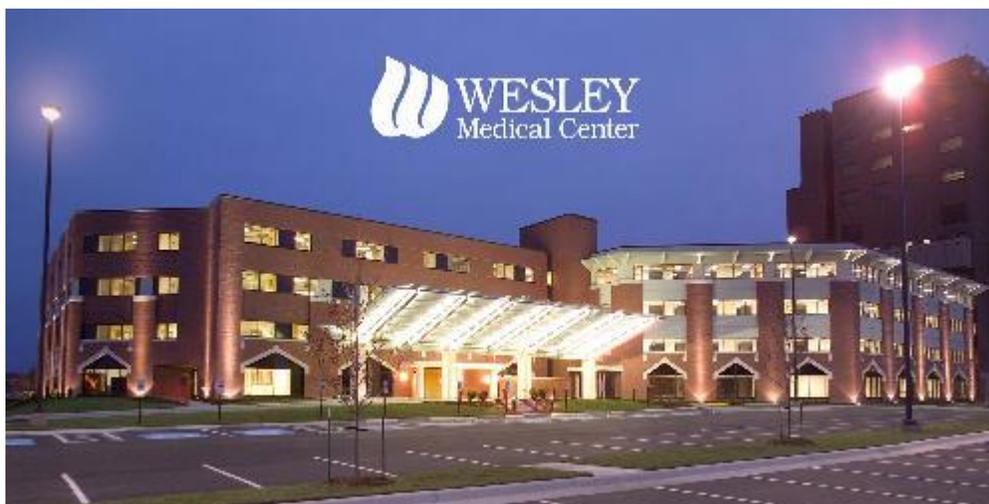




Wesley Medical Center
Wesley Woodlawn Hospital & ER
Wesley Children's Hospital
Wesley West ER & Diagnostic Center
Wesley Derby ER
WesleyCare Clinics

***Residency Manual
Class of 2025-2026***

Wesley Medical Center
Wichita, Kansas



Updated 6/2025

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Welcome!

Congratulations on starting your residency with Wesley!

We are very pleased to welcome you as a new member of Wesley's highly trained and dedicated pharmacy team. Your pharmacy residency is an exciting and unique time to focus on learning and refining clinical skills, and we are dedicated to providing you with a variety of high-quality learning experiences during your residency. We believe that your residency year should be designed to fit your specific needs and interests, so do not hesitate to discuss opportunities to tailor activities to your specific interests.

This year you will experience great professional growth that is directly related to the amount of commitment and dedication applied. At Wesley, it is our goal to partner with you to guide you on your journey to become a highly trained and independent clinical pharmacist.

Again, congratulations and welcome to the team!

Chris Durham, PharmD, BCPPS
Residency Program Director, PGY1 General Practice and Pediatrics
Clinical Specialist, Pediatrics

This manual has been developed for the Wesley Pharmacy Residency Programs to provide information on policies, procedures, benefits and other elements that relate to the completion of our program. Questions regarding the residency manual may be addressed with the Residency Program Director or the Residency Advisory Committee. There may be changes to policies and procedures at any time when deemed necessary. You will be informed of changes accordingly.

About Wesley

Our mission: Above all else, we are committed to the care and improvement of human life.

Wesley Medical Center (WMC) is a 760 bed, 102 bassinet, tertiary-care, community teaching facility that includes an adult critical care building (cardiac, medical, surgical/trauma, and neuro), acute care building (oncology, neuro, medical, surgical), women's hospital, birth care center and Wesley Children's Hospital. Wesley Healthcare also has several off-site campuses including the Family Medicine Clinic, Wesley Woodlawn Hospital & ER and 3 free standing ERs.

WMC is one of the most experienced and comprehensive medical centers in Kansas. Advanced technologies and services offered at WMC include Level 1 Adult Trauma and Level 2 Pediatric Trauma Center, Comprehensive Stroke Center, IDSA Stewardship Center of Excellence, Level 3 NICU and Advanced Care for High-Risk Pregnancies. Wesley Healthcare has been ranked first in the nation as a community teaching hospital in the 2025 Top Hospitals list.

Wesley has been an HCA Healthcare facility since 1985.

Pharmacy Services at Wesley

The pharmacy department at WMC has approximately 45 pharmacists and 35 technician support personnel. The pharmacy strives to provide industry leading clinical and drug distribution services. Our focus is on patient safety, accomplished through a variety of redundant drug use control and patient monitoring systems. Automation and bar code scanning systems help avoid potential errors and enable pharmacy staff to provide additional services that optimize patient outcome

Mission

Above all else, we are committed to the care and improvement of human life.

Core Services

The pharmacy department provides a number of core services to all inpatient areas. Further information on the goals of clinical pharmacy services, drug distribution and research efforts may be found on the department web page.

The scope of core services includes:

- Management team
- Sterile products preparation
 - Central pharmacy
 - OR satellite pharmacy
 - Pediatric pharmacy
 - Wesley Woodlawn pharmacy
- Medication distribution and administration system
 - Dose Edge®
 - Inventory/purchasing - MedCarousel® and Product Manager®
 - Unit-dose distribution – Pyxis®
 - Electronic Health Record – Meditech®
 - Bar Code Medication Administration (BCMA)
 - Electronic Medication Administration Record (eMAR)
 - Computerized physician order entry (CPOE)
- Clinical Pharmacy Specialists
 - Adult Medicine
 - Critical Care

- Emergency Medicine
- Infectious Diseases
- Oncology
- Pediatrics

- Decentralized Services
 - Medication review
 - IV to PO conversions
 - Anticoagulation dosing and monitoring
 - Renal and hepatic dose adjustments
 - Pharmacokinetic and therapeutic drug monitoring and dosing service
 - Total parenteral nutrition dosing service
 - Opioid stewardship
 - Patient counseling
 - Medication reconciliation
 - Antimicrobial stewardship
 - Adverse drug reaction detection, prevention and monitoring
 - Real-time patient monitoring system - VigiLanz®

- Pharmacists respond to code blues, level 1 traumas, massive blood transfusions, level 1 stroke alerts, malignant hyperthermias, stat intubations, rapid responses etc. ED pharmacists also respond to code sepsis and code stroke alerts.

Commitment to Education

Wesley Medical Center was named the top community teaching hospital in the U.S in 2025. Wesley is a teaching site for area schools of medicine and pharmacy. Some clinical pharmacy specialists hold various faculty positions with the University of Kansas (KU) School of Pharmacy and School of Medicine.

Resident Application and Selection

Required Resident Qualifications

Technical Standards

Pharmacy residents at Wesley are held to the highest professional standards. Residents must practice:

- Critical thinking and problem-solving skills
- Sound judgment
- Emotional stability and maturity

- Empathy for others
- Physical and mental stamina
- Ability to learn and function in a variety of settings

Application Requirements

1. Graduate from an accredited college or school of pharmacy; PharmD (preferred), or B.S. with equivalent clinical experience
2. Participation in the ASHP residency match program
3. Completion of Phorcas application and letter of interest
4. Curriculum vitae
5. Three (3) letters of recommendation.
6. Pharmacy School transcripts
7. Virtual interview (for candidates progressing to the final step in the process)
*Materials 3-6 submitted via Phorcas

Resident Selection

Resident recruitment and selection is consistent with HCA's commitment to embracing and championing diverse talent. We are actively committed to fostering a culture of inclusion that allows all colleagues to thrive and nurture our patients, partners, physicians, and communities.

- Residency Candidate Interview Selection – Phase 1 / Phase 2
 - Prospective candidate materials will be reviewed by the RPD, current residents, and/or members of the Residency Advisory Committee.
 - Candidates will be evaluated using a Residency Advisory Committee approved rubric assessing their letter of interest, letters of recommendation, leadership, work experience, community service, academic performance, and other activities. The Residency Advisory Committee will meet to review the scores and finalize the list of candidates for which interviews will be offered.
 - The RPD will email selected candidates with an interview invite.
- Resident Interviews
 - An interview is required to be considered for residency
 - Onsite interviews will be conducted for all invited candidates in Phase 1
 - Virtual Interviews will be conducted for Phase 2 candidates
 - Phase 2 Candidates will be provided current resident contact information to visit with them at their convenience
- Rank List
 - The RAC committee, along with any other staff participating in the interviews, will review and finalize the candidate rank order
 - The RPD will submit the rank order to the National Matching Service

ASHP Residency Match

The RPD will send matched candidates their Statement of Agreement following the match which the resident must sign and return within 30 days of the Match to confirm and document their acceptance of the Match. The hiring process through the Wesley Human Resources department will begin following the return of the signed Statement of Agreement. Residents seeking exceptions should initiate their request with the RPD

Human Resources steps in the hiring process

- Creating an account in Enterprise Health
- Completing the assigned baseline health surveys in Enterprise Health (Medical History, TB Questionnaire, OSHA Medical Respirator Questionnaire)
- TB baseline testing
- Current Tdap vaccine (bring record of one within the past 10 years or we will provide one)
- Two MMR vaccines (or titers showing immunity or we will draw titers and provide vaccines as needed)
- Three Hepatitis B vaccines (or titers showing immunity)

- Two Varicella vaccines (or titers showing immunity or we will draw titers and provide vaccines as needed.)
- Current Flu Vaccine during flu season (Nov 1 to approximately March 31st) or we will provide.
- N-95 (mask) fit testing if required for position

Medical insurance

Resident medical insurance is a benefit of employment and thus can be purchased through Wesley. You can also choose to have your medical insurance covered through other, non-Wesley plans (i.e., insurance held through a parent or spouse, or an independent commercial plan). Evidence of medical coverage must be provided when your educational program begins.

Background check

Incoming residents must pass a criminal background check and/or drug screening required by state laws, prior to the start of the residency year.

Resident responsibilities

Residents are required to exhibit professional and ethical conduct at all times.

Equal opportunity

Wesley upholds all federal and state laws that preclude discrimination on the basis of race, sex, age, religion, national origin, marital status, sexual orientation, disabilities or veteran's status.

PGY1 Pharmacy Residency Program

Purpose:

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

Competency Areas:

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

Competency Areas Educational Goals and Objectives:

Required Learning Experiences	Orientation	Adult Medicine	Evening Internal Medicine	Emergency Medicine	Critical Care	Peds/ PICU	Practice Management / Med Safety	Infectious Diseases	Pharmacy Staffing	Medication Use Evaluation	Formulary Management	Research Project	Teaching/ Presenting
Competency Area R1: Patient Care													
Goal R1.1: Provide safe and effective patient care services following JCPP (Pharmacists' Patient Care Process)													
Objective R1.1.1: (Analyzing) Collect relevant subjective and objective information about the patient.		TE				TE							
Objective R1.1.2: Assess clinical info collected and analyze it impact on the patients overall health goals				TE									
Objective R1.1.3: (Creating) Develop evidence-based, cost effective and comprehensive patient centered care plans		TE				TE							
Objective R1.1.4: (Applying) Implement care plans.		TE				TE							
Objective R1.1.5: (Creating) Follow-up: Monitor therapy, evaluate progress toward or achievement of patient outcomes, and modify care plans.					TE			TE					

Required Learning Experiences	Orientation	Adult Medicine	Evening Internal Medicine	Emergency Medicine	Critical Care	Peds/ PICU	Practice Management / Med Safety	Infectious Diseases	Pharmacy Staffing	Medication Use Evaluation	Formulary Management	Research Project	Teaching/ Presenting
Objective R1.1.6: (Analyzing) Identify and address medication-related needs of individual patients experiencing care transitions regarding physical location, level of care, providers, or access to medications.				TE	TE								
Goal R1.2: Provide patient-centered care through interacting and facilitating effective													
Objective R1.2.1: (Applying) Collaborate and communicate with healthcare team members					TE	TE							
Objective R1.2.2: (Applying) Communicate effectively with patients and caregivers.		TE		TE									
Objective R1.2.3: (Applying) Document patient care activities in the medical record or where appropriate			TE		TE			TE					
Goal R1.3: Promote safe and effective access to medication therapy.													
Objective R1.3.1: (Applying) Facilitate the medication-use process related to formulary management or medication access.										TE			
Objective R1.3.2: (Applying) Participate in medication event reporting							TE						
Objective R1.3.3: (Evaluating) Manage the process for preparing, dispensing, and administering (when appropriate) medications	TE								TE				

Required Learning Experiences	Orientation	Adult Medicine	Evening Internal Medicine	Emergency Medicine	Critical Care	Peds/ PICU	Practice Management / Med Safety	Infectious Diseases	Pharmacy Staffing	Medication Use Evaluation	Formulary Management	Research Project	Teaching/ Presenting
Goal R1.4: Participate in the identification and implementation of medication-related interventions for a patient population (population health management).													
Objective R1.4.1: (Applying) Deliver and/or enhance a population health service, program, or process to improve medication-related quality measures										TE			
Objective R1.4.2: (Creating) Prepare or revise a drug class review, monograph, treatment guideline, treatment protocol, utilization management criteria, and/or order set											TE		
Competency Area R2: Practice Advancement													
Goal R2.1: Conduct practice advancement projects													
Objective R2.1.1: (Analyzing) Identify a project topic, or demonstrate understanding of an assigned project, to improve pharmacy practice, improvement of clinical care, patient safety, healthcare operations, or investigate gaps in knowledge related to patient care										TE			
Objective R2.1.2: (Creating) Develop a project plan												TE	
Objective R2.1.3: (Applying) Implement project plan												TE	
Objective R2.1.4: (Analyzing) Analyze project results												TE	

Required Learning Experiences	Orientation	Adult Medicine	Evening Internal Medicine	Emergency Medicine	Critical Care	Peds/ PICU	Practice Management / Med Safety	Infectious Diseases	Pharmacy Staffing	Medication Use Evaluation	Formulary Management	Research Project	Teaching/ Presenting
Objective R2.1.5: (Evaluating) Assess potential or future changes aimed at improving pharmacy practice, improvement of clinical care, patient safety, healthcare operations, or specific question related to patient care												TE	
Objective R2.1.6: (Creating) Develop and present a final report												TE	
Competency Area R3: Leadership													
Goal R3.1: Demonstrate leadership skills that contribute to departmental and/or organizational excellence in the advancement of pharmacy services													
Objective R3.1.1: (Understanding) Explain factors that influence current pharmacy needs and future planning							TE						
Objective R3.1.2: (Understanding) Describe external factors that influence the pharmacy and its role in the larger healthcare environment							TE						
Goal R3.2: Demonstrate leadership skills that foster personal growth and professional engagement													
Objective R3.2.1: (Applying) Apply a process of ongoing self-assessment and personal performance improvement		TE											TE
Objective R3.2.2: (Applying) Demonstrate personal and interpersonal skills to manage entrusted responsibilities							TE						

Required Learning Experiences	Orientation	Adult Medicine	Evening Internal Medicine	Emergency Medicine	Critical Care	Peds/ PICU	Practice Management / Med Safety	Infectious Diseases	Pharmacy Staffing	Medication Use Evaluation	Formulary Management	Research Project	Teaching/ Presenting
Objective R3.2.3: (Applying) Demonstrate responsibility and professional behaviors									TE				
Objective R3.2.4: (Applying) Demonstrate engagement in the pharmacy profession and/or the population served							TE						
Competency Area R4: Teaching and Education													
Goal R4.1: Provide effective medication and practice-related education													
Objective R4.1.1: (Creating) Construct educational activities for the target audience													TE
Objective R4.1.2: (Creating) Create written communication to disseminate knowledge related to specific content, medication therapy, and/or practice area													TE
Objective R4.1.3: (Creating) Develop and demonstrate appropriate verbal communication to disseminate knowledge related to specific content, medication therapy, and/or practice area													TE
Objective R4.1.4: (Evaluating) Assess effectiveness of educational activities for the intended audience													TE
Goal R4.2: Provide professional and practice-related training to meet learners' educational needs													
Objective R4.2.1: (Evaluating) Employ appropriate preceptor role for a learning scenario		TE			TE								

PGY1 Pediatric Pharmacy Residency Program

Competency Areas Educational Goals and Objectives:

Required Learning Experiences	Orientation	Pediatric Oncology	Evening Peds	Pediatric Emergency Medicine	PICU	NICU	Peds	Practice Management / Med Safety	Infectious Diseases	Pharmacy Staffing	Medication Use Evaluation	Formulary Management	Research Project	Teaching/ Presenting
Competency Area R1: Patient Care														
Goal R1.1: Provide safe and effective patient care services following JCPP (Pharmacists' Patient Care Process)														
Objective R1.1.1: (Analyzing) Collect relevant subjective and objective information about the patient.		TE				TE	TE							
Objective R1.1.2: Assess clinical info collected and analyze its impact on the patient's overall health goals				TE										
Objective R1.1.3: (Creating) Develop evidence-based, cost-effective, and comprehensive patient-centered care plans		TE					TE							
Objective R1.1.4: (Applying) Implement care plans.		TE					TE							
Objective R1.1.5: (Creating) Follow-up: Monitor therapy, evaluate progress toward or achievement of pt outcomes, and modify care plans.					TE	TE			TE					
Objective R1.1.6: (Analyzing) Identify and address medication-related needs of individual patients experiencing care transitions regarding physical location, level of care, providers, or access to medications.				TE	TE									
Goal R1.2: Provide patient-centered care through interacting and facilitating effective														
Objective R1.2.1: (Applying) Collaborate and communicate with healthcare team members					TE	TE	TE							

Objective R1.2.2: (Applying) Communicate effectively with patients and caregivers.		TE		TE										
Required Learning Experiences	Orientation	Pediatric Oncology	Evening Peds	Pediatric Emergency Medicine	PICU		Pediatrics	Practice Management / Med Safety	Infectious Diseases	Pharmacy Staffing	Medication Use Evaluation	Formulary Management	Research Project	Teaching/ Presenting
Objective R1.2.3: (Applying) Document patient care activities in the medical record or where appropriate			TE		TE									
Goal R1.3: Promote safe and effective access to medication therapy.														
Objective R1.3.1: (Applying) Facilitate the medication-use process related to formulary management or medication access.											TE			
Objective R1.3.2: (Applying) Participate in medication event reporting								TE						
Objective R1.3.3: (Evaluating) Manage the process for preparing, dispensing, and administering (when appropriate) medications	TE									TE				
Goal R1.4: Participate in the identification and implementation of medication-related interventions for a patient population (population health management).														
Objective R1.4.1: (Applying) Deliver and/or enhance a population health service, program, or process to improve medication-related quality measures											TE			
Objective R1.4.2: (Creating) Prepare or revise a drug class review,												TE		

monograph, treatment guideline, treatment protocol, utilization management criteria, and/or order set														
Required Learning Experiences	Orientation	Pediatric Oncology	Evening Peds	Pediatric Emergency Medicine	PICU		Pediatrics	Practice Management / Med Safety	Infectious Diseases	Pharmacy Staffing	Medication Use Evaluation	Formulary Management	Research Project	Teaching/ Presenting
Competency Area R2: Practice Advancement														
Goal R2.1: Conduct practice advancement projects														
Objective R2.1.1: (Analyzing) Identify a project topic, or demonstrate understanding of an assigned project, to improve pharmacy practice, improvement of clinical care, patient safety, healthcare operations, or investigate gaps in knowledge related to patient care											TE			
Objective R2.1.2: (Creating) Develop a project plan													TE	
Objective R2.1.3: (Applying) Implement project plan													TE	
Objective R2.1.4: (Analyzing) Analyze project results													TE	
Objective R2.1.5: (Evaluating) Assess potential or future changes aimed at improving pharmacy practice, improvement of clinical care, patient safety, healthcare operations, or specific question related to patient care													TE	

Objective R2.1.6: (Creating) Develop and present a final report														TE	
Required Learning Experiences	Orientation	Pediatric Oncology	Evening Peds	Pediatric Emergency Medicine	PICU		Pediatrics	Practice Management / Med Safety	Infectious Diseases	Pharmacy Staffing	Medication Use Evaluation	Formulary Management	Research Project	Teaching/ Presenting	
Competency Area R3: Leadership															
Goal R3.1: Demonstrate leadership skills that contribute to departmental and/or organizational excellence in the advancement of pharmacy services															
Objective R3.1.1: (Understanding) Explain factors that influence current pharmacy needs and future planning								TE							
Objective R3.1.2: (Understanding) Describe external factors that influence the pharmacy and its role in the larger healthcare environment								TE							
Goal R3.2: Demonstrate leadership skills that foster personal growth and professional engagement															
Objective R3.2.1: (Applying) Apply a process of ongoing self-assessment and personal performance improvement														TE	
Objective R3.2.2: (Applying) Demonstrate personal and interpersonal skills to manage entrusted responsibilities								TE							
Objective R3.2.3: (Applying) Demonstrate responsibility and professional behaviors										TE					

Objective R3.2.4: (Applying) Demonstrate engagement in the pharmacy profession and/or the population served									TE					
Required Learning Experiences	Orientation	Pediatric Oncology	Evening Peds	Pediatric Emergency Medicine	PICU		Pediatrics	Practice Management / Med Safety	Infectious Diseases	Pharmacy Staffing	Medication Use Evaluation	Formulary Management	Research Project	Teaching/ Presenting
Competency Area R4: Teaching and Education														
Goal R4.1: Provide effective medication and practice-related education														
Objective R4.1.1: (Creating) Construct educational activities for the target audience														TE
Objective R4.1.2: (Creating) Create written communication to disseminate knowledge related to specific content, medication therapy, and/or practice area														TE
Objective R4.1.3: (Creating) Develop and demonstrate appropriate verbal communication to disseminate knowledge related to specific content, medication therapy, and/or practice area														TE
Objective R4.1.4: (Evaluating) Assess effectiveness of educational activities for the intended audience														TE
Goal R4.2: Provide professional and practice-related training to meet learners' educational needs														
Objective R4.2.1: (Evaluating) Employ appropriate preceptor role for a learning scenario		TE			TE		TE							

Residency Program Structure

PGY1 Pharmacy Residency

Program Director: Chris Durham, PharmD, BCPPS

R1: Patient Care	R2: Practice Advancement	R3: Leadership	R4: Teaching, Education
Orientation	Research/MUE	Orientation	
Direct Patient Care Learning Experiences	Drug Information	Practice Management / Med Safety	Teaching / Presenting
Practice Management / Med Safety Pharmacy Staffing		Staffing	
MUE			
Formulary Management			

PGY1 Pediatric Pharmacy Residency

Program Director: Chris Durham, PharmD, BCPPS

R1: Patient Care	R2: Practice Advancement	R3: Leadership	R4: Teaching, Education
Orientation	Research	Orientation	
Direct Patient Care Learning Experiences	MUE	Practice Management / Med Safety	Teaching / Presenting
Practice Management / Med Safety		Staffing	
Pharmacy Staffing			
MUE			
Formulary Management			

Requirements for Completion of the Residency

Established activities and projects are required to ensure achievement of the goals and objectives as dictated by residency accreditation standards.

- A formal orientation program for all residents is scheduled in July of each year. All new residents are expected to attend these sessions and complete required competencies. All required competencies must be completed (new or existing) prior to resident graduation.
- Successfully attain BLS, ACLS, and PALS certification.
- Research (see page 14)
 - Complete a longitudinal research project.
 - Present research poster at ASHP Midyear
 - Present research at the Midwest Pharmacy Residents Conference or equivalent meeting
 - Prepare a publishable manuscript
- Medication Usage Evaluation (see page 17)
 - Complete a medication usage evaluation (MUE) to understand medication use policies and procedures
- Communication Skills
 - Each resident must give at least three (3) formal presentations to healthcare providers during the residency year. All presentations must be present in the resident's portfolio
 - Each resident must prepare, present, and document one (1) formulary evaluation summary (e.g. drug or drug class review) to the P&T Committee
- Teaching Commitment
 - A Teaching Certificate is required through the University of Kansas (if not previously obtained)
- Service
 - All residents have an operational pharmacy practice (staffing) component as required by the program (see page 12)
- Evaluations:
 - Resident is required to achieve 100% of patient care goals R1 and A1 (which will be defined as achieving at least 70% of objectives under said goal and no current "needs improvement")
 - Resident is required to achieve 50% of non-patient care goals R2, R3, and R4 and be at a minimum of satisfactory progress for the rest (i.e. no current "needs improvement")
 - RAC may vote to achieve objectives (if less than 70% marked based upon evaluations, feedback, and development plan)
 - Achieved for the residency voted on by the RAC committee
- Maintain and complete a Residency Portfolio in SharePoint

Resident's Criteria for Completion of Residency Checklist

- Complete all orientation competencies by the second quarterly development plan
- Successfully attain BLS, ACLS, PFCSS (if applicable), and PALS certification when classes are available
- Complete longitudinal research project, present research, and prepare publishable manuscript
- Complete medication usage evaluation
- Give at least three formal presentations to healthcare providers and have presentations available in resident's portfolio
- Complete teaching certificate (if not previously obtained)
- Competently perform required staffing component
- Maintain and complete residency portfolio on the SharePoint

Additional Residency Expectations

- Presentations/projects or any other material that a resident is providing to a preceptor must be provided to the preceptor at least 1 week prior to when comments/feedback is needed. Any presentation/project that is submitted after the 1 week time frame will NOT be reviewed by the preceptor.
- Residents should attend co-resident presentations throughout the year
- Additional service opportunities may be requested by the RPD.
- Residents are required to attend throughout the year:

- Residency Core Lecture Series
- Assigned committee meetings
 - Residency Advisory Committee
 - Pharmacy and Therapeutics
 - Any other assigned committees
- Twelve (12) hours of continuing education credit at ASHP Midyear Meeting. Residents are required to present a poster of their research at ASHP Midyear Meeting.
- All residents are required to participate in recruitment events (ASHP Midyear).

Orientation

1. Residents will attend the 1 day general hospital orientation.
2. Residents will complete an orientation learning experience for their first rotation
3. Residents will complete the general pharmacy checklists during the orientation rotation.
4. Residents will complete Human Subjects Training through CITI (Collaborative Institutional Training Initiative) Program online prior to end of their orientation rotation.
5. Each resident will complete PALS and ACLS.

6. Residents will meet with RPD and preceptors to discuss research projects. The project is to be decided on during the first week of orientation. A research advisor (determined by area of the project) will work with the resident and RPD.
7. The general hospital pharmacy checklists and evaluation will be completed by the resident's 2nd development plan meeting in order for residents to continue the residency.

Orientation to Learning Experience

1. Orientation will be provided by the preceptor to the area for that learning experience.
2. The learning experience description in pharmacademic should be reviewed by the resident prior to meeting with the preceptor
3. All scheduled meetings, presentations, lectures, etc., will be outlined during the orientation
4. The preceptor will review the evaluation schedule with resident during the orientation

Operational Pharmacy Practice (staffing)

The PGY1 resident will staff within the pharmacy department (pediatric resident in the pediatric pharmacy) every third weekend and sixth Friday evening not occurring prior to the residents required weekend. The schedule is developed and maintained by the scheduler. Staffing may occur on the day or evening shift.

Each PGY1 resident will staff one of the following holiday combinations: If the holiday occurs on a weekend the resident is not scheduled to work, the resident will receive a day off the following week.

1. Labor Day and New Year's Day
2. Memorial Day and Thanksgiving
3. Christmas Day

Resident Mentors

During July orientation the resident will select a preceptor to be a mentor for the year. Quarterly, the mentor and resident will meet with the RPD to review the Resident Development Plan to assess progression through the program and address any areas of improvement/growth. The mentor will also serve as the evaluator for teaching certificate requirements and will be assessing/coaching the resident.

- **Mentor Responsibilities**
 - Facilitate the resident's learning progression by serving as a resource and liaison between preceptor(s) and/or RPD if needed
 - Ensure timely progression on criteria for completion of residency
 - Help the resident prepare for quarterly resident development plans using actionable areas for improvement
 - Serve as preceptor for teaching certificate requirements
 - Schedule monthly appointments to meet with the resident via Outlook calendar
 - Understand the resident's personality, strengths, weaknesses and areas for improvement
 - Establish and continually evaluate career goals (PGY2 vs. job, BCPS, etc), personal goals, residency goals
 - Follow manuscript/research project status and ongoing projects...hold residents accountable
 - Discuss stress management, life outside residency, life balance

- **Additional Guidance for Mentors**
First Quarter (July – September)
 - Ensure orientation checklists completed
 - Select Journal Club/Presentation topics
 - Work on CV, update it regularly
 - Establish short term list of projects to complete – poster brainstorming for Midyear, MUE criteria to P&T
 - IRB approval for research? See Research timeline in the Residency Manual
 - Scout out locations and other broad considerations for PGY2 or careers
 - Make plans for Midyear. PGY2 bound residents should highly consider PPS

Second Quarter (October – December)

- PPS applications should be posted as soon as able.
- Contact PGY2 programs or employers of interest, apply in Dec. after Midyear
- Enroll for PPS early – fees are less
- Mock interviews
- Manuscript/project update.
- Have poster completed for Midyear
- Ask preceptors for recommendation letters
- Update CV, have someone review before posting on PPS or distribution at Midyear
- Begin data collection for MUE
- Stress management may be of use here
- Troubleshoot organization issues

Third Quarter (January – March)

- PGY2 applications should be completed by now
- MUE should be done or close
- Data should be collected for project and working on Research presentation
- Manuscript first draft. Finish other projects
- Select Journal Club/Presentation topics
- Troubleshoot stress management/organization
- Review presentations for interviews
- Job interviews, selection

Fourth Quarter (April – June)

- Keep motivation high
- Wrap up projects...be prepared for delays/unexpected happenings
- MANUSCRIPT writing
- Complete checklists

Research

Experience and training in research is gained through: (1) Resident Research Project; and (2) Research lectures within the Core Lecture Series. Residents may refer to the ASHP Foundation's [Residency Research Tips](#) website for further guidance. During the orientation learning experience all residents are required to complete the HIPAA and Human Subjects Research Training if not previously obtained and up to date.

Project selection / Scope of projects/ Approval

The purpose of completing a research project is for the resident to gain experience in all aspects of research: study design and conduct, data analysis, presentation of results, and submission of manuscript for publication. The process of generating resident research projects begins soon after the match process. Ideas for projects are solicited from the residency preceptors.

Status Reporting

Each resident should regularly discuss progress on the research project with his/her project mentor and RPD. Residents are expected to complete status updates via PharmAcademic. Problems/roadblocks should be immediately addressed and a plan for resolution identified.

Presentations

- **ASHP Midyear Research Poster**

Residents will present a poster with their research methods at ASHP Midyear.

Wesley Department of Pharmacy

To prepare for Midwest Pharmacy Residents Conference each resident will present their research findings to the pharmacy department and undergo rigorous review of content and presentation skills. A revised presentation will then be given prior to Midwest Pharmacy Residents Conference.

- **Midwest Pharmacy Residents Conference or Equivalent**

This presentation is generally a 15 minute presentation (<5 minutes for background, with the remaining 10 minutes utilized for study design, results, and discussion). A 3 minute question and answer period will follow the presentation.

Statistical Support

In general, statistics are run by the resident. However, based on study requirements, statistical support may be pursued through discussion with RPD.

Manuscript Writing

Several resources are available to assist in writing a publishable manuscript. Resources are available from the [ASHP Foundation](#) and [ASHP Media](#).

ESTIMATED RESEARCH TIMELINE

MONTH	DAY	EXPECTATION
July	2 nd	<input type="checkbox"/> Meet with preceptors to discuss research topics <input type="checkbox"/> Choose research topic
	15 th	<input type="checkbox"/> Methods presentation draft to preceptors
	19 th	<input type="checkbox"/> MUE topic chosen
	24 th -26 th	<input type="checkbox"/> Methods presentations
August	12 th	<input type="checkbox"/> IRB draft to preceptors
	15 th	<input type="checkbox"/> ASHP Midyear Poster Abstract Submission opens
	19 th	<input type="checkbox"/> MUE criteria draft to preceptors
	28 nd	<input type="checkbox"/> Submit to Wesley Research Committee
September	3 rd	<input type="checkbox"/> MUE criteria ready to present to P&T
	15 th	<input type="checkbox"/> Submit to IRB <input type="checkbox"/> Submit protocol for External Data Release / PubClear
October	1 st	<input type="checkbox"/> ASHP Midyear Poster Abstracts Due
November	1 th	<input type="checkbox"/> ASHP Midyear posters ready for printing <input type="checkbox"/> ASHP Midyear poster submitted to Wesley external data release/pubclear
December	early	<input type="checkbox"/> ASHP Midyear
January	21 st	<input type="checkbox"/> MUE results draft to preceptors
February	4 th	<input type="checkbox"/> MUE results ready to present to P&T
March	30 th	<input type="checkbox"/> Midwest powerpoint draft to preceptors
April		
	15 nd	<input type="checkbox"/> Midwest powerpoint presentation to external data release/pubclear
May	early	<input type="checkbox"/> Midwest Pharmacy Resident Conference
June	1 st	<input type="checkbox"/> Research manuscript draft to preceptors
	15 th	<input type="checkbox"/> All close-out documents submitted to WMREF IRB

		<input type="checkbox"/> All research documents required to be retained printed and placed in appropriate storage
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Research Preceptor Responsibilities

The purpose of completing a research project is for the resident to gain experience in all aspects of research: study design and conduct, data analysis, presentation of results, and submission of manuscript for publication. The process of generating resident research projects begins soon after the match process. Ideas for projects are solicited from incoming residents, RPD and preceptors.

- Ensure resident has completed the HIPAA and Human Subjects Research Training
- Propose research idea that can be achievable by the resident ideally limiting the research to one main question
- Do proper background work on research question (See Preceptor Proposal Form for Resident Research)
- Ensure resident manages research timeline and meets deadlines
- Review Research timeline in the Residency Manual

Medication Usage Evaluation

Purpose

The Medication Usage Evaluation (MUE) program is a structured, ongoing, organizationally authorized, process designed to improve quality of drug use by ensuring that drugs are used appropriately, safely, and effectively.

Policy

It shall be the responsibility of the Pharmacy and Therapeutics (P&T) Committee to oversee and make recommendations on the MUE outcomes brought to its attention.

Procedure Guidelines

MUE project ideas are formulated by pharmacy management and clinical preceptors, in conjunction with the P&T committee, to identify important aspects of care.

1. Indicator Identification: The resident and the MUE project mentor shall develop criteria for each of the drugs/disease states included in the plan. These indicators must reflect current knowledge, clinical experience, and relevant literature and meet the particular needs of this institution.
2. Threshold Evaluation: The resident and MUE project mentor shall develop criteria and establish thresholds for each of the drugs/disease states included in the plan.
3. Data Collection and Organization: The resident is responsible for collecting agreed upon data points to analyze for the purpose of process improvements.
4. Care Evaluation: The data gathered shall be evaluated and analyzed by the resident and MUE project mentor.
5. Problem Solving: The resident shall develop process improvement recommendations and educational measures for consideration and implementation. Any corrective actions will be taken by appropriate departments as needed.
6. Documentation and Communication of Improvement: The resident shall present all MUE outcome reports to the P&T Committee. The P&T Committee then steers what information that the resident should then communicate to Medical Staff, Nursing, Medical Executive Committee and appropriate Section Meetings and other departments when appropriate and as feasible. (Laboratory, QA, etc.).

Learning Experiences

PGY1 Pharmacy

Required 4 week Learning Experiences	Preceptor
Adult Medicine (2 blocks)	
Med/Cardiac	Ivy Nispel, PharmD, BCPS
Neuro/Trauma	Sarah Fogg, PharmD, BCPS
Woodlawn Med/ICU	Lanae Faires, PharmD, BCGP, BCPS
Med/Surg	Claire Pedigo, PharmD, BCPS
Ortho	Heather Hansen, PharmD, BCPS
Evening Internal Medicine / PAW	Andrew Kallman PharmD, BCPS, Sarah Dreiling PharmD/Katie White, PharmD
Critical Care (1 block)	
MICU	Tessa Cox, PharmD, BCCCP
SICU	CJ Wilson, PharmD, BCCCP
CCU	Joe Slechta, PharmD, FASHP
NEURO ICU	Kathryn Qualls, PharmD, BCPS, BCCCP
Emergency Medicine	Brian Gilbert, PharmD, MBA, BCCCP, Christina Brummett, PharmD, BCCCP, BCPS, Nicholas Kim, PharmD
Pediatrics / PICU	Lela Hernandez, PharmD, BCPPS, BCPS / Chris Durham, PharmD, BCPPS
Practice Management/Med Safety	Amber Meister, PharmD, MBA, BCPS
ID	Stephanie Harding, PharmD, BCIDP, BCPS
Required Longitudinal Experiences	Preceptor
Code Blue/Level 1 Trauma Response	CJ Wilson, PharmD, BCCCP
Medication Use Evaluation (MUE)	Various
Teaching Experience	Resident's Mentor
Formulary Management	Lauren Frasier, PharmD, BCPS
Pharmacy Staffing	Amber Meister, PharmD, MBA
Research Project	Resident's Research Advisor
Elective Learning Experiences	Preceptor
Neonatal Intensive Care	Trang Vo, PharmD, BCPS
Overnight ICU	Tessa Cox, PharmD, BCCCP
Pediatric Oncology	Steven Le, PharmD
Adult Oncology	Derick Gross, PharmD, MS, BCOP, BCPS

Required rotations may be chosen for electives as well.

PGY1 Pediatric Pharmacy

Required 4 week Learning Experiences	Preceptor
Pediatrics (2 blocks)	Lela Hernandez, PharmD, BCPPS, BCPS
PICU (2 blocks)	Chris Durham, PharmD, BCPPS
Pediatric Oncology	Steven Le, PharmD
Emergency Medicine	Brian Gilbert, PharmD, MBA, BCCC, Christina Brummett, PharmD, BCCCP
Neonatal Intensive Care	Trang Vo, PharmD, BCPS
Practice Management/Med Safety	Amber Meister, PharmD, MBA
Evening Pediatrics (PAW)	Katie White, PharmD
Required Longitudinal Experiences	Preceptor
Code Blue/Level 1 Trauma Response	CJ Wilson, PharmD, BCCCP
Medication Use Evaluation (MUE)	Various
Teaching Experience	Resident's Mentor
Formulary Management	Lauren Frasier, PharmD, BCPS
Pharmacy Staffing	Amber Meister, PharmD, MBA
Research Project	Resident's Research Advisor
Elective Learning Experiences	Preceptor
Infectious Diseases	Stephanie Harding, PharmD, BCIDP
Any adult experience	Various

Required rotations may be chosen for electives as well.

Block	Resident 1	Resident 2	Resident 3	Resident 4	Resident 5	Resident 6	Peds
1 (7/1-7/23)	Orientation						
(7/24-7/30)	Research/ Staffing Training						
2 (7/31-8/27)	NT (Sarah)	NT (Sarah)	MC (Ivy)	MS (Claire)	MC (Ivy)	MS (Claire)	Peds
3 (8/28-9/24)	MICU (CC)	SICU (CC)	ID	MC (Ivy)	ID	Neuro (CC)	PICU
4 (9/25-10/22)	Peds	ID	MICU (CC)	PM/Med Safety	NT (Sarah)	ID	NICU
5 (10/23-11/19)	PM/Med Safety	Peds	EM	PICU	<i>Elective</i>	<i>Elective</i>	Peds Onc
6 (11/20-12/3)	PAW	EIM	WM (Lanae)	<i>Elective</i>	EM	MC (Ivy)	PM/Med Safety
12/4-12/10	Midyear						
6 (12/11-12/24)	PAW	EIM	WM (Lanae)	<i>Elective</i>	EM	MC (Ivy)	PM/Med Safety
7 (12/25-1/21)	EM	PM/Med Safety	PICU	Neuro (CC)	SICU (CC)	EIM	PAW
1/22-1/28	Research						
8 (1/29-2/25)	WM (Lanae)	<i>Elective</i>	<i>Elective</i>	EM	PM/Med Safety	<i>Elective</i>	Peds ED
(2/26-3/3)	Research						
9 (3/4-3/31)	ID	<i>Elective</i>	<i>Elective</i>	ID	Peds	PM/Med Safety	<i>Elective</i>
(4/1-4/7)	Research						
10 (4/8-5/5)	<i>Elective</i>	WM (Lanae)	PM/Med Safety	EIM	PAW	EM	Peds
11 (5/6-6/2)	<i>Elective</i>	EM	PAW	<i>Elective</i>	<i>Elective</i>	<i>Elective</i>	PICU
12 (6/3-6/30)	<i>Elective</i>	<i>Elective</i>	<i>Elective</i>	<i>Elective</i>	<i>Elective</i>	PICU	<i>Elective</i>

MS= Med/Surg, MC= Med/Cardiac, NT= Neuro/Trauma, HM = Hospital Medicine, WM=Woodlawn Med/ICU, PM = Practice management, EM = Emergency Medicine, CC = Critical Care, PAW = Evening pediatrics, EIM = Evening Internal Medicine

Pharmacy Core Lecture Series

The pharmacy core lecture series will cover a variety of topics we feel are necessary to be a well-rounded pharmacist. The Lecture Series occurs on Thursdays from 1200-1300. The topics, specific dates and locations are updated each year and will be provided to the residents at the beginning of residency. Pre-work may be assigned at preceptor discretion, which the resident will be expected to complete prior to the scheduled lecture. Below are examples of the topics presented.

Research design/methods
Pharmacokinetics
Trauma
Core Measures
Drugs for Bugs
Pneumonia
Communication
Nutrition/TPN
Asthma
AMI/ACS
Vasopressors/Shock
Acid/Base
Dysrhythmias
Pediatric ADME
CVA
Toxicology
Skin and Soft Tissue Infections
Diabetes Management
CRRT
Sedation/Analgesia/Delirium
Fungal infections
Financial Planning
Preceptor Development
Starting your new job
Biostatistics
Heart failure

Clinical Rotation Core Standards for Pharmacy Residents

The goal of the residency programs at Wesley is to provide a positive environment where the self-learner can acquire the knowledge and skills necessary to provide patient care as an independent practitioner. This goal is primarily accomplished through resident membership on the team providing direct care to patients.

Residents are expected to provide patient care by identifying a patient's potential and actual drug therapy problems, resolving actual drug related problems and preventing potential problems from becoming actual problems. It will be necessary for the resident to review disease state management and drug therapy topics to effectively care for patients. It is primarily the responsibility of residents to review these topics through self-study and through attendance at pharmacy department and clinic-wide conferences. Residents should not hesitate to ask their preceptors to help clarify drug therapy issues/problems.

Hours and Attendance

- The resident will be on-site during the hours and days as set by the preceptor.
- Patient care and/or other learning experience activities are outlined in the Learning Experience Descriptions
- The preceptor must be notified by the resident if the resident will be late or absent from patient care activities or scheduled meetings.

Resident Documentation and Communication with Decentralized Pharmacists

The resident will follow department policy to document all clinical interventions and outcomes follow-up in Meditech, Vigilanz and/or PDOC, including recommendations and discussions held during rounds. Documentation expectations will be outlined by preceptors at the start of each learning experience

The resident is to communicate any follow-up requests with pharmacy team members covering evening shifts. These requests include a review pertinent clinical issues not fully clarified in the patient note and /or intervention history (e.g. *only* pertinent positives, pending drug levels, etc). These communications should take place before the end of the resident's work day whenever possible.

Other Core Resident Responsibilities

- The resident will perform all duties as requested by the medical team unless otherwise directed by the preceptor.
- The resident will attend all meetings as scheduled by the preceptor.
- The resident will stay current with the pertinent medical literature and make evidence-based recommendations to the team.

Resident Evaluation

Rating	Definition
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Needs Improvement (NI)	<ul style="list-style-type: none"> • Deficient in knowledge/skills in this area • Often requires assistance to complete the objective • Unable to ask appropriate questions to supplement learning
Satisfactory Progress (SP)	<ul style="list-style-type: none"> • Adequate knowledge/skills in this area • Sometimes requires assistance to complete the objective • Able to ask appropriate questions to supplement learning • Requires skill development over more than one rotation
Achieved (ACH)	<ul style="list-style-type: none"> • Fully accomplished the ability to perform the objective • Rarely requires assistance to complete the objective; minimum supervision required • No further developmental work needed
Achieved for Residency (ACHR)	<ul style="list-style-type: none"> • Resident consistently performs objective at Achieved level, as defined above, for the residency.

Resident Responsibilities

- Complete ALL PharmAcademic evaluations for all rotations prior to meeting with the preceptor at the end of each rotation or prior to due date if for a longitudinal experience
- Residents must schedule a meeting to occur 1-2 days prior to the end of the rotation to discuss rotation evaluations. This meeting should be scheduled within the first week of the rotation by sending an outlook calendar meeting request to the preceptor.
- Evaluations not completed by above stated expectations without prior approval from the preceptor will be considered a missed deadline. Please refer to Guidelines for Dismissal for consequences.

Resident Development Plan

- The resident will complete a pre-residency interest/self-evaluation with required/elective residency goals.
- The resident will complete development plans in pharmacademic. The RPD, mentor and resident will review the initial resident development plan in August and then quarterly thereafter. Resident progress will be viewable in SharePoint.
- Prior to each meeting the resident will be prepared to discuss the criteria listed below and must have completed the development plan in Pharmacademic.
- The development plan criteria are but not limited to:
 - % goals achieved, also going over any needs improvement goals
 - Updates to development plan
 - Strengths – professional and personal
 - Areas for improvement – professional and personal
 - Career goals
 - Licensure status
 - Criteria for completion of residency progress
 - Well-being and resilience

Resident Portfolio

Purpose: To standardize resident’s folder on the Share Point and allow for easy retrieval of documents.

Contents:

- CV folder:

- Updated version of CV
- **Presentations / Projects** folder :
 - Final drafts of any formal presentation / educational document
 - Topic discussion handouts
 - Preceptor presentation feedback
 - Completed Presentation Assessment Forms
 - Midyear abstract
 - Midyear poster
 - Midwest Residency Conference applications materials
 - Midwest Residency Conference PowerPoint presentation
 - MUE final draft
 - MUE data collection
 - MUE final results and recommendations
 - Monograph final draft
- **Research** folder:
 - Final draft of research proposal
 - Completed / signed research proposal
 - Approval documents from IRB/ QI department
 - Data collection sheet
 - Final draft of manuscript
- The resident may customize the remaining content in the portfolio
 - Folder examples:
 - Rotations
 - Statistics
 - Teaching Certificate

Resident Duty Hours and Well-being Policy

1. Link to ASHP Duty Hours Requirements for Pharmacy Residencies: <https://www.ashp.org/-/media/assets/professional-development/residencies/docs/duty-hour-requirements.pdf>
2. Duty hours will be limited to 80 hours per week, averaged over a four-week period, inclusive of all scheduled clinical and academic activities related to the pharmacy residency program as defined by ASHP.
3. Moonlighting (internal or external) must not interfere with the ability of the resident to achieve the educational goals and objectives of the residency program.

- a. Currently, Internal Moonlighting is not available. If it becomes available it will be limited to 4 shifts or 32 hrs in a rolling 4 week period with no more than 2 of those shifts or 16 hrs being completed in the same week with a mandatory duty-free time of minimum of one day in seven days free of duty when averaged over four weeks.
 - b. External moonlighting is discouraged. Residents must inform and obtain approval the residency program director of any moonlighting hours outside the facility. External moonlighting is limited to 20 hours over a rolling 4 week period.
 - c. The residency will not allow a combination of external and internal moonlighting during the same rolling 4 week period.
 - d. If moonlighting affects the resident's performance as determined by the RAC, moonlighting will be suspended for a minimum of 30 days. The resident may request the RAC grant permission resume moonlighting. Requests may be granted with normal limitations or a more stringent hour restriction.
4. In-house on-call includes covering emergency response calls Mondays through Thursdays 0700-1900 and Fridays 0700-1600. This is a rotating schedule with an average of in-house call being 3 days/4 week schedule. This in-house call is in conjunction with regular rotation hours and responsibilities. No at-home call is required for the residency.
 5. Residents must complete the ASHP Standard Duty Hours Form at the end of each month in PharmAcademic. These will be reviewed by the RPD monthly and actions taken for any instances of non-compliance.
 6. HCA and Wesley provide many resources for well-being including:
 - a. Optum Wellbeing
 - i. Free counseling services 24/7
 - ii. Digital toolkit to guide help
 - b. HCA Wellbeing Hub
 - i. Overall wellbeing
 - ii. Emotional wellbeing
 - iii. Medical care resources
 - iv. Financial resources
 - v. Household/Family resources
 - vi. Community resources and opportunities
 - c. HCA Hope Fund
 - d. Wesley Wellness Room includes massage chairs, exercise equipment, yoga mats, etc.
 7. ASHP well-being resources may be found at wellbeing.ashp.org
 8. Resilience and well-being will be discussed and reviewed at quarterly resident development plans with resident/RPD and mentor and as needed.

Communications

iMobile

Residents will be given an iPhone for using the MH-Cure system. Residents are expected to assign their patients as requested by their preceptor. Residents will sign into their dynamic role for code and trauma coverage.

A physician may be paged by calling the hospital operator at 2-3030 and requesting the physician or staff member be paged to your phone number.

E-mail

The resident is responsible for reading and acknowledging all e-mail messages in Outlook from faculty and staff in a timely manner. Failure to review email at least daily could result in the resident missing valuable information such as schedule changes, meetings and policy announcements.

Residents are also required to be proficient in Microsoft Outlook and maintain an up-to-date Outlook calendar.

Webex

Residents will have access to Webex on their facility laptop to communicate with Wesley/HCA employees and join and/or schedule virtual meetings.

Telephone

Keep personal phone calls to a minimum. If you need to make a call that will be lengthy or possibly disruptive, please remove yourself from the resident office for the call.

Pharmacy Phone/Fax Numbers

Pharmacy department phone numbers, including the pharmacy office, central and satellite phone numbers may be found on the Wesley Pharmacy Intranet page or the shared drive.

Pharmacist numbers can be found in the MH-Cure Directory

The pharmacy department fax number is (316) 962-2568.

Professional Meetings and Travel

Professional Membership and Fees

Pharmacy residents are required to be members of the American Society of Health-System Pharmacists (ASHP). ASHP membership dues are reimbursed for all residents.

Travel

Month	Conference	Location	Required	Subsidized
October	ACCP Annual Meeting	Varies	No	No
December	ASHP Midyear Meeting	Varies	Yes	Registration covered
April	ACCP Spring Meeting	Varies	No	No
May	Midwest Pharmacy Residents Conference or equivalent	Varies	Yes	Registration and Travel Expenses covered

Reimbursement

All reimbursement is processed through Concur. Training will be provided to residents as needed.

ASHP Midyear Meeting

Website: www.ashp.org

Deadlines – please see website for updates and actual dates:

- *Abstract submission:* late September to early October
- *Hotel reservation:* mid-July – reserve early please
- *Registration:* by mid-October
- *Travel expenses for all Midyear expenses has been included in the Resident's stipend.* No additional reimbursement will be provided.

Midwest Pharmacy Residents Conference

Website: <http://www.mprconference.com>

Deadlines – please see web site for updates and actual dates:

- *Abstract submission:* late February to mid-March
- *Hotel reservation and registration:* February or March – reserve early please
- Travel expenses for Midwest will be reimbursed after through HCA Concur.

Stipend and Benefits

The stipend for the PGY1 pharmacy practice resident is \$48,672.

Residents will be paid every two weeks for the previous two weeks of work. There are 26 pay periods a year. The stipend will be divided equally among the 26 pay periods. Direct deposit to a financial institution is required. Pay days are every other Friday and the timing of the first paycheck will be discussed during hospital orientation.

Residents are provided with an excellent benefit package that includes day 1 medical, prescription, dental and vision coverage if chosen, Additional benefits include but are not limited to:

- 401K participation
- Benefits Continuation (COBRA)
- Jury Duty Leave
- Life Insurance
- Military Leave
- Short-Term Disability
- Bereavement
- Medical and Daycare flexible spending accounts
- Corporate Discounts (cell phone, shopping, rental care, electronics etc.)

Vacation and Leave

Vacation

Residents are considered benefits-eligible as other full-time employees are at WMC. Paid time off (PTO), will begin accruing immediately and is based on productive hours worked. Approximately 20 days will be available during the residency year. PTO is used for non-worked holidays, sick days and vacation days etc.

Personal Appointments

Appointments for personal issues (physician, dentist, etc.) should have minimal impact on learning experience activities. Appointments must be approved by the preceptor at least two days prior to the appointment, and ideally, prior to the start of the learning experience.

Leave

The maximum leave that can be taken without extending the end date of the residency program, is inclusive of all leave excluding ASHP Midyear (professional, conferences, interview days, other PTO, vacation, sick, maternity, paternity, extended leave of absence, paid or unpaid) is 37 days. Leave greater than 37 days will require an extension of the program equal to the number of additional days missed. Leave greater than 12 weeks will result in the resident not completing the residency program.

Sick Leave

Weekday: Residents must contact their current preceptor and the pharmacist in charge (PIC) if they are going to be out sick and absent from rotation by 7 a.m.

Weekend staffing: If the resident is going to be out sick for a weekend staffing shift, the resident must contact the pharmacist in charge (PIC) at least two hours prior to the start of the shift when possible. The resident is required to make up the shift at a later date.

Emergency Leave

Preceptors and the RPD are aware that certain life emergencies or life events may occur and that residents may need to be away or request to be away. Attempts will be made to accommodate the resident should this situation arise during the residency year, not exceeding 12 weeks. Approval must be granted by the RPD and the Director of Pharmacy.

Professional leave

Professional leave is allowed for approved conferences per hospital policy (see Travel). The resident will need to request Hospital Business through Facility Scheduler for these days.

Maternity / Paternity Leave / Extended Leave of Absence

The resident may have the residency extended by an appropriate amount of time to compensate for time away from the residency program if the total number of days on leave is greater than 37.

Leave greater than 37 days will require an extension of the program equal to the number of additional days missed. Leave greater than 12 weeks will result in the resident not completing the residency program.

Early Commitment

The PGY-2 Critical Care program offers the opportunity for early commitment to current PGY1 residents at Wesley Medical Center.

The early commitment process is outlined in the PGY2 Critical Care Manual .

Resident Remediation / Disciplinary Process Policy

The Residency Program Director (RPD), Residency Advisory Committee (RAC), and preceptors will follow a corrective action process based on oral and documented corrective action counseling when one or more serious deficiencies in a resident's performance is noted. The corrective action process will be used when addressing areas of resident performance and/or behavior requiring improvement or elimination. It is intended to initiate action that will assist the resident in correcting problems and improving performance and/or behavior. Failure to improve as addressed by the corrective action process within the specified time frame(s) will result in the resident not receiving a certificate of successful completion and may result in involuntary dismissal. However, certain behaviors or actions will be considered immediate grounds for dismissal and the corrective action process will not apply. Corrective action process procedures and grounds for dismissal are outlined below.

Corrective action may be imposed if the resident fails to meet their obligations and responsibilities inherent to successful completion of the residency-training period. This includes, but is not limited to, progress toward achievement of learning experience objectives, completing assignments and meeting deadlines, progress towards completion of the residency project, completion of the program's requirements and deliverables as outlined in the completion requirements policy, and completion and submission of all program evaluation materials. Corrective action process may also be imposed if the resident acts in a manner contrary to the professional obligations (e.g., unprofessional behavior, plagiarism) and responsibilities of a pharmacist.

Procedure: The RPD will conduct a thorough investigation, including meeting with the resident to investigate the concern and offer the resident an opportunity to provide information relevant to the identified deficiencies. The following are examples of concerns, performance, or actions that may prompt an investigation to determine the need for corrective action (this list is not comprehensive):

1. Failure to make progress towards achievement of an educational objective in more than one learning experience.
2. Failure to meet required deadlines.
3. Failure to complete assigned work.

Following an investigation, the RPD, in conjunction with the RAC will review the results of the investigation to determine the need to impose corrective action. The RPD shall inform the Resident of the results of the review regardless of the final decision. In addition, the RPD will contact Human Resource (HR) personnel, as appropriate.

When the RPD, in conjunction with the RAC, determines that corrective action is necessary, corrective action will begin with oral counseling followed by, if necessary, a written corrective action plan.

1. Oral Counseling will include a discussion of the issues identified. The Resident will also be provided with suggestions for improvement, progression expectations, and the expected timeline for meeting progression expectations or issue resolution that is no longer than four weeks. The Resident will also be notified that the Oral Counseling discussion will be documented in the resident's personnel file. The RPD and Resident's preceptors will closely monitor the resident's performance to determine if expectations for progression/issue resolution are being met.

2. A Corrective Action Plan will be initiated if the RPD and Residency Advisory Committee determine the Resident has not met progression expectations or corrected identified issues by the end of the expected timeline. The purpose of the Corrective Action Plan is to document specific, measurable, achievable, repeatable and time bound (SMART) goals for a pharmacy resident who has failed to correct identified issues and/or displays behavior that is not conducive to achieving the predetermined objectives of the residency program. Corrective Action Plans will include the following components:
 - A. Description of the issues that must be corrected.
 - B. Timeline that does not exceed four weeks.
 - C. Criteria for successful resolution of the corrective action plan.
 - D. Date and signatures of the resident and RPD.

3. Within five working days of the agreed upon timeframe for evaluation, the RPD and the Residency Advisory Committee will assess the performance of the resident relative to the plan and discuss the updated performance with the resident.
 - a. If the resident was able to successfully complete the corrective action plan, no further action is necessary.
 - b. If the resident was NOT able to successfully complete the performance improvement plan, the resident will be dismissed from the residency program and employment terminated.
 - c. If the resident is making progress but has not achieved all criteria for successful resolution: The RPD/RAC, may provisionally extend the Corrective Action Timeline, up to four weeks if, based on their assessment, the resident can successfully complete the plan in this time frame. Progression and duration of the extension will be documented in the Corrective Action Plan with a copy provided to the resident. At the end of any extension, the resident will be dismissed from the residency program and will not receive a certificate of completion if all criteria for resolution have not been met.

Dismissal: Grounds for immediate dismissal from the residency program include but are not limited to:

1. Failure to obtain pharmacist licensure within 120 days of the residency start date.
2. For PGY2 residents, failure to provide their PGY1 certificate of completion within 30 days from the residency start date.
3. Knowingly or negligently places a patient, employee or any other person in danger.
4. Falsifying information on a document.
5. Committing plagiarism as determined by the RAC after review of the materials suspected of plagiarism.

The resident is also subject to the Hospital's Performance Improvement Policy

Miscellaneous

Confidentiality

Maintaining confidentiality of patient, employee, and business information is critical and pertains to all information (oral, paper-based, and electronic).

Identification Cards

WMC identification badges must be worn by all employees while on duty. The badge must be worn above the waist and name and picture must be clearly visible. Residents may not wear non-professional insignia such as pins or buttons not related to Wesley or the health care profession while on duty unless pre-approved by the Pharmacy Department Director.

Professional Dress and Decorum

All residents are expected to maintain a professional appearance while delivering services to patients and their families, as outlined in Human Resources Professional Dress Standards policy. Standardized professional scrubs are allowed when the resident is on Trauma Call or appropriate clinical rotation.

If dressed improperly, the resident may be instructed to return home to change clothing or take other appropriate action. Subsequent infractions may result in disciplinary action.

Trauma Response

Residents are assigned code/trauma coverage and will assume the designated role in immobile.

Workspace and Supplies

Residents have a designated work space that will include, at a minimum, a desk, desktop computer and printer, telephone, bookshelf, and a file cabinet. Residents have access to a copy machine, scanner and a fax machine that can be used for official business associated with the residency.

Licensure

Newly hired, unlicensed pharmacy graduates are expected to have a scheduled appointment to sit for the NAPLEX and Multistate Jurisprudence exam prior to their start date and obtain licensure as a pharmacist in the State of Kansas within 120 days of program start date. Licensing fees are not reimbursed.

Liability Insurance

All pharmacists at WMC are suggested but not required to carry professional liability insurance. Suggested insurers include Pharmacists' Mutual and through ASHP via Marsh Affinity Group Services

Parking and Transportation

Residents will receive information about parking on the one-day hospital orientation in July. The vehicle must be registered with WMC security office and the WMC parking permit must be displayed while parking on WMC campus.

Housing

WMC does not provide housing for the pharmacy resident. The RPD can help direct residents interested in finding housing to various resources, as well as current residents for advice.

Preceptor of the Year and Mentor of the Year

Each spring, the resident class selects a Preceptor of the Year and Mentor of the Year. This preceptor excels in teaching, clinical skills, dedication to the pharmacy profession and mentoring. The Mentor has gone “above and beyond” to help guide his/her resident through residency.

Clinical Preceptors

Biographies of clinical preceptors are available on the WMC Pharmacy Residency Website.

Each rotation is assigned one primary preceptor with or without additional co-preceptors. The primary preceptor is responsible for the resident’s learning activities, experiences, and scheduling for that rotation. Where there are additional co-preceptors, the learning experience evaluation of the resident will be completed by primary preceptor with input from any additional co-preceptors.

The week prior to the start of each rotation, the resident is to contact the preceptor for the rotation and make the preceptor aware of other activities the resident will be completing during the rotation (presentations, projects, trips, etc.). The resident shall communicate directly with the primary preceptor if conflicts or concern arise with scheduling, performance, professionalism and/or personal issues. If additional resources are needed, the preceptor should contact the RPD.

PGY1 Preceptor Eligibility (ASHP Standard 4):

Preceptors must be licensed pharmacists who:

- have completed an ASHP-accredited PGY1 residency program followed by a minimum of one year of pharmacy practice experience in the area precepted;
- or
- have completed an ASHP-accredited PGY1 residency program followed by an ASHP accredited PGY2 residency and a minimum of six months of pharmacy practice experience in the area precepted;
- or
- have three or more years of pharmacy practice experience in the area precepted if they have not completed an ASHP-accredited residency program

PGY2 Preceptors must be licensed pharmacists who:

- have completed an ASHP-accredited PGY2 residency program followed by a minimum one-year of pharmacy practice experience in the area precepted.
- or
- have three or more years of pharmacy practice experience in the area precepted if they have not completed an ASHP-accredited PGY2 residency program

Preceptors’ Qualifications:

Preceptors must demonstrate the ability to precept residents’ learning experiences as evidenced by:

- Content knowledge/expertise in the area(s) of pharmacy practice precepted
- Contribution to pharmacy practice in the area precepted.
- Role modeling ongoing professional engagement

Preceptors maintain an active practice and ongoing responsibilities for the area in which they serve as preceptors

- Preceptors actively participate and guide learning when precepting residents

Preceptor Responsibilities

- Preceptors serve as role models for learning experiences by:
 - Contributing to the success of residents and the program
 - Providing learning experiences in accordance with ASHP standards
 - Participating actively in the residency program's continuous quality improvement processes
 - Demonstrating practice expertise and preceptor skills and strive to continuously improve
 - Adhering to residency program and department policies pertaining to residents and services
 - Demonstrating commitment to advancing the residency program and pharmacy services.

Preceptor Appointment Criteria

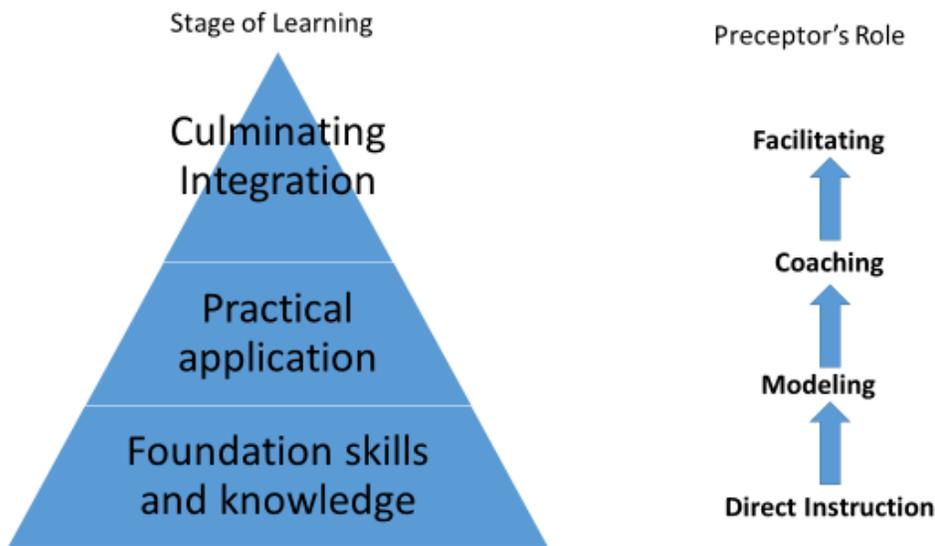
- Meets all ASHP preceptor eligibility and qualifications
- Must actively practice in learning experience area
- Preceptors are expected to complete/update the ASHP Preceptor Academic and Professional Record form yearly in Pharmacademic
- Resident feedback on individual preceptors will be reviewed annually by the RPD and necessary recommendations will be provided
- Preceptors are expected to continually meet these criteria and to inform the RAC committee in writing if they no longer meet the preceptor requirements

Preceptor Development

RAC will offer multiple educational opportunities for preceptors to improve his/her precepting skills. Preceptor development plans will be developed for all preceptors-in-training and for any preceptor who has specific development needs identified through a preceptor needs assessment process. The program director, in conjunction with the residency advisory committee, will be responsible for the following on an annual basis:

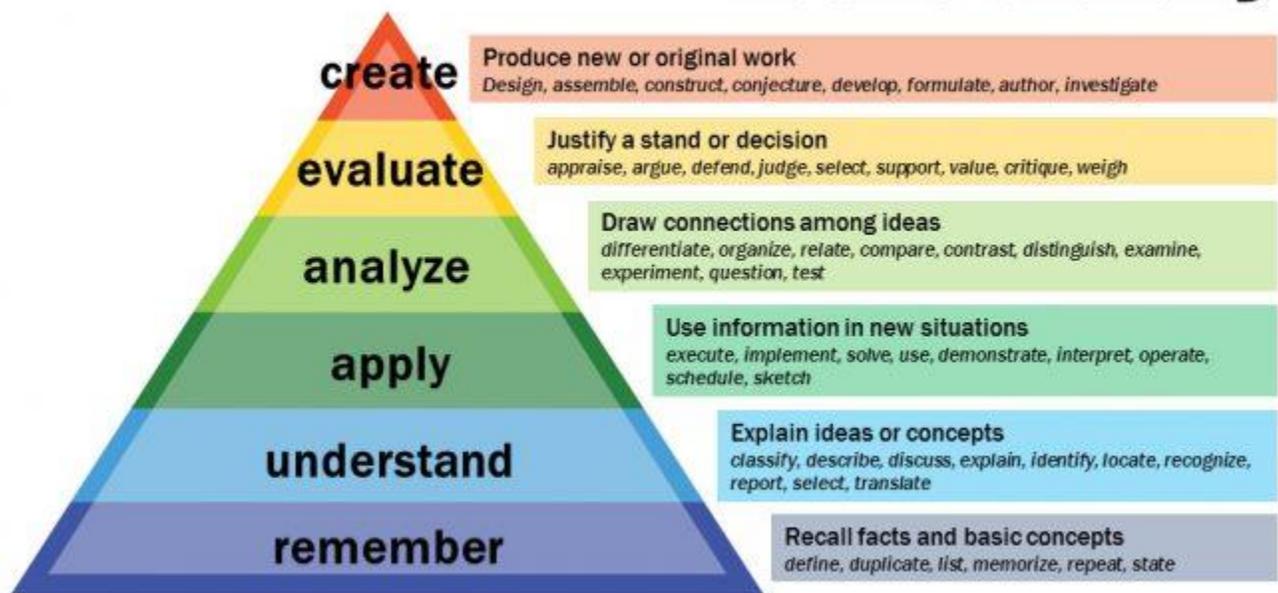
- An assessment of preceptor needs via open RAC discussion at the end of the residency year
- Schedule of activities to address any identified needs
- Provide suggestions to the Citywide Preceptor planning committee
- The RPD will solicit verbal feedback from residents annually
- Preceptors are required to participate in 1 of the quarterly Citywide Preceptor Development seminars annually and encouraged to participate in more as needed
- Preceptors are required to attend a minimum of 5 resident presentations
- Preceptor development activities will be held multiple times a year and are provided by the Wichita Pharmacy Residency Preceptor Development Consortium at different sites
- Preceptors are required to submit at least 1 research project idea annual

Preceptor Roles: Weitzel KW et al. *Am J Health-Syst Pharm.* 2012



Bloom's Taxonomy

Bloom's Taxonomy



Vanderbilt University Center for Teaching

Obtained with permission, website: <https://cft.vanderbilt.edu/guides-sub-pages/blooms-taxonomy/> accessed 1/31/17.
Credit to Vanderbilt University Center for Teaching

Resident Advisory Committee (RAC)

- Purpose: Oversight of all aspects of the residency program
- Members: RPDs, Director of Pharmacy, preceptors and current residents.
- RAC preceptors serve a two year term. Volunteers to participate on RAC will be requested prior to next residency class every two years. The outgoing RAC committee will approve the incoming members.
- Meeting Time: Third Tuesday of every month at 1230.
- Residency Progress Updates for all preceptors will be held quarterly to update the preceptors on the Residency Program and Residents' progress
- RPDs will meet with resident and mentor quarterly for resident development plan which will be emailed out through PharmAcademic
- At RAC meetings, the RPD(s) will review evaluation delinquencies, and preceptor hours documentation
- RAC will review preceptors annually following receiving end of the year resident feedback and updated APRs for reappointment.
- RAC meeting template:
 1. Minutes Review:
 2. Evaluation Delinquencies
 3. Preceptor Hours Review
 4. ___
 5. ___
 6. ___
 7. ___

**Wesley Medical Center
PGY1 Residency Program**

PGY1 RESIDENT STATEMENT OF AGREEMENT

As a resident in the PGY1 Residency Program at Wesley Medical Center, I agree to the following:

1. I am participating in a one (1) year training program in Pharmacy Practice that is scheduled to begin on July 1st, ____ and scheduled to end on June 30th, ____.
2. I will be considered benefits-eligible as other full-time employees are at Wesley Medical Center. Paid time off (PTO) will begin accruing immediately and is based on productive hours worked. Vacation time will be limited to 10 days unless other arrangements are made with the Residency Program Director.
3. I will receive a stipend of \$48,672/year, paid on a two-week pay period basis.
4. I understand that I will be required to work one of every three (3) weekends in a clinical staff pharmacist role, one Monday or Friday of every 6 weeks and one of the following holiday combinations; Labor Day and New Year's day, Memorial day and Thanksgiving or Christmas Day. Compensation for the Monday or Friday shifts is included in the base salary.
5. I will avoid engaging in any activities that compete with my duties and responsibilities with the Residency program. If I wish to work extra hours as a pharmacist, I will discuss this (and receive approval) with the Residency Program Director and will generally work those hours (for pay) at Wesley Medical Center by signing up for available overtime shifts.
6. I will follow ASHP Duty hours as outlined in the Residency Manual.
7. I understand that I must schedule all Board exams prior to July 1st of this year and notify my residency program director of my test dates. If I fail to obtain licensure as a pharmacist in the

State of Kansas within 120 days of my start date, I understand that I will not be able to continue in the program.

8. I understand that adequate professional liability insurance is not required but it is suggested that you obtain it prior to beginning residency training.
9. I will take full advantage of what the residency program offers me; I understand that this will typically require more than 50 hours per week.
10. I will accept the responsibility placed on me, in so far as my knowledge and experience allow; I am aware that my rotation preceptors, Resident Advisor and Residency Program Director will be available for assistance.
11. I will accept constructive criticism and act on it.
12. I will strive to complete all assignments on time, including learning experience evaluations.
13. I understand that I must satisfactorily complete all of the competencies and requirements outlined in the Residency Manual in order to earn an ASHP-accredited residency certificate.
14. By signing this I attest that I have reviewed the online PGY1 Residency Manual.

Print Name: _____

Resident Signature: _____ Date: _____

Resident Checklists

Resident Beginning of the Year Checklist

- Complete pre-residency survey
- Complete HIPAA and Human Subjects Research Training
- Complete required orientation competencies
- Become a licensed pharmacist in Kansas
- Upload a photocopy of your license to HR Answers
- Join American Society of Health-System Pharmacists (ASHP) if not already a member

Resident End of Year Checklist

Name _____ Date _____

Program _____

The following must be completed to successfully finish the residency and receive your completion certificate:

- Complete all orientation competencies by the second quarterly development plan
- Successfully attain BLS, ACLS, PFCES (if applicable), and PALS certification when classes are available
Complete longitudinal research project, present research and prepare publishable manuscript
- Complete medication usage evaluation
- Give at least three formal presentations to healthcare providers and have presentations available in portfolio
Complete teaching certificate if not previously obtained
- Competently perform required staffing component
- Maintain and complete residency portfolio on the SharePoint
- Present MUE to P&T
- Have research manuscript ready for publication submission available in portfolio
- Submit completed IRB Report if needed
- Place all patient-specific information from research project into the Investigational Pyxis if collected
- Complete all required competencies
- Complete all PharmAcademic tasks and evaluations
- Complete Residency Portfolio
- Turn in ID card, car parking tags, and pager to residency director
- Clean out workspace, including wanted files on computers and network drives
- Arrange healthcare insurance (you have 45 days from termination date to sign up for COBRA)

- Change address with respective Board of Pharmacies
- Update forwarding address with Human Resources
- Complete ASHP post-residency survey

Submit completed checklist to program director.

Residency Director

Date