objectives evaluated, a list of learning activities to be completed that will facilitate achieving the goals and objectives, a list of required readings, presentation requirements, and description of the evaluations that must be completed by the preceptor and resident. The LED must be approved by the RPD or RPC and entered into PharmAcademic before a resident may be enrolled in the rotation. Preceptors will review the rotation LED with resident during the orientation of each rotation.

**B. Rotation Development**

Core preceptors will ensure that the rotation LED is maintained and updated to ensure facilitation of the desired educational goals and objectives. The learning activities will be reviewed with any secondary, staff, and supplemental preceptors of the rotation. Resident feedback will be evaluated by the RPD/designee to ensure the rotation continues to meet the desired educational goals and objective.

**C. Preceptor Roles**

Preceptors assume the appropriate preceptor roles based on the time of the year and resident progression.

- Direct instruction appropriate for residents (as opposed to students), when needed.
- Modeling of practice skills described in the educational objectives.
- Coaching skills described in the educational objectives, providing regular, on-going feedback.
- Facilitating by allowing resident to assume increasing levels of responsibility for performance of skills with indirect support of the preceptor as needed.
- Residents function independently in each competency area by the conclusion of the residency program.

**D. Resident and Residency Program Evaluations**

North Memorial prides itself in providing the best possible experience for its residents. Therefore, critical evaluation of our program, rotations, preceptors and RPD is required throughout the residency year. It is important that residents receive valuable feedback on their performance from their preceptors and RPD. Importantly, residents need to learn to assess their own performance and monitor their progress in achieving their professional goals and objectives over the course of the residency program. The following describes the components of the strategy for providing feedback and evaluations for residents.

## Evaluation Scale

The extent of the residents' progression toward achievement of the program's required educational goals and objectives will be evaluated. North Memorial utilizes PharmAcademic evaluation and documentation system. The following evaluation scale will be utilized for assessing the resident's performance. Narrative criteria-based commentary should be provided to explain how the resident's performance meets expectations or what they could have done to improve their performance. The RPD or designee will indicate ACHR for residents meeting criteria.

**Achieved for Residency (ACHR):** Resident can perform associated activities independently across the scope of pharmacy practice. Successful completion of a rotation is defined as consistent competence (ACH) during at least two rotations to attain "ACHR" for a specific objective.

**Achieved (ACH):** Resident is fully able to perform the activities associated with the objective independently and needs no further developmental work.

**Satisfactory Progress (SP):** Resident is performing and progressing at a level that should eventually lead to mastery of the goal/objective. The resident has adequate knowledge/skills of activity expectations associated with objective. The resident sometimes requires assistance in skill development. The resident can ask appropriate questions to facilitate their learning. Preceptor feedback should include at least one specific actionable improvement to move resident to "achieve".

**Needs Improvement (NI):** Resident is deficient in the knowledge needed to support the activities of the learning experience objectives. The resident is not at the stage of progress that is expected at this stage of the residency. The resident is not able to ask appropriate questions to facilitate their learning. Significant improvement is needed in knowledge base and performance of activities. Preceptor feedback should include at least one specific actionable improvement to move resident to "achieve".

**Not Applicable (NA):** Unable to evaluate. Resident did not perform this task on the rotation.

## E. Evaluation Responsibilities

### Residency Program Director Responsibilities

The RPD will periodically review evaluations in PharmAcademic and use the information in consultation with the resident to update the resident's development plan. The Resident Development Plans will be maintained in PharmAcademic. The Resident Development Plan will be shared with the preceptors to be used to provide monthly progress feedback to residents. The RPD is also available to individually discuss feedback with the residents and/or preceptors more frequently whenever needed throughout the year.

The RPD is responsible for developing and discussing the following evaluations with each resident.

- **Initial Assessment and Training Plan**

At the beginning of the residency, the RPD will assess each resident's entering knowledge and skills related to the educational goals and objectives. The results will be reviewed with the resident and incorporated with the resident's initial assessment and training plan. The plan will be updated quarterly utilizing preceptor summative evaluations, resident self-evaluations, input from preceptors and the resident completion tracking form. Initial development plan will be completed within the first 30 days of the residency.

- **Quarterly Developmental Plan**

The purpose of this quarterly evaluation is to allow the RPD and resident to track the overall progress of each resident based on rotation performance and resident self-assessment. This helps to assure appropriate follow-through with deficiencies are addressed and the resident is aware of their overall progress toward receiving their certificate at the end of the year.

- This evaluation will include a review of goals to mark as “Achieved for the Residency”. For goals that are evaluated multiple times throughout the residency, “Achieved for the Residency” will be selected for goals that are performed at “Achieved” for 2 or more times.

## **Preceptor Responsibilities**

On each rotation, preceptors will be responsible for the following evaluations:

- **Orientation to Learning Experience**

At the start of each rotation each preceptor is responsible for orienting residents to the description, expectations, and goals for the learning experience. The activities that support the learning experience should also be discussed to establish clear expectations such that the rotation meets the resident’s individual goals and objectives as well as the goals for the learning experience.

- **Formative Assessment**

Preceptors will provide on-going criteria-based feedback to the residents about how they are progressing and how they can improve that is frequent, immediate, specific, and constructive. This may come in the form of verbal comments or/and daily or/and weekly wrap-up to discuss a resident’s progress on rotation to date. The feedback will include elements of the rotation where the resident is performing well, areas for improvement, and goals for the following day/week. The Preceptors will make appropriate adjustments to the resident’s learning activities in response to information obtained through day-to-day informal observations, interactions, and assessment.

- A midpoint evaluation should be discussed with the resident at the half-way point of each rotation. This does not require each goal to be formally evaluated, but the preceptor should review the resident’s progress to date, including deficiencies and refer to the resident’s quarterly plan (available in PharmAcademic).

- **Summative evaluation (at the end of the learning experience)**

Summative evaluations must be conducted at the conclusion of the learning experience and quarterly for longitudinal rotations. **They must reflect resident’s performance at that time.** Residents will receive, and discuss with preceptors, verbal and written assessment on the extent of their progress toward achievement of assigned educational goals and objectives, with reference to specific criteria.

- Each summative evaluation must include an assessment of each goal and objective assigned to the learning experience.
- If multiple preceptors are involved in precepting a rotation, they will provide the core preceptor feedback for incorporation into the PharmAcademic evaluation along with providing verbal feedback to the resident.
- Each evaluation should be verbally discussed with the resident on the last day of the rotation (preferred) and documented in PharmAcademic within 7 days of the end of the rotation.
- Residents will facilitate a handoff meeting between the outgoing and incoming preceptor to go over learning needs and goals. The objective of the meeting is to facilitate resident progression.

## **Resident Responsibilities**

The resident will be responsible for the following evaluations:

- **Initial Assessment**

Prior to the start of the residency program, the pharmacy resident will submit a completed self-assessment. This will serve as a guide for the development of the resident's customized development plan which allows the RPD the ability to create a plan that focuses on areas the resident perceives lesser confidence/competence. The resident and RPD will review the plan together during the orientation period (first 30 days) of the residency.

- **Self-Evaluation**

Residents will participate in continuous professional growth with the goal of improving their performance through self-assessment. Residents will be regularly asked to reflect on their performance on rotations through formal evaluations in PharmAcademic and informal discussions with the RPD and preceptors. Residents will complete a self-evaluation for summative evaluations and discuss it with the preceptor during the last day of the rotation. If the rotation schedule does not allow for this, it must be discussed within 7 days of the end of the rotation.

- **Preceptor and Learning Experience**

Evaluations will be completed by the resident and discussed with the preceptor at the conclusion of each learning experience. If multiple preceptors were involved in precepting, separate preceptor evaluations should be documented. Residents should include narrative comments in both the preceptor and the learning experience evaluation. One suggestion for improvement to a learning experience is required for each rotation. Feedback from the evaluation will be reviewed by the RPD and used to improve the learning experience. Residents will complete evaluations and discuss them with the preceptor during the last day of the rotation. If the rotation schedule does not allow for this, it must be discussed within 7 days of the end of the rotation