



BSA Health System PGY-1 Residency Manual

2023-2024

Disclaimer: This manual is a guideline only and is not to be construed in any way that replaces or supersedes the official policy statements of BSA Hospital and its respective departments. In all statements where this manual and BSA's official policy statements differ, the official policy statements shall be considered supreme. BSA's official policy statements are available on BSANet.

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INTRODUCTION LETTER

Dear Residents:

On behalf of the leadership team and staff, I would like to welcome you to BSA Health System. We are looking forward to your time here with us and are committed to providing an outstanding post-graduate residency training experience.

The BSA Health System PGY-1 residency program is designed to produce well-rounded, independent pharmacists. As a BSA resident, you will have experiences in clinical practice, teaching, basic clinical research, leadership, and professional activities. Our program emphasizes the development of pharmacy practice skills to improve patient care and advance pharmacy practice, develop leadership and management skills, and enhance teaching skills.

The program has been designed to focus on the strengths of our health system. You will be delegated clinical responsibilities under the mentorship of your preceptors with a goal of independent practice, teaching, and scholarship excellence.

Your year will be busy, but I am confident you will benefit from this training program. Our goal for the program is to challenge you, expand pharmacy services, and develop competent and competitive post-residency candidates for future clinical practice.

I look forward to working with each of you over the upcoming residency year.

Sincerely,

Jamie McCarrell, PharmD, BCPS, BCGP, FASCP
Director of Pharmacy
PGY-1 Residency Program Director

Mission and Vision

BSA Mission

Provide quality healthcare in Christian love, service, and dignity

BSA Vision

1. A great place for patients
2. A great place to work
3. The financial strength to accomplish #1 and #2

Pharmacy Department Mission

Provide medications and information in a safe, timely, polite, and cost-effective manner.

PGY1 Program Purpose

This PGY1 program builds on Doctor of Pharmacy education and outcomes to contribute to the development of clinical pharmacists responsible for medication-related care of patients with a wide range of conditions, eligible for board certification, and eligible for postgraduate year two (PGY2) pharmacy residency training.

Program Description

The BSA Health System PGY1 Residency Program is designed to produce a generalized practitioner with proficiency in working with interdisciplinary teams to deliver comprehensive patient care to diverse populations presenting with varied and complex health problems. The focus on direct patient care, leadership, and teaching develops flexibility in the practitioner. The residency graduate refines the decision-making skill and supplements with strong knowledge acquisition in a broad range of disease states. The program provides significant depth and scope of knowledge and experience in comprehensive patient care and prepares residents to become Board Certified Pharmacotherapy Specialists and pursue PGY-2 specialty training.

The scope and depth of residency graduates' experience produces a pharmacist who can successfully serve healthcare institutions as an authoritative resource for information about medications and for decision-making affecting the care of patients. Groomed for practice leadership, residency graduates can be expected to continue their pursuit of expertise in practice; to possess advanced skills to identify the pharmacotherapy and medication-use training needs of other health care professionals; to deliver effective training to those health care professionals; and to contribute to the pharmacy literature. The program is unique as it provides many opportunities for residents to tailor experiences as their career goals evolve. Furthermore, the program is nationally recognized for a robust clinician-educator training program through a close affiliation with Texas Tech University Health Sciences Center School of Pharmacy.

Introduction to the Program

The purpose of this manual is to provide detailed information regarding the PGY1 residency program. This information will serve as a supplement to the TTUHSC residency manual. Please refer to this document for program-specific policies and procedures.

Residency training is different in many ways to other types of development and certification. The most apparent ways are reflected in the design and scope of the 1-year program. This PGY1 Residency is designed to produce a generalized practitioner with proficiency and expertise in working with interdisciplinary teams to deliver comprehensive patient care to diverse populations from ambulatory care to critically ill, pediatric to geriatric ages, and presenting with varied and complex health problems. The 1-year training program allows for considerable efficiency in training. The focus on direct patient care and leadership development of this residency develops a clinician with flexibility in the direct patient care arena. The focus on broad knowledge base and decision-making skills supports a generalized practice-ready clinician or pursuit of specialty PGY-2 training. Beyond that, residents are expected to transition quickly from students to residents, to be aggressive self-learners, and to be receptive and adaptive to critical feedback. Though the current philosophy of residency training is to target competency, BSA residency candidates will be pushed beyond competency to develop excellence in all areas.

The scope and depth of residency graduates' experience produces a pharmacist who can successfully serve health care organizations as an authoritative resource for information about medications and for decision-making affecting the care of patients. Groomed for practice leadership, BSA residency graduates can be expected to continue their pursuit of expertise in practice through PGY2 training; to possess advanced skills to identify the pharmacotherapy and medication-use training needs of other health care professionals; to deliver effective training to those health care professionals; and to contribute to the pharmacy literature.

Our goals for you over the next year are to:

- 1) Develop high-level skills in all major areas of practice (including direct patient care, distribution, and practice management).
- 2) Become a proficient clinician in acute care practice. This will be reflected in your ability to effect change in patient and population-based care, the impact of your resident projects, and contributions to the medical literature.
- 3) Reflect excellence in all interactions with students, health-care providers, and patients. Excellence in this case means not only learning and exemplifying the appropriate skills, but routinely going above and beyond normal expectations to ensure that the best outcomes are met for whomever your target audience happens to be.
- 4) Exhibit the beginnings of those qualities that will define a leader within the profession and a mentor to others within the next 10 years.

Program Goals:

Practice Excellence

- Develop a mastery of knowledge in pharmacotherapy.
- Demonstrate advanced practice skills in the acute care setting.
- Engage in practice management initiatives to improve the care of patient populations.
- Establish yourself as an integral member of the health care team.

Leadership Excellence

- Contributes to change consistent with team, department, and organizational goals.
- Educate learners effectively in various settings.
- Interpret and disseminate knowledge in pharmacotherapy.
- Generate new knowledge that enhances the care of patients or education of learners.

Individual Excellence

- Utilize an ongoing system of self-assessment and development.
- Demonstrate exemplary verbal and written communication skills.
- Employ strategies for balancing multiple work-related and personal responsibilities.
- Adopt a long-term commitment to professional and community service.

Department and Residency Program Structure

The Vice Chair of Residency Programs is responsible for the oversight of all TTUHSC School of Pharmacy residency programs and affiliations with a total of 37 residents across four campuses. Residency program directors (RPDs) are responsible for the operation of individual residency experiences. Residents also work with preceptors within specific areas of practice or expertise. The TTUHSC Residency Advisory Committee, led by the Vice Chair, is comprised of RPDs and chief residents and serves as a forum to discuss all matters associated with TTUHSC residency programs. Residents are appointed Assistant Instructors of TTUHSC SOP; however, residents are funded solely by BSA Health System. SOP Faculty and staff, BSA preceptors and Department of Pharmacy all support the residency program. Should a resident encounter a problem during the course of their activities, the resident should contact the following people accordingly. Also, feel free to contact your chief resident if you have questions, comments or concerns about anything related to your residency experience.

Position Title	Individual Contact	Roles
Residency Program Director	Jamie McCarrell	Program oversight, coordination, development, accreditation, mentoring, policy, recruitment, research project development process, teaching responsibilities, program QI initiatives, scheduling, oversight of PharmAcademic, maintenance of affiliated partnerships.
BSA Pharmacy Administrative Assistant	Monica Moreno	Processing of local resident travel and reimbursement, time audits, and scheduling.
Campus Coordinator for TTUHSC Amarillo Residency Programs	Kim Akins	Coordination of local resident events, general office and campus support.
Vice Chair for Residency Programs	Steve Pass	Oversight of all TTUHSC residency programs. Coordinates multi-campus resident activities, the teaching certificate program, orientation and workshop.
Coordinator for TTUHSC Residency Programs	Stan Blackmon	Support for TTUHSC residency programs campus-wide, scheduling of resident meetings and activities. Quarterly reports and required forms are submitted to Stan.
Director of Pharmacy, BSA Health System	Jamie McCarrell	Pharmacist in Charge. Is primary contact for any financial-, staffing- or personnel-related concerns.
Preceptors	Various	Primary responsibility for scheduling of all in-rotation activities. Communicate with RPD and preceptor for any scheduling conflicts that may arise.
Teaching Activity Preceptors	Various	Primary responsibility for scheduling, mentoring, and evaluation of all teaching activities. One mentor will be specifically assigned for each activity.

BSA Pharmacy Management Team

Director of Pharmacy
PGY1 RPD
 Jamie McCarrell

Assistant Director & Operations Manager
 Karen Lemley

Operations Manager & Medication Safety
 Chad Simpson

Clinical Manager & Residency Coordinator
 Les Covington

Central Pharmacy Team
 Pharmacy Technicians
 Technician Schedule
 Operational Management
 PIC at: Quail Creek and
 Panhandle Surgical Centers
 Non-Sterile Production

Central Pharmacy Team
 Pharmacy Technicians
 Operational Management
 Medication Safety
 Regulatory Compliance
 Sterile Production

De-centralized Pharmacy Teams
 Formulary
 P&T Committee
 Residency Program
 Student Coordinator
 Clinical committee & development

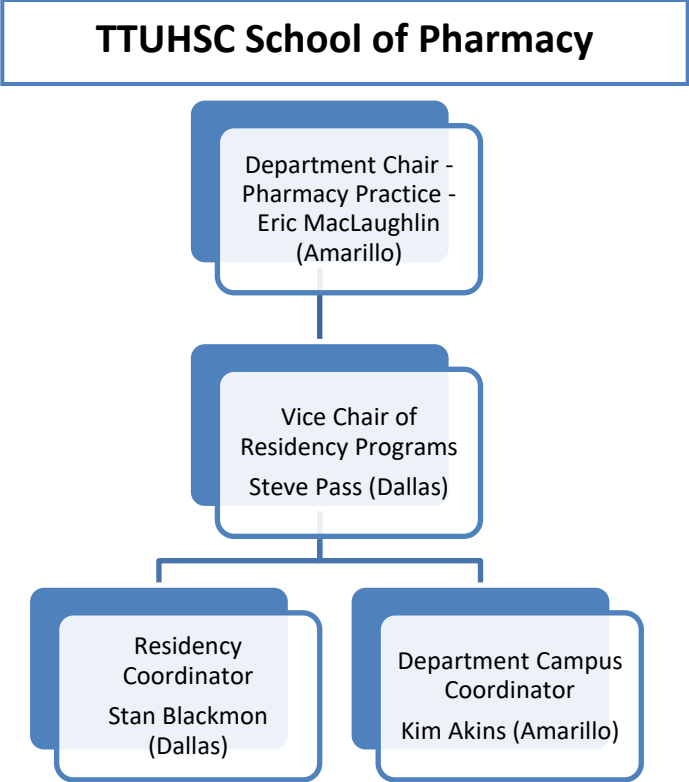
Pharmacy Leadership Team

Randie Warren	Michelle Hutton	Crystal Reeves	Nancy Rosas	Jeannie Goodman	Monica Moreno	Brandon McKee
Technology Pyxis Specialist	Reimbursement coordinator Sterile production quality	Buyer Repackaging Bar Coding	Controlled Substance Auditor	Repackaging Bar Coding KitCheck	Administrative Assistant	Pharmacoeconomics Informatics

Chain of Command

Should a resident encounter a problem during the course of their activities, the resident should contact the following people accordingly. If you have comments or concerns regarding the residency experience, contact the chief resident.

- Practice Issues: preceptor then RPD
- Teaching activities: course team leader or faculty preceptor then RPD
- Staffing activities: Lead pharmacist then on call manager then RPD
- Administrative activities: RPD then Director of Pharmacy and Vice Chair of Residency Programs



RESIDENCY ADVISORY COMMITTEE (RAC)

The Residency Advisory Committee, led by the residency program director, is comprised of hospital and pharmacy administrators and residency preceptors. This Committee meets monthly and as needed. The Committee is responsible for:

1. Reviewing, maintaining, and assuring that the residency program complies with current ASHP accreditation standards.
2. Engaging in an on-going process of assessment of the residency program including a formal annual program evaluation
3. Providing guidance for residency program conduct and related issues; Conducts corrective actions and dismissals as necessary, under the advisement of the Residency Program Director.

MEMBERS

1. Residency Program Director
2. Hospital and Pharmacy Administration
3. Chief Pharmacy Resident
4. Preceptors
5. Residency program administration staff member

RESIDENT GOVERNANCE

In August of the residency year, residents will elect a chief resident to serve as a liaison between the residents, program director, and RAC. Other responsibilities of the chief resident include, but are not limited to:

- Participate in RAC monthly meetings
- Schedule and lead resident meetings, including agenda and minutes
- Coordinate the resident discussion series and other resident-driven group activities and meetings
- Meet with the RPD monthly and periodically as needed
- Maintain residency-specific calendars / website information
- Provide reminders for all residency-related deadlines
- Demonstrate leadership characteristics by holding all residents accountable for professional and ethical behavior
- Notify the RPD regarding breaches in professional or ethical behavior by fellow residents
- Coordinate group activities at commonly attended events and meetings and end of year activities including residency graduation

Program Structure

Required Orientation and Staff Training (8 weeks)	
Required Longitudinal Experiences (10 months)	
Pharmacist Staffing	
Professional Development	
9 Required Rotations (4 weeks each unless otherwise specified)	
Family Medicine (6 weeks)	
Adult Med-Surg	
Infectious Disease / Antimicrobial Stewardship	
Critical Care	
Oncology	
Emergency Medicine	
Family Medicine Precepting (6 weeks)	
Medication Safety and Compliance	
Pharmacy Management	
2 Elective Rotations (2 weeks each)	
Cardiology	Pediatrics
Transitions of Care	Palliative Care
Hospitalist	Neonatology
Advanced Infectious Disease	Pulmonology
Advanced Critical Care	Surgery / SICU
Pediatric Oncology	Ambulatory Care

GENERAL EXPECTATIONS OF RESIDENTS

Overview

These are basic expectations of every employee including residents. Failure to meet these expectations may result in disciplinary action up to and including dismissal.

Professionalism

Attendance

Residents are expected to attend all functions as outlined in the residency manual. This includes but is not limited to resident orientation, workshop, monthly TTUHSC resident meetings, weekly BSA resident meetings, ALCADLE, and TTUHSC Research Days. The residents are solely responsible for their assigned service and teaching and are responsible for assuring that these commitments are met in the event of an absence. Absence requests (professional leave, vacation) must be approved by the respective preceptor and RPD at least 2 weeks prior to the requested dates. Residents are responsible for completing the appropriate paperwork for each absence. These documents are described under the Vacation and Professional Leave Sections of the manual.

Professional Conduct

It is the responsibility of all residents as representatives of the BSA pharmacy department and the profession of pharmacy to uphold the highest degree of professional conduct at all times. Residents are expected to understand the basic tenets of professionalism as defined by the profession. These are defined for students through the ACCP White Paper and Commentary Documents. We will formally discuss how these professional attitudes and behaviors are exemplified by residents in July.

Communication

Residents are also expected to develop best practices in communication. The resident is responsible for promoting good communication between the pharmacists, patients, nurses, physicians, and the TTUHSC School of Pharmacy. Residents are solely responsible for their assigned service and teaching and are responsible for assuring commitments are met in their absence. At a foundational level, timely communication on all issues is critical. This includes responding to any email requests within 2 business days, confirming verbal discussions through follow-up email, and copying your RPD on emails when relevant. Best practices for communication in various settings will be discussed during July orientation month.

Confidentiality

Residents will not discuss their patients with other patients, family members, or anyone not directly related to each case. Residents will not discuss patients in front of other patients or in areas where people may overhear. Residents will not leave confidential documents (profiles, charts, prescriptions, etc) in public areas. Residents are required to complete Health Insurance Portability and Accountability Act (HIPAA) training and comply with all HIPAA policies as outlined by BSA Health System and TTUHSC SOP. Residents understand that inappropriate conduct (e.g., breach of confidentiality) may result in disciplinary action as stated in the Resident Disciplinary Policy and Procedure.

Employee Badges

All residents are required to wear employee identification badges at all times while at BSA and TTUHSC SOP campus buildings. Identification badges are distributed at the beginning of the residency program.

Professional Dress

All residents are expected to dress in an appropriate manner while at the institution or attending any function as a representative of BSA Health System or TTUHSC SOP. Clothing must be well-laundered and free of wrinkles. Staff working in sterile production areas must wear scrubs. Closed-toed shoes are required. Clean, pressed white lab coats should be worn in patient care areas (unless restricted by care area). Any specific problems with dress will be privately addressed by the RPD.

Pharmacist Licensure

All residents must be licensed in the State of Texas [as a pharmacist](#) prior to September 1st of their residency year. If reciprocating from another state, reciprocity should take place before July 1st of the residency year [and residents must be licensed by September 30th](#). Residents who are not licensed in Texas will not be able to practice independently. Failure to obtain licensure by September 30th will result in immediate termination. It is *strongly encouraged* that residents sit for licensure exams early in the summer to ensure licensure prior to the deadline. Since there are no residency term extensions, failure to meet licensure deadlines will result in an inability to complete the residency and dismissal from the program. Questions regarding licensure should be addressed to the Texas State Board of Pharmacy.

Preceptor Licensure

All residents must obtain their Preceptor License immediately once eligible (one year of experience as a licensed pharmacist; or after 6 months of residency training and have completed 3 hours of pharmacist preceptor training). Residents should submit the application to TSBP in the last week of December. Information regarding obtaining preceptor certification is available on the official website of Texas State Board of Pharmacy. <https://www.pharmacy.texas.gov/infocist/Preceptorlink.asp>

Resident Leave

General

Leave requests must be approved by the involved preceptor and RPD. Residents will ensure all practice, staffing, and teaching responsibilities are fulfilled prior to submitting their request. **Residents will follow the required leave procedures by completing the Resident Vacation, Sick, and Professional Leave Form and submitting to the preceptor, RPD, and Administrative Assistant at least TWO weeks prior to professional or vacation leave and within ONE week of sick leave. Residents may miss no more than 20% of an individual learning experience.** The RPD and preceptor should be notified as soon as possible if a sick day is taken to ensure all practice and teaching responsibilities are covered. All sick calls impacting a scheduled staffing coverage must be directed to the lead pharmacist and RPD. The call must be made:

- As early as possible before the start of an AM shift
- No less than 2 hours before the start of a PM shift
- No less than 4 hours before the start of a night shift

Residents may be expected to state a reason for the absence and an estimate of when they will be able to return. The RPD may require a written physician's note before allowing return to work or authorizing sick pay.

Paid-Time Off

Paid-Time off (PTO) provides time off for vacations, holidays, personal time, and unexpected absences. Residents will gradually accrue up to 176 hours (22 days) as a maximum PTO balance. PTO will no longer accrue once the maximum balance is reached.

Holidays

Residents are expected to staff either Christmas or Thanksgiving (2 residents each day) and any holiday that falls on their assigned weekend. All other holidays will be observed following the general BSA policy: New Year's Day, Memorial Day, Independence Day, Labor Day, Thanksgiving Day, and Christmas Day are included in the PTO accrual.

Extended Leave

A situation may arise when a resident is not able to complete program expectations or requirements due to illness or other factors. When situations such as these occur, the resident must work closely with the preceptor and Program Director and follow the Delayed Progression Policy & Procedures ([Appendix 2](#)).

Resident Disciplinary Action

Although we do not anticipate problems occurring during a residency program, the BSA PGY-1 Residency Program has adopted the following policy on handling issues such as dismissal from the program, probation, and suspension. Residents will be asked to read and sign the **Resident Disciplinary/Dismissal Policy and Procedure** ([Appendix 3](#)) at the beginning of the residency program. Residents in violation of this policy may be asked to leave the program site, correct the violation without compensation, including PTO, and/or receive a written or verbal citation. Disciplinary action may be taken up to and including suspension with recommendation for dismissal from the program as the discretion of the RPD.

General Resources

Office Supplies

General office supplies can be obtained from the pharmacy department administrative assistant.

Lab Coats

Each resident will be furnished one monogrammed lab coat at the beginning of the residency program. Residents may purchase additional coats if needed.

Library (TTUHSC)

Access to selected online journals, OVID databases (including MEDLINE), and MICROMEDEX are available via the [TTUHSC library web page](#).

[Harrington Library of the Health Sciences Amarillo](#)

1400 Wallace Blvd.

Amarillo, TX 79106

Phone: 806-354-5430

[Libraries | Texas Tech University Health Sciences Center \(ttuhsc.edu\)](#)

BSANet

BSANet is an intranet service only accessible by BSA computers, containing a plethora of resources and documents. It may be accessed by opening a web browser on a BSA computer, entering "bsanet" in the URL field, and pressing "Enter".

Lexicomp

Lexicomp database is accessible by BSA computers which serves as the Health System's primary drug reference.

Hospital Pharmacists Letter/Hospital Pharmacy Technicians Letter

Pharmacy staff will be provided with a free subscription to these newsletters.

Mail

Each resident is assigned a mailbox. Mail is handled through the pharmacy department Administrative Assistant.

Parking

Residents must comply with BSA parking policies and may only park in designated employee parking areas.

REQUIRED RESIDENT RESPONSIBILITIES & ACTIVITIES

Residency Orientation

A 4-week formal orientation program for all residents is scheduled for July of each year which is dedicated to the orientation of new residents to the mission, policies, procedures, and general activities of the BSA Pharmacy Department. Residents will complete a separate 4-week orientation for department staff training. During orientation the residents will have the opportunity to participate in the following activities:

- TTUHSC Residency Orientation
- BSA Health System orientation
- BSA Pharmacy Culture Camp
- TTUHSC Residency Workshop
- Multiple clinical and scholarly development sessions

Completion of Program Requirements

Upon successful completion of all requirements of the residency program, the resident will be awarded a certificate of completion. This certificate will attest that the resident has achieved competencies consistent with and in accordance with accreditation standards as set forth by ASHP and/or other accrediting bodies.

Prior to certification of completion, residents must have all major program requirements "signed off" by their residency director. A copy of the residency completion form will be provided at the beginning of the residency year.

Entering Interest Forms

Residents will complete a professional and personal self-assessment tool. The professional tool (ASHP Entering Interests form) will be discussed with program leadership to assist in identifying and tailoring residency activities to the resident's individual strengths, weaknesses, and career goals. The self-assessment will be completed prior to the residency workshop and revisited during each quarter. The personal self-assessment tool is required but does not have to be submitted to the program director.

Entering Objective-Based Self Evaluation

The baseline self-assessment will be used (along with discussions) to construct the resident's schedule and identify required activities for the year. The self-evaluation will be completed by the end of July orientation. This information will be maintained and updated in the resident **Quarterly Development Plans**. The bulk of resident training is structured to meet the learning objectives as set forth in the PGY1 Competency, Goals & Objective Standards. However, some activities are tailored, and others are added based on individual progress, interests, and career goals.

Learning Experiences

Residents are expected to contact their preceptor no less than 1 week in advance to determine meeting locations, times, and required preparation (e.g. readings). Complete all learning experience-specific requirements well in advance to ensure there are no delays. Your preceptor will meet with you at the start of each experience to go through all expectations. Residents are also responsible for scheduling face-to-face summative evaluation meetings at the midpoint and/or end of the learning experience. Residents will provide a list of any scheduling conflicts to the preceptor at the beginning of the experience (dates for professional leave, teaching responsibilities, clinic requirements, etc). All practice and teaching activities will take precedence over other commitments. Any changes to your experience schedule should be confirmed to the preceptor by email. Generally, any email communication regarding scheduling changes should include the RPD.

Resident Seminar

Residents will present one formal seminar (45-50 minutes with 10 minutes for questions) during the residency program to the local-ASHP pharmacy organization. The goal of the seminar is to expand the resident's communication skills, presentation techniques, and expand knowledge in a topic of their choosing. The resident will be responsible, with guidance from the RPD, for identifying a mentor. The seminar topic will be chosen by the resident with guidance from their RPD and chosen mentor, and should involve a therapeutic or practice management area. The objectives of the resident seminar include critical literature evaluation, enhancement of presentation and communication skills, and provision of continuing education for pharmacists. The seminar will be scheduled during September-May (excluding December). The resident will be responsible for submitting learning objectives, speaker conflict of interest forms, presentation materials, and assessment questions. To ensure ACPE continuing education accreditation, learning objectives and speaker forms are to be submitted **60 days** in advance of your presentation. Presentation materials and assessment questions are due **45 days** before your presentation date. Residents will present the continuing education presentation to the Panhandle Society of Health Systems Pharmacists. Residents will meet with their mentor following the seminar to discuss the summative evaluation. All residents are required to attend other resident seminars.

Resident Research Project

Residents will complete one major research project during their residency program year. The project should be clinical in nature. A list of past resident projects will be provided for reference. The residency project process encompasses a wide range of skill sets. Residents are assigned project mentors and teams based on research interests. Residents will work with their project mentor (and research team) to identify a project idea, scientific question, and study protocol. Residents will submit the project for IRB and institutional review. Residents are required to present research findings at the ALCALDE conference and SOP Annual Research Days and strongly encouraged to present a poster at a state or national

professional meeting. A manuscript suitable for submission and publication for the project is also required.

Residents will develop a timeline for completion that includes the following major requirements (a more detailed timeline is suggested).

- 1) Potential topics identified and submitted
- 2) Complete project worksheet to determine credibility and feasibility
- 3) Selection of topic in conjunction with mentor and research team
- 4) Literature review and bibliography submitted
- 5) Development of hypothesis and supportive statements (rationale)
- 6) IRB application submitted
- 7) Project initiation and data collection
- 8) Statistical analysis (in conjunction with mentor)
- 9) Preparation of abstract and presentation materials for ALCALDE
- 10) Preparation of poster for Research Days (early June) and potentially a second meeting
- 11) Development of project manuscript (draft then final with revisions)

Resident Project Worksheet

Residents must also complete a monthly project form to document progress towards all project deadlines. A formal description of the resident's progress should also be included in each of his/her Quarterly Reports and Development Plans.

Teaching Responsibilities

Residents have various opportunities to be involved in teaching activities within TTUHSC SOP. Residents will complete a formal Clinician-Educator Training through a 12-month Teaching and Learning Certificate program. Residents will participate in a series of scheduled discussions and targeted learning activities. In addition, the Clin-Ed training program provides teaching opportunities within didactic, laboratory, small group, and experiential settings. Assigned teaching responsibilities will foster development of residents' communication skills, build confidence, and promote effectiveness as a teacher.

- **Didactic Instruction**

Residents will present 1 formal didactic lecture per year. Residents are paired with a faculty mentor and are responsible for establishing learning objectives, engaging students actively within the classroom, and developing assessment questions. Residents learn how to present material effectively to both live and distant audiences. A formal summative evaluation will be completed by the faculty mentor for each didactic lecture.

- **Laboratory Instruction**

Residents provide hands-on instruction in patient care-focused laboratory courses during the fall and/or spring semesters. Residents are assigned afternoon sessions for laboratory and discussion-based learning including clinical immunizations, parenterals and specialty pharmacy, and applied patient assessment. Residents will be required to review the laboratory worksheet and activities with the faculty mentor 30 minutes before each session to ensure the resident can function as an independent facilitator.

- **Discussion-Based Instruction**

Residents will learn facilitation skills, balancing the needs and assessments of multiple groups within the Clinical Correlations course series. Residents will have the opportunity to share their creativity through development of session activities. Residents will be required to review the worksheet and activities with the faculty mentor 30 minutes before each session to ensure the resident can function as an independent facilitator.

- **Experiential Instruction**

Residents will be licensed preceptors within 6 months of their state licensure and serve as primary preceptor for P3 / P4 clerkship students in one teaching block throughout the program.

Resident Discussion Meetings

Residents participate in weekly business meetings and discussion sessions. The meetings provide an opportunity for routine communication with the residency program leadership and a strategy to staying on track with various residency projects and deadlines. The discussion aspect of the weekly sessions rotates between resident-led complex case presentations, journal club, and personal development resources. Required readings should be sent at least 48 hours in advance and all residents should come prepared to discuss session material.

Staffing Responsibilities

Residents will complete 3-4 weeks of inpatient staff pharmacist training at BSA Health System in August of their PGY1 year. Residents will be trained in central pharmacy roles and are expected to be competent in their respective responsibilities. Residents will be assigned to staff 1 weekend every other week. Additional moonlighting may be requested by the resident but should not exceed ASHP duty hours. Residents are required to obtain BLS, ACLS, and PALS certification and are expected to attend/participate in all medical emergencies (e.g, code blue, rapid response) during staffing and practice learning experiences as able. On-call RRT and manager roles will be scheduled on a rotating basis.

Duty Hours

The responsibilities of the resident within the department do not coincide with the normal 8:00 a.m. to 5:00 p.m. scheduled forty-hour work week. In many instances, odd hours of coverage (e.g., weekends, evenings, early mornings) are necessary to ensure high quality pharmacy services. **Fluctuations in workload variable to a given learning experience (e.g., cross-coverage, change of service, unusual service demands or patient loads, on-call, etc.) may dictate the hours of resident service.**

External employment, if sought, should be carefully chosen to accommodate variation in service responsibilities to the pharmacy department. Successful completion of the residency program leading to certification is a function of successful completion of all the program's requirements, which dictate the primary schedule of the resident. **Practice, teaching, and service requirements take precedence over scheduling for external employment. Due to strict enforcement of duty hour regulations, residents should request approval by the RPD and the Director of Pharmacy if external employment is considered. Residents are required to maintain a detailed documentation log of hours worked each week. This log should be submitted to the RPD and Administrative Assistant at the end of each pay period and reviewed monthly.** Residency program leadership reserves the right to deny the ability of residents to seek external employment should their work hours exceed the allotted maximum. **BSA strictly follows the ASHP Duty-Hour Requirements for Pharmacy Residencies (Appendix 1) regarding work hours and residents are required to read and acknowledge understanding of the Duty Hour policy and complete a self-evaluation monthly in PharmAcademic.**

Travel Opportunities

There are few required travel commitments for residents. Residents are encouraged to choose meetings to best meet their professional development goals. Any travel exceeding professional leave days will be taken as vacation. All required and potential elective travel opportunities are described below.

Travel assistance may be provided and should be coordinated with the residency director, director of pharmacy, and administrative assistant. Residents must retain all original travel receipts (flight, hotel, meals, parking, registration, etc) and return them to the pharmacy administrative assistant promptly within 2 days upon return from their trip in order to receive meeting reimbursement (when eligible).

Required Travel

- **Residency Workshop**
Scheduling Information: Typically 3rd week in July in Dallas, TX
The workshop provides opportunities for networking with SOP residents from all campuses, interactive training programs, and team building exercises.
- **ALCALDE (Southwest Residency Leadership Conference)**
Scheduling Information: Typically 1st week in April, rotating sites
Residents should plan on attending all components of the conference. Residents will present a 15-minute platform presentation based upon their major project. Though not required, residents also have the opportunity to participate in the Texas Society of Health System Pharmacists meeting which is scheduled concurrently with ALCALDE (April 12-14th). Activities that residents have participated in the past are the Clinical Skills competition and poster presentations.
Additional Information: www.tshp.org (through R&E Foundation)
- **ASHP Midyear Clinical Meeting**
Scheduling Information: Early December, 4 rotating sites (Anaheim, Las Vegas, Orlando, New Orleans)
The meeting is the primary venue for employment activities and presentation of research poster. Residents are expected to support residency program recruitment activities.

Other Travel Opportunities

- **ACCP Fall Meeting**
Scheduling Information: Typically late October, rotating sites
Opportunities for poster presentation (abstract due 2nd week of July), networking, high-level educational programming, events targeted for residents and new practitioners. The meeting also includes a recruitment forum.
- **ACCP Updates in Therapeutics Meeting**
Scheduling Information: These workshops occur in mid- to late-February, rotating sites
Residents may choose to attend the Preparatory Review Courses in preparation for BCPS certification. Opportunities for scientific poster presentation (abstracts due beginning of January) and other educational opportunities.
Additional information at www.accp.com

PharmAcademic

Residents are required to maintain a record of residency documents for the duration of the residency. Formal training on the PharmAcademic system will be provided during orientation. Summative evaluations will be scheduled in PharmAcademic according to the schedule listed in Residency Evaluation Procedures. All paper evaluations and documents should be uploaded into PharmAcademic under the resident's profile or specific learning experience. Electronic resident binders in PharmAcademic should be updated monthly throughout the residency year. The following documents are required to be uploaded to the resident portfolio:

- Curriculum vitae
- Academic and Professional Record
- Completed assignments and presentations (e.g., CE Seminar, lectures, manuscript, MUE, PK consult notes, clinical intervention examples, clinic notes, posters, abstracts, etc)
- Examples of formative feedback

Residency Evaluation Procedures

Residents will be provided formative and summative feedback by preceptors. Regular formative feedback will occur within the learning experience at the discretion of the preceptor (e.g., weekly, after review of content deliverables, after major activities). Electronic and verbal summative evaluations will occur at the end of each block experience and at least every 3 months for experiences longer than 12 weeks. Additional summative evaluations may be completed by the preceptor at any time during the learning experience.

Each resident will complete an electronic evaluation of the preceptor and learning experience prior to the preceptor and resident evaluation meeting. These evaluations should be discussed with the preceptor during the summative evaluation meetings. Resident summative self-evaluations will be completed for pre-specified learning experiences occurring at least three times per year and scheduled in PharmAcademic.

Each preceptor will complete a criteria-based evaluation of the resident after reviewing the resident's LE, preceptor and summative self-evaluation (if applicable). Residents are responsible for scheduling the evaluation meeting(s) with each preceptor on the last day of the learning experience but **no later than 7 days** following the end of an experience. A summative evaluation schedule is provided below.

Residency evaluations will be scheduled and documented in the ASHP-approved Residency Learning System model (PharmAcademic). Introduction to the PharmAcademic system and completion of Baseline Evaluations and Development Plans will be included in orientation. A summative evaluation schedule is provided:

Rotation	Evaluation Schedule	Notes
Block, 4-6 weeks	End of experience	Must submit prior to quarter
Block, 8 weeks	Midpoint & end of experience	Must submit prior to quarter
Longitudinal (project/management)	1 week prior to end of each quarter	9/24, 12/31, 3/25, 6/21
Longitudinal (teaching)	Twice per semester	10/12, 12/12, 3/8, 5/15
Self-evaluation	72 hours prior to end of experience	
Development plans	As close to quarter as possible	10/1, 1/1, 4/1, 6/28

Definitions

Rating	Definition
Needs Improvement (NP)	Resident progress is not expected to result in achievement of objectives. Resident is not on track with typical progression towards mastery of the goal/objective. May be related to knowledge and/or skills.
Satisfactory Progress (SP)	Resident is performing and progressing at a level that should lead to mastery of the goal/objective over time.
Achieved (ACH)	Resident can perform designated activities independently for this learning experience.
Achieved for Residency (ACHR)*	Resident can perform associated activities independently across the scope of pharmacy practice.

*ACHR is determined by RPD and resident on a quarterly basis after comprehensive review of evaluations across the residency program and development plans.

Resident Quarterly Development Plans

The RPD will evaluate the resident quarterly based on resident's progress toward achieving the criteria-based residency goals and objectives, individual goals established by the resident and RPD at the beginning of the residency year, and overall resident progress. The RPD will customize the training program for the resident based upon assessment of resident's entering knowledge, skills, attitudes, abilities, and the resident's interests. Subsequent modifications may be made throughout the residency. Residents will meet individually with the RPD quarterly to complete the resident development plan. The development plan template can be found in PharmAcademic and individual plans will be posted under the resident's profile. The RPD will utilize the resident evaluations and additional information gained through discussion to address all areas in the development plan template. Specific comments will be made indicating how the program plan has been modified to account for residents' strengths and weaknesses. The plan will also include reference to the effectiveness of previous activities. Residents will be responsible for maintaining and submitting the required **Disease State Checklist** before each quarterly evaluation at minimum. Preceptors will have access to resident development plans and will be notified of specific goals to further tailor future learning experiences.



Appendix 1: Duty-Hour Requirements for Pharmacy Residencies

Definitions:

Duty Hours: Duty hours are defined as all scheduled clinical and academic activities related to the pharmacy residency program. This includes inpatient and outpatient care; in-house call; administrative duties; and scheduled and assigned activities, such as conferences, committee meetings, and health fairs that are required to meet the goals and objectives of the residency program. Duty hours must be addressed by a well-documented, structured process.

Duty hours do not include: reading, studying, and academic preparation time for presentations and journal clubs; travel time to and from conferences; and hours that are not scheduled by the residency program director or a preceptor.

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

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

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

Strategic napping: Short sleep periods, taken as a component of fatigue management, which can mitigate the adverse effects of sleep loss.

DUTY-HOUR REQUIREMENTS

Residents, program directors, and preceptors have the professional responsibility to ensure they are fit to provide services that promote patient safety. The residency program director (RPD) must ensure that there is not excessive reliance on residents to fulfill service obligations that do not contribute to the educational value of the residency program or that may compromise their fitness for duty and endanger patient safety. Providing residents with a sound training program must be planned, scheduled and balanced with concerns for patients' safety and residents' well-being. Therefore, programs must comply with the following duty-hour requirements:

Personal and Professional Responsibility for Patient Safety

- A. Residency program directors must educate residents and preceptors about their professional responsibilities to be appropriately rested and fit for duty to provide services required by patients.
- B. Residency program directors must educate residents and preceptors to recognize signs of fatigue and sleep deprivation, and adopt processes to manage negative effects of fatigue and sleep deprivation to ensure safe patient care and successful learning.
- C. Residents and preceptors must accept personal and professional responsibility for patient care that supersedes self-interest. At times, it may be in the best interest of patients to transition care to another qualified, rested provider.
- D. If the program implements any type of on-call program, there must be a written description that includes:
 - the level of supervision a resident will be provided based on the level of training and competency of the resident and the learning experiences expected during the on-call period; and,
 - identification of a backup system if the resident needs assistance to complete the responsibilities required of the on-call program.
- E. The residency program director must ensure that residents participate in structured handoff processes when they complete their duty hours to facilitate information exchange to maintain continuity-of-care and patient safety.

Maximum Hours of Work per Week and Duty-Free Times

- F. Duty hours must be limited to 80 hours per week, averaged over a four-week period, inclusive of all in-house call activities and all moonlighting.
- G. Moonlighting (internal or external) must not interfere with the ability of the resident to achieve the educational goals and objectives of the residency program.
 - 1. All moonlighting hours must be counted towards the 80-hour maximum weekly hour limit.
 - 2. Programs that allow moonlighting must have a documented structured process to monitor moonlighting that includes at a minimum:
 - a. The type and number of moonlighting hours allowed by the program.
 - b. A reporting mechanism for residents to inform the residency program directors of their moonlighting hours.
 - c. A mechanism for evaluating residents' overall performance or residents' judgment while on scheduled duty periods and affect their ability to achieve the educational goals and objectives of their residency program and provide safe patient care.
 - d. A plan for what to do if residents' participation in moonlighting affects their judgment while on scheduled duty hours.
- H. Mandatory time free of duty: residents must have a minimum of one day in seven days free of duty (when averaged over four weeks). At-home call cannot be assigned on these

free days.

- I. Residents should have 10 hours free of duty between scheduled duty, and must have at a minimum 8 hours between scheduled duty periods.
- J. If a program has a 24-hour in-house call program, residents must have at least 14 hours free of duty after the 24 hours of in-house duty.

Maximum Duty-Period Length

- K. Continuous duty periods of residents should not exceed 16 hours. The maximum allowable duty assignment must not exceed 24 hours even with built in strategic napping or other strategies to reduce fatigue and sleep deprivation, with an additional period of up to two hours permitted for transitions of care or educational activities.
- L. In-House Call Programs
 - 1. Residents must not be scheduled for in-house call more frequently than every third night (when averaged over a four-week period).
 - 2. Programs that have in-house call programs with continuous duty hours beyond 16 hours and up to 24 hours must have a well-documented structured process to oversee these programs to ensure patients' safety and residents' well-being, and to provide a supportive, educational environment. The well-documented, structured process must include at a minimum:
 - a. How the program will support strategic napping or other strategies for fatigue and sleep deprivation management for continuous duty beyond 16 hours.
 - b. A plan for monitoring and resolving issues that may arise with residents' performance due to sleep deprivation or fatigue to ensure patient care and learning are not affected negatively.
- M. At-Home or other Call Programs
 - 1. At-home call must not be so frequent or taxing as to preclude rest or reasonable personal time for each resident.
 - 2. Program directors must have a method for evaluating the impact on residents of the at-home or other call program to ensure there is not a negative effect on patient care or residents' learning due to sleep deprivation or serious fatigue.
 - 3. Program directors must define the level of supervision provided to residents during at-home or other call.
 - 4. At-home or other call hours are not included in the 80 hours a week duty-hour calculation, unless the resident is called into the hospital/organization.
 - 5. If a resident is called into the hospital/organization from at-home or other call program, the time spent in the hospital/organization by the resident must count towards the 80-hour maximum weekly hour limit.
 - 6. The frequency of at-home call must satisfy the requirement for one-day-in-seven free of duty, when averaged over four weeks. No at-home call can occur on the day free of duty.

Approved by the ASHP Commission on Credentialing on March 4, 2012 and the ASHP Board of Directors on April 13, 2012. Updated with new ASHP logo, title, and minor editing on March 4, 2015.

Appendix 2: Delayed Progression Policy and Procedure

PURPOSE

The purpose of this policy is to define the process for BSA PGY-1 Pharmacy Residents to complete their residency program after the pre-designated completion date of June 30th each year. There are 2 types of delayed progression: 1) delayed progression due to medical condition or personal circumstance, or 2) delayed progression due to failure to complete residency requirements

POLICY/PROCEDURE:

MEDICAL CONDITION OR PERSONAL CIRCUMSTANCE

- Residents may request a period of leave without pay to attend to a medical illness or personal circumstance.
- Formal request for leave without pay should only be undertaken if expected time on leave exceeds allotted vacation and sick leave time accrued during residency year.
- Residents will not qualify for FMLA unless they have previously been employed by BSA for 12 months.
- Residents may request a medical leave of absence through the Human Resources Department after 3 months of continuous service. If granted, any accrued paid benefit time shall run concurrently with the leave of absence. There is no minimum service requirement for eligibility for a leave of absence occasioned by a pregnancy-related disability, or for a disability arising out of an on-the-job injury or illness. A general medical leave may be granted for up to six (6) months.
- A personal leave of absence may be granted to a full-time employee with at least six months of continuous service. The request for a personal leave should identify the reason for the leave and should be directed to the Director of Pharmacy for consideration. A personal leave may be granted for up to six (6) months.

Benefits Coverage during a Leave

- A resident on an approved leave of absence may continue group insurance coverage during the leave (not to exceed 6 months). Regular benefit related payroll deductions will continue and benefits will remain in effect for any resident who has been granted non-FMLA leave as long as the resident continues to receive pay from the facility.
- Any resident who is granted non-FMLA leave and is not receiving pay must pay the employee and employer portion of benefits (COBRA rates) beginning with the first month following the start of the Leave of Absence.

Resident Expectations

- Residents are expected to make up all of the hours missed and complete all of the required residency activities once they return to work to obtain a residency certificate. Pharmacy residency graduation date may be extended beyond July 1st to accommodate fulfilling these requirements. If a resident requires an extended graduation date, salary and benefits would be resumed until completion of the residency is achieved, or until September 1st of the following year, whichever comes first.
- Elective rotations and rotation order previously chosen cannot be guaranteed once the resident returns to work.

FAILURE TO COMPLETE RESIDENCY REQUIREMENTS

- If a deficiency in the ability to complete major components of the residency program is identified due to lack of knowledge base, time management skills, or other reasons, program directors should follow the observational status procedures in the disciplinary policy.
 - Observational status is a step that may be utilized prior to probation. It is the duty of the Program Director for each residency to establish a mechanism for evaluating the performance of the trainees, including written progress reports to the residents. In the event a resident's clinical or educational performance is found to be unsatisfactory, the Program Director should meet with the resident at the earliest possible date, outlining in writing the deficiencies, how they are to be corrected, and the time span in which this correction is to occur. If after a specified amount of time progress has not been made, the resident may be placed on probation.
 - If the remedial plan for correcting these deficiencies requires an extended period of residency time (beyond July 1st of the following year), the resident will be required to work without additional pay in order to achieve the lacking competencies and be awarded a residency certificate of completion.

FAILURE TO PASS THE PHARMACY BOARD EXAMINATION

- Residents should schedule and complete all required pharmacy board examinations by September 1st of their residency year.
- If a pharmacy resident fails to pass their national and/or state board licensure examination, the Program Director should be notified immediately.
- The resident's rotation schedule may require amendment to remove the resident from direct patient care activities or to place the resident under a more supervised environment of a licensed pharmacist preceptor.
- The resident will retake the licensure examination at the earliest possible opportunity.
 - If the resident fails the national licensure examination (NAPLEX) or the state law examination for a second time, the resident will be dismissed from the residency program.
 - If the resident passes the licensure examination, the resident will be placed back into all required duties within the residency program. Elective rotations and rotation order previously chosen cannot be guaranteed once the resident returns to full duties.
 - If the resident cannot achieve all of the objectives/competencies of the residency program prior to July 1st, the resident will be required to work without additional pay in order to achieve the lacking competencies to be awarded a certificate.

Appendix 3: Resident Disciplinary/Dismissal Policy and Procedure

PURPOSE

To promote a productive work and learning environment and to ensure equitable and consistent discipline for unsatisfactory conduct in the workplace.

POLICY/PROCEDURE

DISCIPLINARY ACTION

Although we do not anticipate problems occurring during a residency program, the BSA PGY-1 Pharmacy Residency has adopted the following policy. Residents will be asked to sign the **Resident Disciplinary/Dismissal Policy** at the beginning of the residency program.

Disciplinary measures are used when employees consistently fail to meet work performance expectations. Minor offenses may be addressed through progressive interventions. However, steps in this process may be skipped for major offenses and in dealing with employees during their first 90 days of employment.

Non-disciplinary counseling or coaching

An initial approach to discipline in which employees are reminded of expectations for performance and behavior, and the educational opportunity may be documented as such.

Written Counseling

A reminder of personal responsibility for performance and behavioral expectations. The written counseling is documented to include the date, issue of concern and expected correction, with both the employee and supervisor signing the document.

Decision making leave (DML)

A suspension from work where the employee is reminded of personal responsibility for meeting expectations and is informed of the seriousness of the offense. The employee should use this unpaid time away from work to consider if continued employment with BSA is what the employee wants. On the next work day following the decision making leave, the employee must return with a final decision either to solve the immediate problem and commit to acceptable job performance, or to decide not to work for BSA, resigning to find more suitable employment elsewhere.

Dismissal

Discharge may be for any reason, i.e. misconduct, tardiness, absenteeism, unsatisfactory performance, etc. In most cases progressive discipline is to be used, prior to termination, to correct a performance problem. However, certain types of resident misconduct are so severe that one incident of misconduct will result in immediate dismissal without prior use of progressive discipline. BSA is an at-will employer and, as such, retains the right to terminate a resident at any time.

The general expectation is that a resident will know prior to any discussion of separation that her/his work behavior is not in keeping with the BSA Mission & Vision and performance expectations. The goal is for each resident to be given the opportunity for education and improvement, absent egregious behavior.

Date and Signature of Resident

Date and Signature of Program Director