

North Memorial Health Department of Pharmacy Services

Residency Manual 2026 - 2027

PGY-1 ASHP Accredited
Pharmacy Residency Program

PGY-2 ASHP Accredited
Critical Care Pharmacy Residency Program



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SECTION I

INTRODUCTION

About North Memorial Health

For more than 50 years, North Memorial Health has served the Twin Cities area with compassionate care and is the largest independent health care system in the Twin Cities. Today, North Memorial Health – Robbinsdale Hospital is a Level I Trauma Center, a Thrombectomy-Capable Stroke Center and a recipient of the Gold Plus Elite Stroke Care Award from the American Heart and American Stroke Association. North Memorial Health 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.

North Memorial Health Consists of:	North Memorial Health Highlights:
<ul style="list-style-type: none">• 2 hospitals• 19 Primary Care and Specialty Clinics• 2 Urgent Care Clinics• 2 Urgency Centers• Home and community outreach services• 100+ specialty care services• 120+ ambulances serving MN, WI, and 19 bases• 9 helicopters and 7 bases• 440+ providers, 6,500+ team members	<ul style="list-style-type: none">• Level 1 Adult Trauma Center• Thrombectomy-Capable Stroke Center• Largest birth center for deliveries in Minnesota• Level III NICU in North – Maple Grove Hospital• Comprehensive Cancer Center• Comprehensive Heart and Vascular Center

The North Memorial Health Mission, Vision, and Values

MISSION

Empowering our patients to achieve their best health.

VISION

Together, healthcare the way it ought to be.

VALUES

To provide the best care for our patients, their loved ones and their each other, we will:

Advocate Courageously

We champion doing the right thing.

Rally Together

We see challenges as opportunities.

Respect Uniqueness

We show compassion for all.

Create Impact

We are accountable for the best possible outcomes.



Contact Information

For more information about North Memorial Health and our pharmacy residencies, please visit:

northmemorial.com

northmemorial.com/pharmacy-residencies

SECTION II

FOUNDATION

A. Purpose and Philosophy

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.

PGY2 Purpose

PGY2 residency programs build upon Doctor of Pharmacy (PharmD) education and PGY1 pharmacy residency training to develop pharmacist practitioners with knowledge, skills, and abilities as defined in the educational competency areas, goals, and objectives for advanced practice areas. Residents who successfully complete PGY2 residency programs are prepared for advanced patient care or other specialized positions, and board certification in the advanced practice area, if available.

Residents interact with a variety of healthcare professionals including pharmacists, pharmacy specialists, physicians, medical residents, physician assistants, nurse practitioners, respiratory therapists, dieticians, social workers, and other healthcare professionals. PGY1 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. PGY2 Critical Care Residency is tailored to provide comprehensive learning experience across the critical care settings. Residents will 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 develop practitioners who provide compassionate, remarkable pharmaceutical care.

B. Recruitment and Selection of Residents

North Memorial Health Residency Programs adhere 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 programs 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 1st deadline of the upcoming year to be considered for the residency program beginning in July. PGY2 candidates must be current PGY1 residents at an ASHP accredited program and on track to receive a certificate of completion.

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 standardized questions and 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 as well as applicant fit with the program in discussion to determine a rank list. 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 days after the re-opening of the application. The same standardized pre-interview assessment tool will be used to evaluate candidates for an interview. Up to six 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 interviewers 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. Up to a maximum of six virtual interviews per open residency spot will be conducted utilizing the same standardized questions of one panel and scored based on established criteria. After 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.

Commitment to Diversity, Equity & Inclusion

At North Memorial Health we recognize that the strength of our team lies in our diversity and make every effort to embrace the unique contributions and experiences of each person on our team. We strive to ensure that everyone feels like they are a valuable part of our community, with initiatives that reinforce our belief in diversity, equity, and inclusivity, to promote a workforce that enables authenticity, as we want to be our best when providing effective services to our patients. We acknowledge and celebrate the unique traditions, backgrounds, languages, beliefs, and customs of our community, and want everyone to feel welcome. Through our DE&I initiatives we hope to dispel myths, assumptions, and acts of implicit bias. Some of these initiatives include:

- Addressing system racism and inequities through our Safer Work Environment (Safer) initiative
- Use of pronoun badges and preferred names
- Encouraging cultural awareness through education and training

C. PGY2 Critical Care Residency Early Commitment

North Memorial Health PGY2 Critical Care Residency Program adheres to the **ASHP Residency Matching Program Residency Early Commitment Agreement**. A position in a PGY2 Critical Care residency program at North Memorial Health can be committed to a current PGY1 resident in advance of the matching process. See **PGY2 Critical Care Early Commitment Process**.

Current PGY1 residents will be provided the PGY2 Critical Care Residency Early Commitment Process and ASHP Program early Commitment Agreement. Interested current PGY1 residents should express interest as early as possible to the PGY1 RPD or PGY2 RPD.

Any positions not filled through early commitment will enter the standard recruitment and selection process.

D. 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.

E. PGY1 Specific Program Competency Areas, Goals, & Objectives

PGY1 Program Competency Areas

- Competency Area R1: Patient Care
- Competency Area R2: Practice Advancement
- Competency Area R3: Leadership
- Competency Area R4: Teaching and Education

PGY1 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.

* Denotes the seven (7) objectives that must be achieved for residency (ACHR) for successful completion of the PGY1 Residency Program.

R1: Patient Care

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

- Objective R1.1.1: (Analyzing) Collect relevant subjective and objective information about the patient).
- Objective R1.1.2: (Evaluating) Assess clinical information collected and analyze its impact on the patient's overall health goals*.
- Objective R1.1.3: (Creating) Develop evidence-based, cost effective, and comprehensive patient-centered care plans*.
- Objective R1.1.4: (Applying) Implement care plans.
- Objective R1.1.5: (Creating) Follow-up: Monitor therapy, evaluate progress toward or achievement of patient outcomes, and modify care plans.
- Objective R1.1.6: (Analyzing) Identify and address medication-related needs of individual patients experiencing care transitions regarding physical location, level of care, providers, or access to medications.

Goal R1.2: Provide patient-centered care through interacting and facilitating effective communication with patients, caregivers, and stakeholders.

- Objective R1.2.1: (Applying) Collaborate and communicate with healthcare team members*.
- Objective R1.2.2: (Applying) Communicate effectively with patients and caregivers.
- Objective R1.2.3: (Applying) Document patient care activities in the medical record or where appropriate*.

Goal R1.3: Promote safe and effective access to medication therapy.

- Objective R1.3.1: (Applying) Facilitate the medication-use process related to formulary management or medication access.
- Objective R1.3.2: (Applying) Participate in medication event reporting.
- Objective R1.3.3: (Evaluating) Manage the process for preparing, dispensing, and administering (when appropriate) medications*.

Goal R1.4: Participate in the identification and implementation of medication-related interventions for a patient population (population health management).

- Objective R1.4.1: (Applying) Deliver and/or enhance a population health service, program, or process to improve medication-related quality measures.
- Objective R1.4.2: (Creating) Prepare or revise a drug class review, monograph, treatment guideline, treatment protocol, utilization management criteria, and/or order set.

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.
- Objective R2.1.2: (Creating) Develop a project plan.
- Objective R2.1.3: (Applying) Implement project plan.
- Objective R2.1.4: (Analyzing) Analyze project results.
- Objective R2.1.5: (Evaluating) Assess potential or future changes aimed at improving pharmacy practice, improvement of clinical care, patient safety, healthcare operations, or specific question related to patient care.
- **Objective R2.1.6: (Creating) Develop and present a final report*.**

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.
- Objective R3.1.2: (Understanding) Describe external factors that influence the pharmacy and its role in the larger healthcare environment.

Goal R3.2: Demonstrate leadership skills that foster personal growth and professional engagement.

- Objective R3.2.1: (Applying) Apply a process of ongoing self-assessment and personal performance improvement.
- Objective R3.2.2: (Applying) Demonstrate personal and interpersonal skills to manage entrusted responsibilities.
- **Objective R3.2.3: (Applying) Demonstrate responsibility and professional behaviors*.**
- Objective R3.2.4: (Applying) Demonstrate engagement in the pharmacy profession and/or the population served.

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.
- Objective R4.1.2: (Creating) Create written communication to disseminate knowledge related to specific content, medication therapy, and/or practice area.
- Objective R4.1.3: (Creating) Develop and demonstrate appropriate verbal communication to disseminate knowledge related to specific content, medication therapy, and/or practice area.
- Objective R4.1.4: (Evaluating) Assess effectiveness of educational activities for the intended audience.

Goal R4.2: Provide professional and practice-related training to meet learners' educational needs.

- Objective R4.2.1: (Evaluating) Employ appropriate preceptor role for a learning scenario..

F. PGY2 Specific Program Competency Areas, Goals, & Objectives

PGY2 Critical Care 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

PGY2 Critical Care Program Goals and Objectives

* Denotes the eight (8) objectives that must be achieved for residency (ACHR) for successful completion of PGY2 Critical Care Residency Program

R1: Patient Care

Goal R1.1: In collaboration with the health care team, provide comprehensive medication management to critically ill patients following a consistent patient care process.

- Objective R1.1.1: (Applying) Interact effectively with health care teams to manage critically ill patients' medication therapy*.
- Objective R1.1.2: (Applying) Interact effectively with critically ill patients, family members, and caregivers.
- Objective R1.1.3: (Analyzing) Collect information on which to base safe and effective medication therapy for critically ill patients*.
- Objective R1.1.4: (Analyzing) Analyze and assess information on which to base safe and effective medication therapy for critically ill patients*.
- Objective R1.1.5: (Creating) Design, or redesign, safe and effective patient-centered therapeutic regimens, and monitoring plans (care plans) for critically ill patients*.
- Objective R1.1.6: (Applying) Ensure implementation of therapeutic regimens and monitoring plans (care plans) for critically ill patients by taking appropriate follow-up actions*.
- Objective R1.1.7: (Applying) For critically ill patients, document direct patient care activities appropriately in the medical record, or where appropriate.
- Objective R1.1.8: (Applying) Demonstrate responsibility to critically ill patients for patient outcomes.

Goal R1.2: Ensure continuity of care during transitions of critically ill patients between care settings.

- Objective R1.2.1: (Applying) Manage transitions of care effectively for critically ill patients*.

Goal R1.3: Manage and facilitate delivery of medications to support safe and effective drug therapy for critically ill patients.

- Objective R1.3.1: (Applying) Facilitate delivery of medications for critically ill patients following best practices and local organization policies and procedures.
- Objective R1.3.2: (Applying) Manage aspects of the medication-use process related to formulary management for critically ill patients.
- Objective R1.3.3: (Applying) Facilitate aspects of the medication-use process for critically ill patients.

R2: Advancing Practice and Improving Patient Care

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

- Objective R2.1.1: (Creating) Prepare or revise a drug class review, monograph, treatment guideline, or protocol related to care of critically ill patients, including proposals for medication-safety technology improvements .
- Objective R2.1.2: (Evaluating) Participate in a medication-use evaluation related to care for critically ill patients.
- Objective R2.1.3: (Applying) Participate in the review of medication event reporting and monitoring related to care for critically ill patients.
- Objective 2.1.4: (Analyzing) Identify opportunities for improvement of the medication-use system related to care for critical care patients.

Goal R2.2: Demonstrate ability to conduct a quality improvement or research project.

- Objective R2.2.1: (Analyzing) Identify and/or demonstrate understanding of a specific project topic to improve care of critically ill patients or a topic for advancing the pharmacy profession or critical care pharmacy.
- Objective R2.2.2: (Creating) Develop a plan or research protocol for a practice quality improvement or research project for the care of critically ill patients or a topic for advancing the pharmacy profession or critical care pharmacy.
- Objective 2.2.3: (Evaluating) Collect and evaluate data for a practice quality improvement or research project for the care of critically ill patients or for a topic for advancing the pharmacy profession or critical care pharmacy.
- Objective 2.2.4: (Applying) Implement a quality improvement or research project to improve care of critically ill patients or for a topic for advancing the pharmacy profession or critical care pharmacy.
- Objective R2.2.5: (Evaluating) Assess changes or need to make changes to improve care for critical care patients or a topic for advancing the pharmacy profession or critical care pharmacy.
- Objective R2.2.6: (Creating) Effectively develop and present, orally and in writing, a final project or research report suitable for publication related to care for critically ill patients or for a topic related to advancing the pharmacy profession or critical care pharmacy at a local, regional, or national conference.

R3: Leadership and Management

Goal R3.1: Demonstrate leadership skills for successful self-development in the provision of care for critically ill patients.

- **Objective R3.1.1: (Applying) Demonstrate personal, interpersonal, and teamwork skills critical for effective leadership in the provision of care for critically ill patients*.**
- Objective R3.1.2: (Applying) Apply a process of ongoing self-evaluation and personal performance improvement in the provision of care for critically ill patients.

Goal R3.2: Demonstrate management skills in the provision of care for critically ill patients.

- Objective R3.2.1: (Applying) Contribute to critical care pharmacy departmental management.
- **Objective R3.2.2: (Applying) Manage one's own critical care practice effectively*.**

R4: Teaching, Education, and Dissemination of Knowledge

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

- Objective R4.1.1: (Applying) Design effective educational activities related to critical care pharmacy.
- Objective R4.1.2: (Applying) Use effective presentation and teaching skills to deliver education related to critical care pharmacy.
- Objective R4.1.3: (Applying) Use effective written communication to disseminate knowledge related to critical care pharmacy.
- Objective R4.1.4: (Applying) Appropriately assess effectiveness of education related to critical care pharmacy.

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

- Objective R4.2.1: (Analyzing) When engaged in teaching related to critical care, select a preceptor role that meets learners' educational needs.
- Objective R4.2.2: (Applying) Effectively employ preceptor roles, as appropriate, when instructing, modeling, coaching, or facilitating skills related to critical care.

G. Program Structure

PGY1 Required, Longitudinal & Elective Learning Experiences

Required Learning Experiences	Longitudinal Learning Experiences (Required)	Elective Learning Experiences
Orientation (4 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)
Medical- (4 weeks)		Precepting (4 weeks)

PGY2 Required, Longitudinal & Elective Learning Experiences

Required Learning Experiences	Longitudinal Learning Experiences (Required)	Elective Learning Experiences
Orientation (4 weeks) *	ICU Weekend Staffing (6 months) ** ED Weekend Staffing (6 months) **	Healthcare Analytics (4 weeks)
Trauma-Neuro ICU (6 weeks)	Resident Project (1 year) ***	Cardiology (4 weeks)
Cardiovascular ICU (6 weeks)	Practice Management (1 year) ***	Toxicology (4 weeks) ****
Medical-Surgical ICU (8 weeks)		Critical Care Nutrition (2 weeks)
Emergency Medicine Day (4 weeks)		Palliative Care (2 weeks)
Emergency Medicine Evening (4 weeks)		Surgical Services (2 weeks)
Infectious Diseases (4 weeks)		
ICU Precepting (4 weeks)		
Neonatal ICU (4 weeks)		

* Shortened to 1 week for residents who completed PGY1 at North Memorial Health. Extra time will be added as an elective learning experience of the resident's choice.

** 8-10-hour shifts on Saturdays and Sundays every third weekend + selected holidays.

*** Occurs concurrently with other scheduled learning experiences.

Residents have a total of 7 project days per year. A minimum of 8-16 hours per month is expected to be dedicated to each of the year-long rotation-related activities, in addition to the project day. Also includes 7 manager-on-call shifts every other scheduled weekend (7 weekends total) for PGY2 resident only.

**** Based on availability, declaring interest early increases the chance of securing one of the limited rotation spots at the Minnesota Poison Control Center.

- 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, PTO, 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 PGY1 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).
- Individualization of the PGY2 Critical Care resident schedule based on interests will be accommodated as best as possible, however greater than 50% of the 12- month residency must be in an ICU setting and other critical care related activities.

Staffing and Service Commitment

Orientation

- Orientation will take place during the first 4 weeks of the residency. Orientation shortened to 1 week for PGY2 residents who completed their PGY1 at North Memorial Health. Extra time will be added as an elective learning experience of the resident's choice.
- 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.

Staffing

- PGY1 residents will generally staff every third weekend on a rotating basis and include the Friday of the staffing weekend. PGY2 Critical Care residents will generally staff every third weekend. Hours will be posted on the pharmacist schedule. Staffing hours may be day or evening. The shifts may be 8-10 hours in duration depending on the staffing needs of the pharmacy.
- PGY2 resident will carry out manager-on-call responsibilities every other scheduled weekend (7 weekends total).
- If the resident needs time off on his/her staffing 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 scheduling Pharmacy Manager. All traded shifts must be reviewed by the scheduling Pharmacy Manager.
- 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, 4th 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 Years Eve begin at 3 PM. A resident is expected to work their regularly scheduled day hours during the day shifts of these dates.
- 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 Health safety fair, residency recruitment events, vaccination clinics.

H. Program Oversight

Residency Program Director

The PGY1 RPD serves as the organizational authorized leader of the PGY1 residency program. The PGY2 RPD serves as the organizational authorized leader of the PGY2 residency program and has ultimate responsibility for the residency program they oversee. The RPDs collaborate with other preceptors, pharmacy administration, and the Residency Advisory Council (RAC) to ensure:

- The program's design, conduct, and maintenance align with the ASHP Standard.
- The program achieves its goals and objectives.
- Training schedules are maintained, appropriate preceptorship is provided for each rotation period, and routine resident evaluations are completed based on predefined learning objectives.
- Resident progress towards graduation requirements is routinely evaluated, evaluations are thoroughly and timely completed, and necessary HR-related actions are implemented (e.g., disciplinary action, approval of leave of absence).
- Annual program evaluation includes feedback from program preceptors and graduating residents and review of resident evaluations of preceptors and learning experiences.
- Program improvement opportunities are identified and implemented.

Residency Advisory Council

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

- The program's design, conduct, and maintenance align with the ASHP Standard.
- The program achieves its goals and objectives.
- Training schedules are maintained, appropriate preceptorship is provided for each rotation period, and routine resident evaluations are completed based on predefined learning objectives.
- Resident progress towards graduation requirements is routinely evaluated, evaluations are thoroughly and timely completed, and necessary HR-related actions are implemented (e.g., disciplinary action, approval of leave of absence).
- Annual program evaluation includes feedback from program preceptors and graduating residents and review of resident evaluations of preceptors and learning experiences.
- Program improvement opportunities are identified and implemented.

I. Preceptors

Preceptors at North Memorial Health 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.

Primary Preceptors: A preceptor responsible for maintaining continuity of the learning experience and ensuring comprehensive oversight of the resident's progression throughout the learning period. The primary preceptors are required to dedicate a significant portion of their time to practicing in their designated areas. Additionally, they must be actively practicing in the area of their rotation while residents are being trained. Primary preceptors will develop and maintain their respective rotation LEDs.

Secondary Preceptors: Preceptors engaged in the training of residents during their learning experiences who are not designated as primary preceptors. North Memorial Health considers them very valuable in the residents learning process and they are expected to participate in residency activities.

Primary and secondary preceptors must adhere to the standards outlined in the ASHP Preceptor Academic and Professional Record. This record will be updated annually and maintained by the RPD or an appointed designee. If a preceptor does not meet the necessary qualifications, they will be assigned a precepting mentor. A preceptor development plan will be created to ensure compliance with ASHP preceptor requirements.

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.

PGY1 Primary Preceptors	Learning Experiences
Andrea Leo, Pharm.D.	Medical-Surgical
Chad Novak, Pharm.D., BCCCP	Cardiology
Carly Jung, Pharm.D.	Medication Safety & Administration
Christina Luke Gerlach, Pharm.D., BCCCP	Emergency Medicine II
Elizabeth Canterbury, Pharm.D., BCCCP	Healthcare Analytics
Hailey McCoy, Pharm.D.	Infectious Diseases I & Infectious Diseases II
James Bischoff, Pharm.D., BCPS	Trauma-Neuro ICU & Critical Care II
Jonathan Schulz, Pharm.D., BCPS	Administration
Margaux Hamilton, Pharm.D., BCPS	Residency Program Coordinator & Staffing
Lesia Tchobaniouk, Pharm.D., BCPP	Psychiatry
Natalie Kravchenko, Pharm.D., BCPS, BCCCP	Emergency Medicine I
Rebecca Ratzlaff, Pharm.D., BCPS	Precepting, Cardiovascular-Medical ICU
Sarah Hayes, Pharm.D., BCOP	Hematology-Oncology
Tamara Berg, Pharm.D., BCPS	Program Director, Orientation
Caitlin Anderson, Pharm.D., BCPS	Outpatient Oncology
Jake Klockers, Pharm.D.	Internal Medicine
Letty Tam, Pharm.D.	Neonatal Intensive Care

PGY2 Primary Preceptors	Learning Experiences
Carrie Oakland, Pharm.D., BCPS, CSPI	Toxicology
Chad Novak, Pharm.D., BCCCP	Cardiology
Christina Luke Gerlach, Pharm.D., BCCCP	Emergency Medicine Evenings
Elizabeth Canterbury, Pharm.D., BCCCP	Healthcare Analytics, & Program Coordinator
Hailey McCoy, Pharm.D.	Infectious Diseases
Haley Stafford, Pharm.D.	Surgical Services
James Bischoff, Pharm.D., BCPS	Trauma-Neuro ICU & Precepting
Jonathan Schulz, Pharm.D., BCPS	Practice Management
Lauren Gappa, Pharm.D., BCCCP	Critical Care Nutrition
Letty Tam, Pharm.D., BCPS	Neonatal ICU
Natalie Kravchenko, Pharm.D., BCPS, BCCCP	Program Director, Emergency Medicine Day, ED Weekend Staffing
Rebecca Ratzlaff, Pharm.D., BCPS	Medical-Surgical ICU, Cardiovascular ICU, ICU Precepting
Tamara Berg, Pharm D, BCPS	Orientation, Palliative Care
Amy Bernardy, Pharm D	ICU Staffing

SECTION III

HUMAN RESOURCES

A. Salary & Benefits

Salary will be \$58,656 for class of 2026-2027 PGY1 Residents

Salary will be \$64,521 for class of 2026-2027 PGY2 Critical Care Resident

Benefits will be consistent with North Memorial Health Non-Contract Employees

B. Professional Meetings and Travel

Required Meeting Travel:

Reimbursement for professional development meetings will be provided for conferences mandated by the residency program. The annual reimbursement limit is \$3,000, with a portion of this amount sourced from North Memorial Health Non-Contract Employees benefits. The reimbursement process adheres to the procedures followed by other hospital employees. Residents must request approval for their expenses and subsequently submit receipts showing a \$0 balance (including hotel, registration fee, transportation, per diem, proof of meeting attendance, etc.) to HR for reimbursement.

Travel to Offsite Learning Experiences:

Learning experiences that are not conducted at the North Memorial Health – Robbinsdale Hospital (for example, MN Poison Control Center, North Memorial Health – Maple Grove Hospital) are not eligible for travel reimbursement (e.g. mileage reimbursement and portion of the parking fees not covered by the learning experience site). Each resident will be limited to one offsite (elective) rotation per residency year.

C. Time Off

- Paid time off (PTO) accrual and holidays will be consistent with North Memorial Health Non-Contract benefits. This time can be taken as personal days, vacation days, days off for external post-graduate interviews, 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 4-week rotation, 3 days off per 6-week rotation, and 4 days off per 8-week rotation** under the discretion of the rotation 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.
- In situations of excessive absence from any rotation resulting in concern about the resident meeting program expectations there will be a meeting with the preceptor(s), RPD, and RPC to develop an action plan to ensure that the resident meets program requirements.
- All leave cannot exceed a combined total of **37 days**. Extension of the program beyond this time will be addressed according to North Memorial Health Human Resources rules and regulations. See section **D. Leaves of Absence and Program Extension**.
- Residents can take up to seven project days throughout the year (this is not considered time off or time away from residency). These dates are generally on the 3rd 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. Residents are responsible to schedule these on their own calendar.

D. Leaves of Absence and Program Extension

Residents are classified as regular, full-time, non-contract employees of North Memorial Health. The residency program will work in accordance with North Memorial Health Human Resources to address each requested leave of absence on a case-by-case basis. Pharmacy residents employed by this organization will be limited to no more than 37 days of leave from the program. Total days of leave from the residency program in excess of 37 days will result in extension of the residency program. The residency program will work with North Memorial Health Human Resources on a case-by-case basis to determine appropriate and necessary actions depending on the need for program extension. Extension is from the program's originally defined end date for the residency year. Extension of the program must be equal to both days and content missed. Any extension of the residency program will be unpaid although healthcare benefits will continue through the extension. If extended leave is required beyond 12 weeks, the resident will be dismissed from the residency program and will not be eligible for a certificate of completion. There will be no case for program extension for licensure purposes.

E. Employment

The residency is 52 weeks in length beginning **July 6, 2026 through July 4, 2027** unless otherwise arranged with the RPD. Residents are classified as regular, full-time, non-contract employees of North Memorial Health. The resident is required to comply with the hiring practices of North Memorial Health and receives orientation through the North Memorial Health 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 North Memorial Health - Robbinsdale Hospital. 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 1st 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 at 90 days from program start date will result in dismissal from the residency.
- Residents are encouraged to obtain licensure as early as possible and ideally before beginning the residency program.

All incoming PGY2 residents are required to provide a signed copy of their ASHP-accredited PGY1 residency certificate within the first 30 days. Failure to comply this requirement will result in dismissal from the residency program.

G. Vaccinations

Residents will be expected to adhere to immunization requirements of North Memorial Health. These immunization records may 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 (if allowed by program) moonlighting.

- Documentation of Duty Hours will be through New Innovations system (www.new-innov.com) and monthly attestations in PharmAcademic.
- Documentation of vacation hours will be through NMH MyTime Application
- Residents must document if there were any violations to Duty Hours. Residents must document an explanation for any violation of Duty Hours requirements and inform the residency program director.
- Non-compliance with Duty Hours will be addressed as follows:
 1. **First Occurrence:** When a resident fails to comply with duty hour requirements for the first time, the RPD will meet with the resident to discuss the issue. The RPD will clarify expectations, review the duty hour policy, and explore the reason for the non-compliance. A brief note summarizing the discussion will be placed in the resident's file.
 2. **Second Occurrence:** If non-compliance occurs a second time, the resident will be required to develop a written corrective action plan in collaboration with the RPD. This plan will identify the root cause of the issue and outline specific steps the resident will take to ensure future compliance. The plan must be signed by both the resident and the RPD and will be formally documented in the resident's file.
 3. **Third Occurrence:** Upon a third occurrence of non-compliance, the matter will be escalated to Human Resources (HR). HR will review the situation and determine appropriate disciplinary action, which may include dismissal from the residency program. All prior documentation and findings will be included in the final review.

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 load, may all determine the hours of the resident service.

Internal moonlighting is allowed for both PGY1 and PGY2 residents. Please refer to guidance listed here regarding moonlighting.

- The pharmacy residency program and residents will adhere to the **Pharmacy Specific Duty Hours Requirements** as defined by the **ASHP Accreditation Standards for Pharmacy Residencies**. These standards are included in this section of the Pharmacy Residency Manual and can be found on the ASHP website.
- Internal moonlighting in the first quarter would be restricted to medication reconciliation shifts for PGY1 residents and main pharmacy shifts or med rec for PGY2 residents. Any internal moonlighting would be completed at Robbinsdale Hospital.
- Moonlighting must not interfere with the resident's responsibilities to the residency program or ability of the resident to achieve the goals and objectives of the educational program.
- The North Memorial Health pharmacy department Clinical Manager approves resident moonlighting shifts. The manager assumes residents are capable of moonlighting unless otherwise instructed by the specific program RPD.
- Residency preceptors will evaluate the resident's performance and judgement while on scheduled duty. Residency preceptors shall inform the residency program director if a resident's performance or judgement is affected by moonlighting.
- Residency program director may limit or deny moonlighting if a resident's performance or judgement is affected by moonlighting or the ability of the resident to achieve the goals and objectives of the residency. The RPD will then alert the North Memorial Health Clinical Manager so no further moonlighting would be able to take place for that resident.
 - a. Impacted Performance may include (but is not limited to): "Needs Improvement" marks on rotation evaluations, project deadlines not being met, rotation tardiness, inability to complete daily tasks, frequent sick calls post moonlight shifts, failing to meet goals and objectives, preceptor reports of concern, or violations of ASHP duty hour requirements.
- The resident will be compensated for internal moonlighting at the casual/part time pharmacist (CPT) hourly rate.
- Residents must document the moonlighting hours in PharmAcademic Duty Hours monthly and in accordance with site standards for documentation.
- External Moonlighting is prohibited for PGY1 residents. External Moonlighting is strongly discouraged for PGY2 residents.

If pursued, all shifts must be emailed to the RPD for approval in advance (if possible) to ensure adherence to **ASHP Duty-Hour Requirements** and documentation of 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 not to exceed 80 hours weekly averaged over a 4-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.

J. Disciplinary Action and Dismissal

Disciplinary action aligns with HR Correction Policies of North Memorial Health. 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 North Memorial Health 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 Health 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.

PGY1: One Journal Club each will be selected during the required Cardiology and Critical Care learning experiences.

PGY2: pending rotational assignment. Journals to be critical care related.

* 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
- 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 (and PALS for PGY2):**

Each resident is expected to successfully complete the BLS and ACLS curriculum within the first 90 days of the residency start date. PGY2 Critical care resident is also expected to successfully complete PALS certification within the first 90 days of 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 North Memorial Health - Robbinsdale Hospital.
- 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 North Memorial Health - Robbinsdale Hospital. 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. 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.

PGY2 resident may attend and present at ASHP or attend another national meeting of their choice (one national meeting will be supported. Presentation submission and or presentation if applicable).

- **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.

- **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, other virtual showcases and interview sessions at North Memorial Health.

Pharmacy Week:

Residents are responsible for planning the activities surrounding Pharmacy Week along with the department Sunshine Committee guidance. Pharmacy Week occurs in late October, planning should begin well in advance.

B. Requirement for Completion

Successful completion of PGY1 Residency Program requires all of 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 – E).
 - 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 seven (7) required objectives (outlined in Section II – E, denoted with *).
- Completion of all the Required (*) Resident Experience Activities (outlined in Section IV – A).

Successful completion of PGY2 Critical Care Residency Program requires all the below:

- Overall achievement (ACHR) of $\geq 85\%$ of the evaluated ASHP learning objectives (outlined in Section II – F) 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 – E).
 - The resident will be marked as ACHR on a particular objective if:
 - c) The resident has received ACH on 2 separate occasions for that objective.
 - d) 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 eight (8) required objectives (outlined in Section II – F, denoted with *).
- Completion of all the Required (*) Resident Experience Activities (outlined in Section IV – A).
- Successful completion of review and documentation of all assigned disease states of the PGY2 Critical Care program appendix as required by ASHP (assigned in individual rotations).

Completion Tracking (Completion Requirements Tracking Form):

Residents will maintain a *Completion Requirements 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 into 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 50% of the required objectives

12 months - 85% ACH and ACHR + ACHR in 100% of the required objectives

Preceptors will follow the criteria associated with their objectives listed in the applicable PGY1 or PGY2 ASHP required competency areas, goals, and objectives 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 Experience Description

Preceptors of all rotations 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 begins 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

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 Health 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 an objective is defined as consistent competence (ACH) in two preceptor evaluations to attain “ACHR” for an 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 30days 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”.

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.

- **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.



3300 Oakdale Ave. N
Robbinsdale, MN 55422

northmemorial.com