THE QUEEN'S MEDICAL CENTER

PGY-1 PHARMACY RESIDENCY PROGRAM HANDBOOK

2024-2025

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I. INTRODUCTION

General Description and Background Information

The Queen's Medical Center is a nonprofit hospital with a 160- year legacy of caring for the people of Hawaii and the Pacific Basin. A member of The Queen's Health Systems family of hospitals, The Queen's Medical Center is the largest private hospital in Hawaii. It is licensed for 575 acute care beds. Located in downtown Honolulu, Queen's serves as the major referral center for cancer, heart disease, neuroscience, orthopedics, surgery, emergency medicine and behavioral health, and has the only organ transplantation program in the State of Hawaii. Queen's Medical Center is also the state's designated trauma center- the first and only Level I trauma center in Hawaii. In the spirit of its founders—King Kamehameha IV and Queen Emma—Queen's Medical Center strives to provide quality health care with aloha for the people of Hawaii.

We strive to help our residents achieve their full potential as clinicians and educators, offering flexibility to tailor experiences to meet individual interests and career goals.

Accolades: Accredited by The Joint Commission, Comprehensive Stroke Center, Level I Trauma Center, Magnet Recognition

The Queen's Medical Center Mission, Vision, Values and Key Philosophy Statements

QHS Mission: To fulfill the intent of Queen Emma and King Kamehameha IV to provide in perpetuity quality health care services to improve the well-being of Native Hawaiians and all of the people of Hawaii.

Guiding Principle: One team committed to best practice C.A.R.E. for our community.

Shared Values: **C.A.R.E**. **C**ompassion guides our actions, **A**loha inspires us in all that we do, **R**espect and understanding are essential for the dignity of all, **E**xcellence is our quest

Pharmacy Mission: To provide the highest quality pharmaceutical care through a philosophy of "Best Practice" in an interdisciplinary and collaborative manner. Pharmaceutical care is defined as providing patient-specific medication therapy for the goal of achieving optimal patient outcomes and improving the patient's quality of life. "Best Practice" is determined through the use of evidence-based decision making that is applied in a cost-effective manner.

Pharmacy Vision: Support and facilitate professionals that will provide optimal quality patient care throughout a highly reliable system.

PGY1 Program Purpose

PGY1 Program Purpose: A PGY1 pharmacy residency program built on 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.

The Queen's Medical Center Residency Program Description

The residency program is designed and conducted in a manner that supports residents in achieving the PGY1 program purpose and the required educational competency areas, goals, and objectives described in the remainder of the ASHP accreditation standards for PGY1 pharmacy residency programs.
The Queen's Medical Center post-graduate year one (PGY1) pharmacy residency program is a 52-week postgraduate curriculum beginning July 1st where residents are mentored by preceptors in a decentralized practice model. Residents will have access to multiple drug information and practice resources. Residents will be extensively involved with the Pharmacy and Therapeutics process, committee meetings, and will participate in the clinical pharmacist services, including consult services for managing aminoglycoside, vancomycin, and warfarin.

Required Competency Areas for Residency Program

Required Rotations

- Acute Care Medicine
- Operations
- Medical ICU
- Cardiovascular
- Research
- Administration
- Antimicrobial Stewardship
- Medication Safety

Goals and Objectives Evaluated During the Residency Program
See Attachment A for a complete list

Program Director and Program Coordinator

Lauren Sakamoto, Pharm.D., BCPS is the Residency Program Director (RPD). The Program Director is responsible for overseeing all aspects of the residency program including program goals, objectives and requirements. The Program Director works to ensure appropriate preceptorship with each learning experience, maintenance of training schedules and the continuous process of resident evaluation.

Brittany Nakaoka, Pharm.D., and Gay Ann Subia, Pharm.D., BCCCP are the Residency Program Coordinators (RPC). The Program Coordinator is responsible for providing administrative support to the Program Director, preceptors and residents.

Preceptors

The Program Director assigns a qualified pharmacist preceptor for each learning experience. The Program Director may also serve as a preceptor. Preceptors are directly accountable to the Program Director regarding their resident training responsibilities and are responsible for working with the Program Director to develop specific goals for each learning experience. They are selected based on their demonstrated competence in their respective area of practice, professional education and experience, and desire and aptitude for teaching. Formally, primary preceptors must fit one of the following criteria:

- 1 year of residency training + 1 year of practice in the rotation's field of practice
- 2 year of residency training + 6 months of practice in the rotation's field of practice

- 3 years of practice in the rotation's field of practice

Those that do not meet these criteria, or who wish to gain more experience before becoming primary preceptor may be a preceptor in training for a maximum of 2 academic years.

Current preceptors include:

- Ching Ping Chang, Pharm.D., BCPS, BCCCP
- Dustin Christensen-Grant, Pharm.D.
- Haley Cook, Pharm.D.
- Kara Izumi, Pharm.D., BCPS, BCCCP, BCNSP
- Kaitlyn Kerr, Pharm.D., BCPS, BCPP
- Kyle Kumashiro, Pharm.D.
- Laura Lam, Pharm.D.
- Lynn Matsukawa, Pharm.D., BCIDP
- Bert Matsuo, Pharm.D., BCCP
- Brittany Nakaoka, Pharm.D.
- Mary Sadler, Pharm.D.
- Lauren Sakamoto, Pharm.D., BCPS
- Shawn Scarlett, Pharm.D., BCOP
- Shelley Soga, Pharm.D., BCPS, BCCCP
- Scott Souza, Pharm.D.
- Gay Ann Subia, Pharm.D., BCCCP
- Chelsea Takamatsu, Pharm.D.
- Wendy Tawata, Pharm.D.
- Linnea Tokushige, Pharm.D.
- Janna Tseng, Pharm.D.
- Kelly Watanabe, Pharm.D.
- Sharon Wu Moon, Pharm.D.
- Wendiann Yamasaki, Pharm.D., BCPS

II. TRAINING SITE DESCRIPTION

Acute Care

The Queen's Medical Center is primarily an acute care learning environment. Services provided include critical care, emergency medicine, oncology, surgery/neurosurgery, internal medicine, infectious disease, trauma, and transplant.

III. RESIDENT LEARNING PROGRAM

Introduction

Each resident will complete various learning experiences during their residency, a combination of rotational and longitudinal learning. Rotational learning is the traditional concentrated learning that takes place each day over an approximately two to six week period. Longitudinal learning occurs intermittently over a long period of time, which can be anywhere from three to twelve months. An example of longitudinal learning is the staffing experience. The duration of each training experience depends on the training needs of each resident,

availability of preceptors, personal interests of the resident, and other scheduling parameters. The Program Director and Coordinators schedules training experiences. During the first 30 days of residency, the resident will provide input into developing their training experiences.

The Role of the Pharmacy Practice Resident

Over a 12-month period, it is expected that each resident will...

- Use preceptor teaching as well as their work experience to apply educational information and techniques learned to actual work situations
- Demonstrate learned clinical practice behaviors, apply learned concepts, and use the residency experience to develop the range of skills required for professional growth
- Integrate themselves into both the staff and management structure at QMC and contribute to the achievement of department goals
- Work actively with the Program Director and program preceptors to set goals and customize their residency training experience
- Maintain all applicable residency documentation and be compliant with all electronic evaluations in PharmAcademic™ within seven days of their scheduled due date

Preceptor Expectations

It is expected that each preceptor will...

- Provide appropriate orientation to the learning experience.
- Take part in developing goals, objectives, and activities before each learning experience begins.
- Use the appropriate preceptor role (i.e. direct instruction, modeling, coaching and facilitating) based on each resident's progression throughout the learning experience. See presentation on "Resident Precepting Basics."
- Attempt to cover, through informal clinical discussions, each main area of clinical pharmacy practice associated with their specialty.
- Attempt to focus on any of the resident's areas of interest and growth.
- Allow the resident as many hands-on experiences as possible in interacting medical staff and nursing staff as well as direct patient care.
- Provide ongoing feedback to the resident and complete a summative evaluation of the resident's performance at the end of each learning experience and submit the document to the Program Director.

Learning Experiences

A. **Minimum required training experiences**

The actual sequence of training and the duration of each training experience may vary from the sequence below.

Each resident is required to complete the minimum experiences listed below. The structure of the residency will allow for teaching and evaluation of all required ASHP-defined competency areas, goals and objectives for a PGY1 Pharmacy Residency, as well as the goal and objective defined by ASHP for the elective competency area of Management of Medical Emergencies. Refer to the grid contained in Attachment D: Goals and Objectives Taught/Taught and Evaluated in Learning Experiences for details.

Time periods quoted are approximate. Individual schedules will vary and be customized depending on baseline skills and career interests. For any days that are missed, the resident will make up the days on their own time.

- Orientation (July – August)
    - Hospital and pharmacy mission and values
    - Human Resources training
    - Pharmacy operations
    - PharmAcademic™
    - Department competency training
    - Training on information systems (CareLink EMR, Omnicell, Intelliguard, SensoScientific)
    - Monitoring training
    - TPN training

- Completion of the following minimum learning experiences (August – June)
    - Completion of at least **nine** rotations and all longitudinal rotations. The resident must complete at least 3/4th of each rotation (excluding longitudinal rotations) in order to be deemed eligible for passing the rotation. If the resident fails to pass **two** rotations or **one** longitudinal rotation throughout the residency year, the resident will not be eligible for completion of the program (i.e., will not graduate from the PGY1 Residency Program).
        - 5 weeks of Acute Medicine
        - 5 weeks of Administration/Management
        - 5 weeks of Inpatient Operations
        - 2 weeks of Antimicrobial Stewardship
        - 2 weeks of Medication Safety
        - 4-5 weeks of Medical ICU
        - 5-6 weeks of Cardiovascular
        - Electives (Behavioral Health, Emergency Department, Oncology, Surgical ICU, Transplant)
    - Code Blue Emergency Responses
        - Attend and participate in at least 6 outside of the orientation period
        - Resident must document in an iVent labeled "Other" in the patient's chart and as per Project Days and Clinical Duties Form
    - TPN
        - Complete at least 6 outside of the orientation period
        - Resident must document in the Project Days and Clinical Duties Form
    - Acute care staffing every other weekend beginning in the first weekend of October
        - The resident must have completed at least half of either the inpatient operations or acute medicine rotation to start staffing.
        - If the resident is unable to start staffing by October, weekends missed will be made up during the resident's "Research Block" in December.

- 52 weeks of Leadership, Project Management and Professional Development

- Residency Research and Quality Improvement Project (July – June)
    - Within the longitudinal experience of Leadership, Project Management and Professional Development, the resident will complete a research project. The research project topic will be identified by the end of the orientation block, with work on the project to continue until completion.
        - The resident will be provided a dedicated project mentor, along with a "Research Block" in December to work on their project. Further time outside of this will be provided at the discretion of the Program Director.

- If the resident is unable to work on the Residency Research Project during this block due to various reasons (e.g., not yet IRB approved), the resident will be assigned other projects for completion (e.g., MUE, protocol update, etc.)
- The resident will present their research project at a local and/or regional conference (official date and time to be determined).

- The resident will also be expected to complete various longitudinal projects, including, but not limited to, one Medication Use Evaluation (MUE) and a policy/protocol and/or guideline update.

B. **Available training experiences**

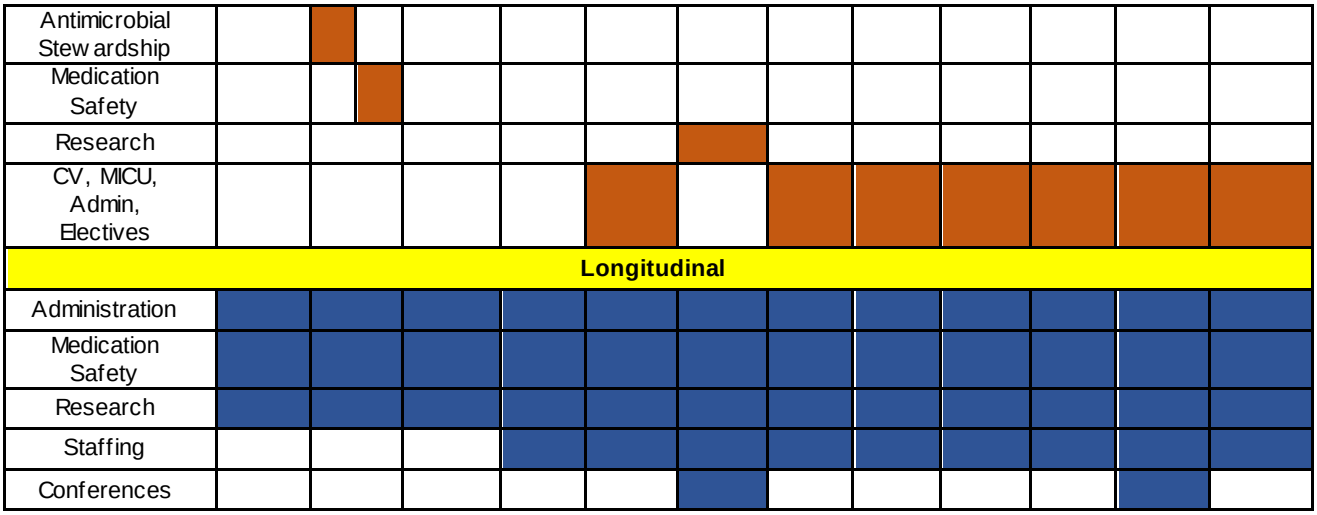
Rotation	Duration	Preceptor
Orientation*	4 weeks	Lauren Sakamoto
Administration*	5 weeks	Lauren Sakamoto
Operations*	5 weeks	Sharon Wu, Janna Tseng
Medicine*	5 weeks	Dustin Christensen-Grant
Medication Safety*	2 weeks & Longitudinal	Mary Sadler
Medical ICU (MICU)*	5 weeks	Wendy Tawata
Cardiology (CV)*	6 weeks	Brittany Nakaoka, Bert Matsuo, Shelley Soga
Surgical ICU (SICU)	5-6 weeks	Gay Ann Subia
Oncology (Onc)	4-5 weeks	Shawn Scarlett, Wendiann Yamasaki
Transplant (TP)	3-4 weeks	Laura Lam
Antimicrobial Stewardship*	2 weeks	Lynn Matsukawa
Emergency Department (ED)	4 weeks	Kyle Kumashiro
Behavioral Health (Kekela)	4 weeks	Kaitlynn Kerr
Queen Emma Clinic (QEC)	4-5 weeks	Linnea Tokushige
Research*	2-3 weeks & Longitudinal	Scott Souza, Kelly Watanabe
Staffing*	Longitudinal	Sharon Wu, Janna Tseng

*Mandatory Last updated 6.12.24

**The resident must be present on campus for each available training experience. Remote work is not acceptable for clinical duties but may be permitted for work on projects outside of work hours (i.e., must be on campus for given Project Days during work hours).

General Learning Experience Schedule – including important dates; subject to change based on the needs of the program as well as the resident, this serves more as a sample

Topic	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	June
Rotations												
Orientation												
Medicine												
Operations												



Deadlines:

- 7/29: Mentor name, Rotation list, PTO days
- 7/31: Monograph Due
- 7/31: Research topic selection
- 9/30: Licensed
- 10/1: IRB protocol and application submitted
- 6/20: Manuscript
- All projects completed one week before 6/30

*This list is not inclusive of all deadlines

C. **Standing Meetings (Mandatory Attendance):**

- Pharmacy Huddle — Attend every Monday, Wednesday, and Friday at 2:00 pm
- RAC meetings — Attend monthly
- Pharmacy Practice Council
  - Residents are responsible for meeting minutes
- Medication Safety Committee monthly — Attend once a quarter (3rd month of the quarter)
  - Task for the meeting — ADRs, actionable items through ISMP
- Medication Nutrition Committee — Attend every 3rd Friday of the Month

Program Evaluation Process

The resident learning experience and preceptor evaluation process should be completed no later than seven days after the learning experience has been completed, or quarterly for longitudinal learning experiences.

- The resident and preceptor will schedule a planning session at the start of each learning experience to review and customize the established goals and objectives to the resident's needs and to establish mutual expectations.
- Residents will complete a self-assessment using PharmAcademic at the midpoint of each learning experience less than 12 weeks and at quarterly intervals for learning experiences lasting 12 or more weeks. This should assess their performance in completing the training experience goals and objectives and will be reviewed by the preceptor and Program Director. This midpoint self-evaluation will serve to help the resident and preceptor identify any areas to work on for the remainder of the learning experience.

- Residents will complete a preceptor evaluation and a learning experience evaluation using PharmAcademic at the end of each learning experience. Completed evaluations will be discussed with the preceptors and signed by each. Completed and signed evaluations will be forwarded to the residency program director for review.
- The primary preceptor will write a summative evaluation of resident performance at the end of their learning experience. This includes an assessment of completion of training experiences, goals and objectives. Residents must review and sign the preceptor's evaluation and these evaluations are also sent to the Program Director for review.
- The Program Director will complete quarterly evaluations and developmental plans for each resident. These will describe assignments during the quarter, activities/meetings attended, and a general assessment of the learning experience.

Service Commitments

Residents are highly encouraged to obtain Hawaii licensure prior to July 1st or within the first 30 days of starting their residency. If the resident is not licensed in the State of Hawaii by September 30th of their contracted year, the resident will be dismissed from the program.

A minimum of 2/3 of the residency must be completed as a pharmacist licensed to practice in the state of Hawaii. If the resident is not licensed for 2/3 of the program, the resident will be dismissed from the program.

- Residents are members of the professional staff of the Pharmacy Department and are expected to complete the following service commitments over the 12-month period. Variances that are below these minimums must be approved by the Program Director. Variances exceeding the maximum must be in agreement between the resident and the Program Director or Coordinator.
    - Two weekend days (i.e., Saturday and Sunday) of staffing every pay period beginning in the first weekend of October.
    - Residents should have a minimum of eight hours free of duty between scheduled duty periods
    - The residents will be required to staff on the following holidays: Discoverers' Day, President's Day, Kuhio Day, and Kamehameha Day.
        - The residents must decide amongst each other which two of the four holidays they will staff.
        - On the remaining two holidays that they do not staff, they will be provided with a project day. These project days must be documented in the Project Days and Clinical Duties Form.
- Time away from the program should not exceed a total of 37 days within the residency year.
    - Time away from the program includes days taken for vacation, sick, interview and personal days; holidays; religious time; jury duty; bereavement leave; military leave; parenteral leave; leaves of absence; and extended leave.
        - Conference and/or education days (project days, activities outside of clinical duties not required by the rotational preceptor or Residency Program Director) are also defined as "time away."
    - If the resident exceeds 37 days away from the program, the resident will not be eligible to receive a residency completion certificate.

- The program and resident will comply with the ASHP duty-hour standards: https://www.ashp.org/-/media/assets/professional-development/residencies/docs/duty-hour-requirements.pdf
    - See Attachment B — ASHP Duty-Hour Requirement

- Resident staffing days and hours are flexible and will be determined based on departmental needs

Attendance and Paid Time Off (PTO)

Attendance is required for the minimum required training experiences as defined in the residency program handbook.

- Residents are expected to be at the hospital for a minimum of 8 hours each scheduled day. Any deviation from this would require approval from the preceptor, Residency Program Director, or a designee.
- Residents may be asked to stay longer by the preceptor, Residency Program Director, or a designee for a learning experience or staffing depending on patient care needs, completion of assignments, required meetings, or other learning opportunities. Refer to the Duty Hour Requirements.
- The starting time for a learning experience is defined by the preceptor and may be modified at any point by the preceptor as long as that information is relayed to the resident.
- The starting time for a staffing shift is defined in Staff Ready
    - Residents must not miss more than 1/4th of each core learning experience – or as specified per rotation syllabus, whichever is less.
- An absence would need to be excused by both the preceptor and Program Director.
- Making up any missed days will be under the discretion of the preceptor and/or Program Director.
- If the absence were deemed unapproved or cannot be made up, the residency advisory committee will convene to vote and determine appropriate action.

PTO: Residents will have a total of 10 PTO days to be used for illnesses, vacation, and personal days. In an effort to ensure residents get the most of all learning experiences, the residents are further constrained on PTO utilization

- PTO days must comply with all other attendance requirements.
- PTO cannot be taken during the remediation period, unless explicitly approved by the Program Director.
- PTO will not be granted during the last week of the residency year, unless explicitly approved by the Program Director.
- PTO will not be granted during orientation month, unless explicitly approved by the Program Director
- Days needed off to take the NAPLEX or MPJE (one day for each exam) will not be counted against the resident as PTO for the first time that these exams are taken. Any additional days required to re-take these exams must be used as PTO.
- Residents may use PTO on a maximum of two consecutive weekend days (i.e., both Saturday and Sunday within one weekend) throughout the residency year.
- If the requested PTO day falls on a staffing day, the resident must make accommodations to make up the time if it falls outside the allotted attendance requirements.
- Illnesses or injuries are handled on a case-by-case basis by preceptors and Program Director. The resident should notify the appropriate parties as soon as possible.
- Planned PTO must be submitted for approval (through Program Director/Coordinators) and entered into StaffReady at least 12 weeks before the requested date.
    - PTO consisting of 5 or more consecutive days shall be submitted for approval within the first month of Residency.
- Residents are urged to plan vacation days at the beginning of the residency year to allow for accommodations to be made in advance.
- Documentation and notification for various forms of leave will be as follows:
    - Sick/personal day: the resident is responsible for reporting their absence as per the Pharmacy SOP entitled "Rx-100 Staff Call-Out"
    - PTO: the resident is responsible for entering their PTO into StaffReady at the beginning of the residency.

Project Days and Professional Leave

- Additional project days may be given to the resident (outside of the "Research Block" in December) at the discretion of the preceptor or the Program Director. The resident is responsible for contacting the

Program Director, rotation preceptor and Program Coordinators via email should a project day occur. The resident must also document these days in the Project Days and Clinical Duties Form.

- The resident will be given Professional Leave Days to attend Regional and/or National Conferences
    - The resident is responsible for entering their professional leave into StaffReady at least three months in advance of the required leave dates.

Holidays:

- Independence Day
- Thanksgiving
- Christmas Day
- New Year's Day
- Memorial Day

Excused & Unexcused Absences

- All absences must be excused. Unexcused absences will result in disciplinary action.
- Examples of excused absences: residency interviews, religious holidays, scheduled exams (NAPLEX/MPJE), academic events, and civic responsibilities (i.e. Election Day, jury duty). These should be arranged with the preceptor before the training experience begins. It is up to the discretion of the preceptor and/or the Program Director to make up excused absences.
- Other planned absences may be excused if submitted to the Program Director at least 12 weeks before the requested date and the RPH/preceptor deems it will not interfere with required activities.

Additional Staffing ("Moonlighting") Policy

This policy applies to all Pharmacy Residents at The Queen's Medical Center

- Moonlighting must not interfere with the ability of the resident to achieve the goals and objectives of the educational program.
- Time spent by residents in Internal and External Moonlighting must be counted towards the 80-hour maximum weekly hour limit
    - Internal Moonlighting - Voluntary, compensated, medically-related work (not related to training requirements) performed within the institution in which the resident is in training or at any of its related participating sites.
    - External moonlighting - Voluntary, compensated, medically-related work performed outside the institution where the resident is in training or at any of its related participating sites.
- Residents may not engage in moonlighting **unless specifically approved in advance by the Program Director**. Such approval must be in writing and will be made a part of the resident's evaluation file and hours worked must be reported as such.
- Approval may be withdrawn if moonlighting activities are associated with a decline in the resident's performance.
- The hospital does not provide professional liability coverage for duties assumed outside of the hospital and, therefore, residents will obtain written verification of coverage and limits carried by the host institution or employer.
- Residents should have a minimum of eight hours free of duty between scheduled duty periods
- Continuous duty periods of residents should not exceed 16 hours in duration

Residency Program Director and/or Preceptor Meetings

These meetings are intended to serve the needs of the resident. The resident will be evaluated on performance during their learning experiences, review their training plan and discuss overall progress towards

achieving program goals and objectives. The Program Director and preceptors will meet with residents throughout the year which will be determined. Residents are required to attend.

Institutional Meetings

Residents are expected to attend the Medication and Nutrition Committee (MNC), Pharmacy Department Meetings, weekly huddles and other multidisciplinary medical committees, as appropriate.

- Pharmacy Huddle — Attend every Monday, Wednesday, and Friday at 2:00 pm
- RAC meetings — Attend monthly
- Pharmacy Practice Council
    - Residents are responsible for meeting minutes
- Medication Safety Committee monthly — Attend once a quarter (3rd month of the quarter)
    - Task for the meeting — ADRs, actionable items through ISMP
- Medication Nutrition Committee — Attend every 3rd Friday of the Month

Completing the Residency and Earning Residency Certificate

The resident must have proper attendance and adhere to the policies and procedures of the hospital, department and residency program. In addition, the resident must demonstrate that they have "Achieved for the Residency" at least 70% of the goals and objectives (Attachment A). The residents, preceptors and program director assess these goals and objectives regularly using PharmAcademic. The checklist of requirements for completing the residency and earning the residency certificate can be found on Attachment A.

Standard R1 Patient Care contains the majority of clinical skills that are assessed on multiple learning experiences. These may only be considered "achieved for the residency" after they have been evaluated at least three times with either "satisfactory progress" or "achieved," at which time a decision will be made by the preceptors and Program Director whether the objective or goal is "achieved for the residency".

Standards R2 Advancing Practice and Improving Patient Care, R3 Leadership and Management, and R4 Teaching, Education and Dissemination of Knowledge, and R5 Management of Medical Emergencies are assessed on fewer learning experiences. A single "achieved" on a learning experience may be considered to be "achieved for the residency" at the discretion of the preceptors and Program Director.

Disciplinary, Dismissal and Extension

Mandatory standards: Each resident must meet minimum standards to complete certain tasks in order to remain in the program. The following standards and skills must be met by applicable deadlines

- Hawaii licensure received by September 30th. If the resident does not obtain licensure within the first 90 days, the resident will be dismissed from the program.
- Completion of hospital and departmental orientation and all accompanying material by 30 days
- Completion of at least **nine** rotations and all longitudinal rotations. The resident must complete at least 3/4th of each rotation (excluding longitudinal rotations) in order to be deemed eligible for passing the rotation. If the resident fails to pass **two** rotations or **one** longitudinal rotation throughout the residency year, the resident will not be eligible for completion of the program (i.e., will not graduate from the PGY1 Residency Program).

Disciplinary policy: if it is determined through documentation that the resident is not meeting the program criteria, as evidenced by poor performance (i.e., missing deadlines, lack of engagement, etc.) or breaking policies (i.e., inappropriate behavior, tardiness, etc.) the following actions may be taken:

a. Written notification provided to the resident and Human Resources detailing the disciplinary issue against the resident
b. A meeting arranged with the Director of Pharmacy, Residency Program Director and the resident to discuss the issue
c. The Director of Pharmacy may consult with the Residency Advisory Committee for recommendations, although this is not required
d. Upon evaluation of the issue, an outcome will be decided which includes at least one of the following:
    i. Dismissal of issue – No follow up is required
    ii. Discipline, Counseling, or Corrective Action – Offenses or poor performance may result in escalating warnings and/or performance improvement plans.
    iii. Remediation – Plan will be implemented which affords the resident an opportunity to demonstrate improvement within an extended 2-week period. Benchmark(s) to demonstrate improvement will be provided to the resident in writing. At the end of remediation, the resident can continue the program after demonstrating satisfactory improvement or be dismissed from the program if satisfactory progress is not achieved.
    iv. Dismissal from program – the resident can be immediately dismissed from the program by the Director of Pharmacy upon recommendation from the preceptor (if applicable) and Residency Program Director

Professional, family, sick and extended leave policy: The resident must complete all program requirements for a minimum of 12 months. If the resident requires to take an extended leave, the maximum approved extended leave is 12 weeks.

- The resident will be required to extend their residency program for a period of up to 12 weeks.
- The resident will get paid for a total of 12 months
- The final decision in regard to program completion will be made under the discretion of both the pharmacy director and residency program director.

IV. RESIDENCY PROGRAM STIPEND AND BENEFITS

1. Stipend

Residents are considered 1.0 FTE staff and receive a stipend of approximately $50,000 for the year. The residency year begins approximately on July 1st and ends June 30th.

2. Benefits

- Paid time off (PTO) – 10 days per year
    - "Refer to Attendance and Paid Time Off (PTO)" section above
- Medical, Dental, and Vision Insurance
- Travel Expenses covered for ASHP Midyear Conference and a Regional or National Conference
- ACLS/BLS certification
- Free Parking

V. Attestation Statement

I, _____, acknowledge and understand the entirety of this Residency Handbook including the minimum required learning experiences, service commitments, and grounds for disciplinary action or dismissal. Failure to meet the minimum requirements/standards may result in escalation to Human Resources (HR) for not meeting expectations.

By signing my name, I attest to the above statement.

Signature: _____ Date: _____

VI. Attachment A – Goals and Objectives Evaluated during Residency Program

R1 Patient Care

- **R1.1 In collaboration with the health care team, provide safe and effective patient care to a diverse range of patients, including those with multiple comorbidities, high-risk medication regimens, and multiple medications following a consistent patient care process**
    - R1.1.1 Interact effectively with health care teams to manage patients' medication therapy
    - R1.1.2 Interact effectively with patients, family members, and caregivers
    - R1.1.3 Collect information on which to base safe and effective medication therapy R1.1.4 Analyze and assess information on which to base safe and effective medication therapy
    - R1.1.5 Design or redesign safe and effective patient-centered therapeutic regimens and monitoring plans (care plans)
    - R1.1.6 Ensure implementation of therapeutic regimens and monitoring plans (care plans) by taking appropriate follow-up actions
    - R1.1.7 Document direct patient care activities appropriately in the medical record or where appropriate
    - R1.1.8 Demonstrate responsibility to patients
- **R1.2 Ensure continuity of care during patient transitions between care settings**
    - R1.2.1 Manage transitions of care effectively
- **R1.3 Prepare, dispense, and manage medications to support safe and effective drug therapy for patients**
    - R1.3.1 Prepare and dispense medications following best practices and the organization's policies and procedures
    - R1.3.2 Manage aspects of the medication-use process related to formulary management
    - R1.3.3 Manage aspects of the medication-use process related to oversight of dispensing

R2 Advancing Practice and Improving Patient Care

- **R2.1 Demonstrate ability to manage formulary and medication-use processes, as applicable to the organization**
    - R2.1.1 Prepare a drug class review, monograph, treatment guideline, or protocol
    - R2.1.2 Participate in a medication-use evaluation
    - R2.1.3 Identify opportunities for improvement of the medication-use system
    - R2.1.4 Participate in medication event reporting and monitoring
- **R2.2 Demonstrate ability to evaluate and investigate practice, review data, and assimilate scientific evidence to improve patient care and/or the medication-use system**
    - R2.2.1 Identify changes needed to improve patient care and/or the medication-use system
    - R2.2.2 Develop a plan to improve the patient care and/or the medication-use system
    - R2.2.3 Implement changes to improve patient care and/or the medication-use system
    - R2.2.4 Assess changes made to improve patient care or the medication-use system
    - R2.2.5 Effectively develop and present, orally and in writing, a final project report

R3 Leadership and Management

- **R3.1 Demonstrate leadership skills**
    - R3.1.1 Demonstrate personal, interpersonal, and teamwork skills critical for effective leadership
    - R3.1.2 Apply a process of on-going self-evaluation and personal performance improvement
- **R3.2 Demonstrate management skills**
    - R3.2.1 Explain factors that influence departmental planning

- R3.2.2 Explain the elements of the pharmacy enterprise and their relationship to the health care system
- R3.2.3 Contribute to departmental management
- R3.2.4 Manages one's own practice effectively

R4 Teaching, Education and Dissemination of Knowledge

- **R4.1 Provide effective medication and practice-related education to patients, caregivers, health care professionals, students, and the public (individuals and groups)**
  - R4.1.1 Design effective educational activities
  - R4.1.2 Use effective presentation and teaching skills to deliver education
  - R4.1.3 Use effective written communication to disseminate knowledge
  - R4.1.4 Appropriately assess effectiveness of education
- **R4.2 Effectively employs appropriate preceptor roles when engaged in teaching students, pharmacy technicians or fellow health care professionals**
  - R4.2.1 When engaged in teaching, select a preceptor role that meets learners' educational needs
  - R4.2.2 Effectively employ preceptor roles, as appropriate

E5: Management of Medical Emergencies

- **E5.1 Participate in the management of medical emergencies.**
  - E5.1.1 (Applying) Exercise skill as a team member in the management of medical emergencies according to the organization's policies and procedures.
  - Criteria
    - Acts in accordance with the organization's policies and procedures for medical emergencies.
    - Applies appropriate medication therapy in medical emergency situations.
    - Accurately prepares medications and calculates doses during a medical emergency.
    - Effectively anticipates needs during a medical emergency.
    - Obtains certification in the American Heart Association Advanced Cardiac Life Support (ACLS).

Requirements to Complete PGY1 Pharmacy Residency Program at The Queen's Medical Center

Requirement	**Achieved: Place √ in box below (Pharmacy Director)**
Successfully completes both hospital and departmental orientation programs	
Successfully obtains licensure to practice by September 30th	
Achievement of ASHP/QMC required educational outcomes and goals:	
• Completes all learning experiences	
• Completes all required evaluation tools	
• Required to attain "Achieved for the Residency" (ACHR) designation of 70% of program goals by end of program (7 of 10 total)	
• Required to attain "Achieved for the Residency" (ACHR) designation of 70% of program objectives by end of program (24 of 34 total)	
Attend ASHP Midyear Clinical Meeting	

Completion of research project presented at the Western States residency conference or an HPhA Conference	
Successfully completes a medication use evaluation	
Minimum of 4 presentations evaluated by a preceptor including at least 1 of each of the following:	
• Journal Club, In-service, Disease State presentation	
Maintains good standing with department of pharmacy with adherence to departmental policies and procedures	
Completes required service/staffing hours and hospital required competencies	
Completes a drug monograph, drug class review or creates a departmental protocol	
Receives acceptable performance evaluation as outlined in job description	
Completes PharmAcademic requirements/documentation	
Attends required department and interdisciplinary meetings RAC (list dates attended): MNC (list dates attended) MSC (list dates attended): PPC (list dates attended):	
Attends quarterly meetings with program director	
Attends and participates in a minimum of 6 code blue alerts, 6 TPNs and is deemed competent by the RAC. Date shall be listed in the Project Days and Clinical Duties Form	
Submits electronic portfolio of all completed rotations throughout the year and updated "What's On My Plate" as a summary	
Maintains office space and ensures that it is clean	

All requirements must be met and deemed satisfactory by the program director and director of pharmacy by a predetermined date. Once completion of requirements has been documented, an ASHP approved program certificate will be awarded to the residents.

VII. Attachment B – ASHP Duty-Hour Requirement

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. Please see the full Duty Hours policy on the ASHP website for additional details.
    - 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 workday, beyond the normal workday, 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 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**
    - 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.
    - 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.
    - 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.
    - 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.
    - 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**
    - 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.
    - Moonlighting (internal or external) must not interfere with the ability of the resident to achieve the educational goals and objectives of the residency program.
        - All moonlighting hours must be counted towards the 80-hour maximum weekly hour limit.
        - Programs that allow moonlighting must have a documented structured process to monitor moonlighting that includes at a minimum:
            - The type and number of moonlighting hours allowed by the program.
            - A reporting mechanism for residents to inform the residency program directors of their moonlighting hours.
            - 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.
            - A plan for what to do if residents' participation in moonlighting affects their judgment while on scheduled duty hours.
    - 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.
    - Residents should have 10 hours free of duty between scheduled duty and must have at minimum 8 hours between scheduled duty periods.
    - 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**
    - 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.

- **Tracking of Duty Hours**
    - Residents must track their duty hours monthly in Pharmacademic evaluations specific for tracking of duty hours. If a resident chooses to moonlight, the hours that they spend moonlighting must be included in their weekly hour count. It will be reviewed weekly by the Residency Program Director or Designee.

Required Attestation Statement

When responding to this question, please include on-call hours if required by the program and moonlighting hours if allowed by the program.

- I attest I was in compliance with the Duty Hours policy. During this time period, my Duty Hours:

- Were less than 80 hours of work per week (averaged over a 4-week period.)
- Included 8 hours free of work between duty periods.
- Had 1 day free in 7 (when averaged over 4 weeks.), AND
- Had no continuous duty periods of more than 16 hours (excluding in-house call).

VIII. Attachment C – Mental Wellness Policy

At The Queen's Medical Center, we realize the importance of resident wellness in both performance and career satisfaction. The purpose of this policy is to support and encourage Pharmacy Residents access to Preventive Health Care. The resident is highly encouraged to let the Program Director, or any staff member know if they feel that they need any type of support for mental health. The following are various mental support options that we provide our residents with:

- Residency Mentors
    - All residents are assigned to a pharmacist mentor. Pharmacist mentors are available for the resident to talk to confidentially. They are expected to check in with the resident periodically to see how they are doing on a personal and professional level. The pharmacy resident will choose their own mentor after spending some time in the department.
- Employee Assistance Program (EAP)
    - QMC has an Employee Assistance Program which offers confidential support for work and life. The program provides resources, referral and support services for personal success such as:
        - Work/life assistance
        - Conflict at work
        - Depression or Anxiety
        - Family relationships
        - Financial/legal concerns
        - Coronavirus concerns
        - Stress management
        - The brochure for the EAP is given out during hospital orientation
    - The phone number to call for confidential support or information any time, day or night is 808-597-8222
    - The website for EAP is http://eww.queens.org/hr/docs/eap_summaryofbenefits.pdf
- Personal Space
    - The pharmacy residents will be provided with their own personal office. The office will have a door that can be locked.

Initial and Quarterly Development Plans

The resident is encouraged to develop initial plans of well-being, as well as reassess quarterly their overall well-being, burnout, stress, etc. See Wellness Program Summary for more detail; including forms to the following assessments.

- Initial Assessments
    - Grit Scale
    - My Resident Wellness Plan
    - Development Plans and Goals
- Intermittent Assessments
    - Maslach burnout inventory (MBI)
    - Perceived Stress Scale (PSS)
    - Development Plans and Goals

Sleep

- Aim for 7-9 hours of sleep per night
- Establish a consistent sleep schedule
- Create a relaxing bedtime routine
- Limit exposure to screens and bright light before bedtime