

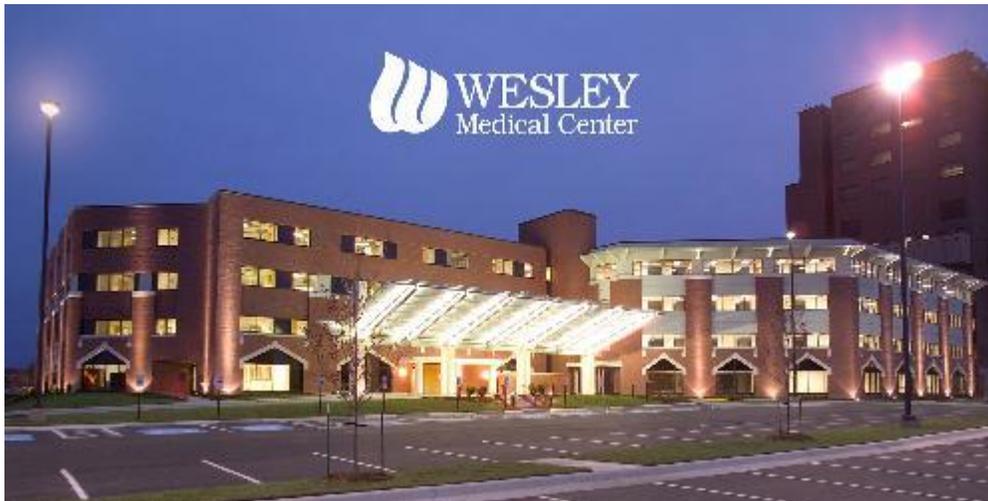


Wesley Medical Center
Wesley Woodlawn Hospital & ER
Wesley Children's Hospital
Wesley West ER & Diagnostic Center
Wesley Derby ER
WesleyCare Clinics

PGY2 Critical Care Pharmacy Residency Manual

2026-2027

Wesley Medical Center
Wichita, Kansas



This manual has been developed for the PGY2 Critical Care Pharmacy Residency Program at Wesley Medical Center in Wichita, Kansas to provide information on policies, procedures, benefits and other elements that may directly relate to the completion of our program. Questions regarding the residency manual may be addressed with the Residency Program Director or the PGY2 Critical Care Residency Advisory Committee. There may be changes to policies and procedures at any time when deemed necessary. You will be informed of changes accordingly.

Table of Contents

Introduction	4
Welcome Letter	4
About Wesley Medical Center	5
Mission, Vision and Values.....	5
Pharmacy Services	6
Pharmacy Mission	6
Pharmacy Services at Wesley Healthcare	6
Core Services.....	6
Commitment to Education.....	7
Residency Program Overview	8
Purpose	8
Competency Areas.....	8
Educational Goals and Objectives.....	8
Residency Program Structure	10
PGY2 Critical Care Pharmacy Residency Advisory Council.....	10
Residency Expectations – Clinical Rotations.....	11
Resident Evaluation	12
Learning Experiences	12
Salary and Benefits.....	13
Resident Recruitment and Selection	15
Application Requirements	15
Technical Standards	15
Pre-Requisites	15
Resident Candidate Interview Selection	15
Resident Interview and Evaluation – Phase I.....	15
Resident Interview and Evaluation – Phase II.....	16
ASHP Match Results.....	16
Human Resource Hiring Steps.....	16
Equal Opportunity.....	17
Diversity, Equity and Inclusion	17
PGY2 Critical Care Early Commitment Policy and Procedure	17
Residency Program Policies	19

Resident Remediation and Disciplinary Process	19
Resident Duty Hours and Well-Being Policy	20
Resident Vacation and Leave	22
Resident Evaluation Strategy	22
Professional Meetings and Travel.....	23
Communication Policies and Devices	23
Miscellaneous	24
Residency Program Requirements and Rotations	26
Requirements for Completion of Residency	26
Additional Residency Expectations	27
Learning Experience Orientation	27
Orientation.....	27
Clinical Staffing.....	28
Research.....	28
Medication Use Evaluation	30
Resident Portfolio	31
PGY2 Critical Care Residency Program Clinical Preceptors.....	32
Appendix A: Statement of Agreement.....	33
Appendix B: Resident Checklists	34
Resident Beginning of the Year Checklist	34
Resident End of Year Checklist.....	34
Appendix C: Disease States to be Reviewed	35

Introduction

Welcome Letter

On behalf of all pharmacy staff, we would like to congratulate you on starting your Critical Care Residency with Wesley Medical Center here in Wichita, Kansas!

We are very pleased to welcome you as a new member of Wesley's highly trained and dedicated pharmacy team. Your residency is an exciting and unique time to focus on learning and refining clinical skills. We are dedicated to providing you with a variety of high-quality learning experiences throughout this residency year. Our belief is 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 – even if they change throughout the year.

This year you will experience great professional growth that is directly related to the amount of commitment and dedication invested. At Wesley Medical Center, it is our goal to partner with you to facilitate you on your journey to become a highly trained and independent clinical pharmacist. This handbook should be used as a tool to orient you to the major policies and regulations around our PGY2 Critical Care Residency Program.

Again, congratulations and welcome to the team!

A handwritten signature in black ink that reads "Kathryn Qualls". The signature is written in a cursive, flowing style.

Kathryn Qualls, PharmD, BCPS, BCCCP

Residency Program Director, PGY2 Critical Care

Clinical Pharmacy Specialist, Neurocritical Care

About Wesley Medical Center

We are a 760 bed, 102 bassinets tertiary-care, community teaching facility that is home to one of the regions few Level 1 trauma centers, comprehensive stroke center, and one of the busiest emergency departments within the state of Kansas. The main campus is comprised of Wesley Medical Center, which houses our cardiac, medical, neurological, and surgical/trauma critical care units. Additionally, our main campus includes Wesley Children's Hospital which is the only dedicated children's hospital in the region. Wesley Healthcare also has several off-site campuses including Wesley Woodlawn, Wesley Rehab and three freestanding emergency departments in Wesley Andover, Wesley Derby and Wesley West.

Wesley Medical Center is one of the most experienced and comprehensive medical centers in Kansas. Additionally, our advanced automation systems allow for more hands-on direct bedside patient care opportunities including trauma, stroke, and cardiac arrest response programs. As a proud member of HCA Healthcare, Wesley Medical Center remains one of the innovators driving clinical practice changes which reaches our vast network of hospitals across the country.

Mission, Vision and Values

Mission	Above all else, we are committed to the care and improvement of human life.
Vision	To bring exceptional health to every human being.
Values	<ul style="list-style-type: none">• Integrity: Doing the right thing, even when no one is watching.• Compassion: Be empathetic to the needs of others and sympathize with their situation.• Accountability: Take ownership for how actions impact outcomes.• Respect: Value others and embrace diversity.• Excellence: Take personal pride in exceeding expectations.

Pharmacy Services

Pharmacy Mission

The pharmacy department will provide optimal pharmaceutical care through continuous improvement to achieve the desired outcomes of drug therapy for our patients and those we serve.

Pharmacy Services at Wesley Healthcare

The pharmacy department at Wesley has approximately 50 pharmacists and 50 technician support personnel. Our pharmacy department strives to provide excellent clinical and drug distribution services which allow for improved bedside care. Patient safety and clinical excellence are a priority to our expanding pharmacy service lines. Improved pharmacy automation and bar code scanning systems help avoid potential medication-related errors and enable pharmacy staff to provide additional services that optimize patient outcomes.

Core Services

Wesley Healthcare's pharmacy department provides a number of core services to all inpatient and outpatient 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
 - Pediatrics pharmacy
 - Wesley Woodlawn pharmacy
- Medication distribution and administration system
 - 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 – Internal Medicine, Orthopedics/Surgery, Cardiac, Trauma, Neurology, Rehab services
 - Critical Care – Medical, Surgical, Trauma, Neurological, Cardiac, Pediatric, Neonatal
 - Formulary Management/Clinical Decision Support/Medication Safety
 - Emergency Medicine
 - Infectious Diseases
 - Oncology – Adult and Pediatric
 - Pediatrics
- Clinical Services
 - Medication review
 - IV to PO conversions
 - Anticoagulation dosing and monitoring
 - Pharmacokinetic and therapeutic drug monitoring and dosing services
 - Opioid stewardship
 - Total parenteral nutrition dosing service

- Patient counseling
- Medication reconciliation
- Antimicrobial stewardship
- Adverse drug reaction detection, prevention and monitoring
- Real-time patient monitoring system - Inovolan®
- Pharmacists respond to cardiac arrests, trauma alerts, massive blood transfusions, malignant hyperthermia alerts, stroke alerts, rapid sequence intubations, surgical airway alerts, adult/pediatric sepsis alerts within the emergency department, and provide factor stewardship.

Commitment to Education

Wesley Medical Center is a teaching site for many 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. Pharmacy students from KU and various schools of pharmacy complete IPPE and APPE learning experiences at Wesley. Additionally, numerous opportunities which are often presented to learners at Wesley via pharmacy organizations to improve engagement, advocacy, research collaboration, and learning.

Residency Program Overview

Purpose

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

Competency Areas

- **R1:** Patient Care
- **R2:** Advancing Practice and Improving Patient Care
- **R3:** Leadership and Management
- **R4:** Teaching, Education, and Dissemination of Knowledge
- **A1:** Management of Medical Emergencies

Educational Goals and Objectives

- **Goal R1.1:** In collaboration with the health care team, provide safe and effective patient care to critically ill patients following a consistent patient care process
- **Objective R1.1.1 (Applying)** Interact effectively with health care teams to manage critically ill patients' medication therapy
- **Objective R1.1.2: (Applying)** Interact effectively with critically ill patients, family members, and caregivers.
- **Objective R1.1.3: (Analyzing)** Collect information on which to base safe and effective medication therapy for critically ill patients.
- **Objective R1.1.4: (Analyzing)** Analyze and assess information on which to base safe and effective medication therapy for critically ill patients.
- **Objective R1.1.5: (Creating)** Design, or redesign, safe and effective patient-centered therapeutic regimens and monitoring plans (care plans) for critically ill patients.
- **Objective R1.1.6: (Applying)** Ensure implementation of therapeutic regimens and monitoring plans (care plans) for critically ill patients by taking appropriate follow-up actions.
- **Objective R1.1.7: (Applying)** For critically ill patients, document direct patient care activities appropriately in the medical record, or where appropriate.
- **Objective R1.1.8: (Applying)** Demonstrate responsibility to critically ill patients for patient outcomes.
- **Goal R1.2:** Ensure continuity of care during critically ill patient transitions between care settings.
- **Objective R1.2.1: (Applying)** Manage transitions of care effectively for critically ill patients
- **Goal R1.3:** Manage and facilitate delivery of medications to support safe and effective drug therapy for critically ill patients.
- **Objective R1.3.1: (Applying)** Facilitate delivery of medications for critically ill patients following best practices and local organization policies and procedures.
- **Objective R1.3.2: (Applying)** Manage aspects of the medication-use process related to formulary management for critically ill patients.
- **Objective R1.3.3: (Applying)** Facilitate aspects of the medication-use process for critically ill patients.
- **Goal 2.1:** Demonstrate ability to manage formulary and medication-use processes for critically ill patients, as applicable to the organization.

- **Objective R2.1.1:** (Creating) Prepare or revise a drug class review, monograph, treatment guideline, or protocol related to care of critically ill patients, including proposals for medication-safety technology improvements.
- **Objective R2.1.2:** (Evaluating) Participate in a medication-use evaluation related to care for critically ill patients.
- **Objective R2.1.3:** (Applying) Participate in the review of medication event reporting and monitoring related to care for critically ill patients.
- **Objective 2.1.4:** (Analyzing) Identify opportunities for improvement of the medication-use system related to care for critical care patients.
- **Goal 2.2:** Demonstrate ability to conduct a quality improvement or research project.
- **Objective R2.2.1:** (Analyzing) Identify and/or demonstrate understanding of a specific project topic to improve care of critically ill patients or a topic for advancing the pharmacy profession or critical care pharmacy.
- **Objective R2.2.2:** (Creating) Develop a plan or research protocol for a practice quality improvement or research project for the care of critically ill patients or a topic for advancing the pharmacy profession or critical care pharmacy.
- **Objective 2.2.3:** (Evaluating) Collect and evaluate data for a practice quality improvement or research project for the care of critically ill patients or for a topic for advancing the pharmacy profession or critical care pharmacy.
- **Objective 2.2.4:** (Applying) Implement a quality improvement or research project to improve care of critically ill patients or for a topic for advancing the pharmacy profession or critical care pharmacy.
- **Objective R2.2.5:** (Evaluating) Assess changes or need to make changes to improve care for critical care patients or a topic for advancing the pharmacy profession or critical care pharmacy.
- **Objective R2.2.6:** (Creating) Effectively develop and present, orally and in writing, a final project or research report suitable for publication related to care for critically ill patients or for a topic related to advancing the pharmacy profession or critical care pharmacy at a local, regional, or national conference.
- **Goal 3.1:** Demonstrate leadership skills for successful self-development in the provision of care for critically ill patients.
- **Objective R3.1.1:** (Applying) Demonstrate personal, interpersonal, and teamwork skills critical for effective leadership in the provision of care for critically ill patients.
- **Objective R3.1.2:** (Applying) Apply a process of ongoing self-evaluation and personal performance improvement in the provision of care for critically ill patients.
- **Goal 3.2:** Demonstrate management skills in the provision of care for critically ill patients.
- **Objective R3.2.1:** (Applying) Contribute to critical care pharmacy departmental management.
- **Objective R3.2.2:** (Applying) Manage one's own critical care practice effectively.
- **Goal 4.1:** Provide effective medication and practice-related education to critically ill patients, caregivers, health care professionals, students, and the public (individuals and groups).
- **Objective R4.1.1:** (Applying) Design effective educational activities related to critical care pharmacy.
- **Objective R4.1.2:** (Applying) Use effective presentation and teaching skills to deliver education related to critical care pharmacy.
- **Objective R4.1.3:** (Applying) Use effective written communication to disseminate knowledge related to critical care pharmacy.
- **Objective R4.1.4:** (Applying) Appropriately assess effectiveness of education related to critical care pharmacy.

- **Goal 4.2:** Effectively employ appropriate preceptor roles when engaged in teaching students, pharmacy technicians, or fellow health care professionals in critical care.
- **Objective R4.2.1:** (Analyzing) When engaged in teaching related to critical care, select a preceptor role that meets learners' educational needs.
- **Objective R4.2.2:** (Applying) Effectively employ preceptor roles, as appropriate, when instructing, modeling, coaching, or facilitating skills related to critical care.

Residency Program Structure

Residency Program Director: Kathryn Qualls, PharmD, BCPS, BCCCP

R1: Patient Care	R2: Advancing Practice and Improving Patient Care	R3: Leadership and Management	R4: Teaching, Education, and Dissemination of Knowledge	A1: Management of Medical Emergencies
MICU	CCU	SICU	Teaching Experience	Emergency Response
SICU	MUE	ED	MICU	
PICU	Administration	Overnight ICU		
ED	Research Project	Clinical Staffing		
Overnight ICU		Program Development		
CCU		Administration		
NCC		NCC		
ID				
Orientation				
Clinical Staffing				
MUE				

PGY2 Critical Care Pharmacy Residency Advisory Council

- **Purpose:** Maintain and engage in an ongoing process of assessment of the residency program and provide guidance for residency program conduct and related issues.
- **Members:** RPD, director of pharmacy and current preceptors. Residents participate in the RAC to learn and participate in the residency quality improvement process.
 - Voting Members are defined as the RPD, director of pharmacy and current preceptors. Quorum is defined as at least 50% of members present. Voting items will be passed based on majority. If unable to meet quorum during a quarterly meeting, voting items will be sent out for email vote.
- **Meeting Time:** First Thursday quarterly at 1400 (and as needed)
- At RAC meetings, the RPD will review evaluation delinquencies.
- **Yearly formal evaluation of the program to include input from residents and preceptors for continuous program improvement to include:**
 - Input from resident evaluations of preceptors and learning experiences.
 - Evaluate whether residents fulfill the purpose of a PGY2 pharmacy residency program through graduate tracking including employment, board certification, surveys of past graduates, or other applicable information.
 - Assessment of methods for recruitment.
 - Documentation of program improvement opportunities and plans for changes to the program.

Residency Expectations – Clinical Rotations

The goal of our pharmacy resident education programs at Wesley Medical Center is to provide a positive environment where the self-learner can acquire the knowledge and skills necessary to provide patient-centered 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 optimal patient care by identifying a patient’s potential and actual drug therapy problems, resolving actual drug related problems and by mitigating potential issues prior to development. 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.
- The resident participates in patient care and other rotation responsibilities Monday through Friday unless an exception is approved by the preceptor.
- The resident will contact the team and/or preceptor if he/she will be late or absent from patient care activities or scheduled meetings.
- The resident will adhere to the duty hours attested to monthly as set by ASHP residency standards.

Preparation for Rounds and Meetings with the Preceptor

- The resident will complete all required readings according to the timelines established by the preceptor and will be prepared to lead and/or actively participate in the discussion of these topics. The resident needs to “study” the information well in advance and not just complete the readings before the meeting with the preceptor.
- The resident will be prepared to discuss patient care issues with the service for all patients during morning pre-rounds as assigned
- The resident will review all pertinent information on a daily basis, unless otherwise indicated by the preceptor. This review should be made prior to rounds.
- The resident will be prepared to present all patients to the team and preceptor. This goal may need to be modified at the beginning of a rotation and/or when there are a large number of patients on service. It may be adequate to cover only those patients with significant pharmacy issues. The “quality” of the patient presentations is more important than the number of patients presented.
- The suggested format for presenting a patient is:

<p>HPI: Chronological history; include medications, other therapies, surgery relating to problem</p> <p>PMH: Significant past medical, surgical history, and social history; medication history (include medications on admission); allergies</p> <p>Assessment and Plan: Problem List (by disease state) relating assessment of drug therapy appropriateness, vital signs and significant physical findings to each disease state, along with a monitoring plan and response to drug therapy.</p>

Resident Documentation and Communication with Decentralized Pharmacists

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

The resident is to communicate any follow-up requests with pharmacy team members covering evening and/or overnight shifts. These requests include reviewing pertinent clinical issues not fully clarified in the outlined documentation (e.g. *only* pertinent positives, pending drug levels, anti Xa monitoring, etc). These communications should take place before the end of the resident’s workday whenever possible.

Participation in Patient Care Activities

The resident will take the initiative to communicate with team members for patient care issue follow-up. Team membership requires active participation.

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, residency program director, and/or pharmacy leadership.
- The resident will stay current with the pertinent medical literature and, whenever possible, make evidence-based recommendations to the team.
- The resident will write notes in the patient's chart as per department policy for all pharmacists.

Resident Evaluation

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 for missed deadlines.

Resident Development Plan

- The resident will complete the pre-residency interest and self-evaluation with the required and elective residency goals.
- The resident, RPD and mentor will complete a resident development plan after the resident has chosen a mentor within 30 days of start of residency then quarterly thereafter. These development plans will be emailed out to preceptors through PharmAcademic. Resident progress will be reviewed during PGY2 RAC meetings.
- Prior to each meeting the resident will be prepared to discuss the development plan via PharmAcademic assigned task.
- The RPD and RAC will determine effectiveness of the quarterly development plan and with the resident will determine the subsequent quarterly plan which can include the same variations stated above.

Learning Experiences

There are twelve required rotations and one elective rotation offered throughout the residency year. In addition, there are five longitudinal experiences required and several other concentrated experiences required if offered. Please see the list below with the corresponding timeframe for each.

Required Rotations:	
Administration	2 weeks
Cardiology Intensive Care	4 weeks
Emergency Medicine – Adult	4 weeks
Evening ICU	4 weeks
Hospital/Residency Orientation	3 weeks
Infectious Disease	4 weeks
Medical Intensive Care	4 weeks

Neurocritical Care	4 weeks
Overnight ICU	4 weeks
Pediatric Intensive Care	4 weeks
Program Development	2 weeks
Surgical/Trauma Intensive Care	4 weeks
Elective Rotations: may repeat any required rotation or choose one of below electives	
Emergency Medicine – Pediatric	4 weeks
Nephrology	4 weeks
Preceptorship	4 weeks
Longitudinal Rotations:	
Clinical Staffing	
Emergency Response – Code Blue, Level 1 Trauma, Level 1 Stroke	
Medication Use Evaluation	
Research Project	
Teaching Experience	
Concentrated Experiences (if available):	
Advanced Cardiac Life Support (ACLS)	
Pediatric Advanced Life Support (PALS)	
Pediatric Fundamental of Critical Care Support (PFCCS)	
Emergency Neurological Life Support (ENLS)	

Salary and Benefits

The salary for the PGY2 pharmacy specialty resident is ~\$51,300.

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

Residents are provided with an excellent benefit package that includes medical, prescription, dental and vision coverage. 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 car, electronics etc.)

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).

Resident Mentor

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 if applicable
 - Schedule monthly appointments to meet with the resident
 - Understand the resident's personality, strengths, weaknesses and areas for improvement
 - Establish and continually evaluate career goals, personal goals, residency goals
 - Follow manuscript/research project status and ongoing projects
 - Discuss stress management, life outside residency, life balance

Resident Recruitment and Selection

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. One letter from a critical care preceptor or current/previous residency program director.
6. College/University transcripts (mailed directly from the College/University)
7. Program interview (for candidates progressing to the final step in the process)
8. Currently in process of completing or have completed an ASHP accredited PGY1 pharmacy residency

* Items 3-6 submitted via Phorcas

Technical Standards

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

- Critical thinking and problem-solving skills
- Sound judgment
- Emotional stability and maturity
- Empathy for others, independent of race, religion, ethnicity, or gender identification
- Physical and mental stamina
- Ability to learn and function in a variety of settings

Residents seeking exceptions to these standards or reasonable accommodations should initiate their request with the program's director.

Pre-Requisites

Eligible candidates for the PGY2 Critical Care Pharmacy Residency Program must:

- Attain a Doctor of Pharmacy degree from an accredited college of pharmacy, or B.S. from an accredited college of pharmacy with equivalent clinical experience.
- Complete an ASHP- accredited or candidate-status PGY1 pharmacy residency.
- Eligible to take the Kansas Board of Pharmacy examination by the start of the residency program.

Resident Candidate Interview Selection

- Prospective candidate's materials will be reviewed by the RPD, current resident and/or members of the Residency Advisory Committee.
- Candidates will be evaluated utilizing a standardized screening tool to assess the following areas: letter of interest, letters of recommendation, leadership, work experience, community service, academic performance and other activities.
- Scores will be compiled to determine which candidates are invited for an interview.
- A minimum of 2-3 candidates will be invited for an interview.

Resident Interview and Evaluation – Phase I

- An interview is required for invited candidates. In-person or virtual interview session will be offered to support candidates from all areas.

- The interview day will include an overview of the program policies and completion requirements with the residency program director. In addition, candidates will have the opportunity to meet with the current resident, pharmacy leadership and preceptors.
- The candidate will be required to give two fifteen-minute presentations during the interview related to critical care topics of their choosing.
- A standardized screening tool is utilized by all staff participating in the interview process. All scores must be submitted within 72 hours or before the next interview date.
- At the conclusion of all interviews, a candidate review and rank meeting will be held to discuss the preliminary rank list and the strengths and weakness of each residency candidates. All staff involved in the interview process are invited to attend this meeting.
- The rank list will be discussed as a group and given to the residency program director for finalization. The Residency Program Director is responsible for submitting the rank order to the NMS.

Resident Interview and Evaluation – Phase II

- All applications will be reviewed on a rolling basis.
- A virtual interview will be conducted. The interview session will include a question and answer session with the RPD, current resident and available preceptor(s). Contact information for the current pharmacy resident will be provided for follow-up.
- A standardized screening tool is utilized by all staff participating in the interview process. All scores must be submitted within 24 hours.
- At the conclusion of all virtual interviews, a candidate review and rank meeting will be held to discuss the preliminary rank list and the strengths and weakness of each residency candidates. All staff involved in the interview process are invited to attend this meeting.
- The rank list will be discussed as a group and given to the residency program director for finalization. The Residency Program Director is responsible for submitting the rank order to the NMS.

ASHP Match Results

- The RPD will send matched candidates their Statement of Agreement within 30 days of the Match to confirm and document their acceptance of the Match. The matched resident shall sign and email the Statement of Agreement as soon as possible but no later than 30 days prior to start of the residency program in order to begin the hiring process through Human Resources.

Human Resource Hiring Steps

- 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 16 approximately March 31st) or we will provide.
- N-95 (mask) fit testing if required for position

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, gender identification, disabilities or veteran's status.

Diversity, Equity and Inclusion

Wesley recognizes, celebrates, and draws from our differences because it makes us better. We value the diverse backgrounds of our pharmacists, residents, students, and technicians and believe varied levels of experience and diversity enhance our ability to solve difficult challenges and provide the greatest care for our patients. Wesley promotes the involvement in and access to leadership opportunities to all staff regardless of race, ethnicity, gender, religion, age, sexual orientation, nationality or disability.

PGY2 Critical Care Early Commitment Policy and Procedure

The PGY2 Critical Care Pharmacy Residency Program offers the opportunity for early commitment to current PGY1 Residents at Wesley Medical Center.

Requirements

- Residents who are currently under any disciplinary action or performance improvement plan are ineligible.
- Each eligible and interested resident must submit a signed letter of intent and curriculum vitae to the PGY2 Residency Program Director by the fourth Friday in October.

Resident Candidate Interview Selection

- Prospective candidate's materials will be reviewed by the RPD, current resident and/or members of the PGY2 Residency Advisory Committee.
- Candidates will be evaluated utilizing a standardized screening tool to assess the following areas: letter of interest, leadership, work experience, community service, academic performance and other activities.
- After review of materials, the RPD may extend an invitation for early commitment interview.

Interview Process

- An in-person interview is required for invited candidates.
- The interview day will include the opportunity to meet with the current resident, pharmacy leadership and preceptors as well as an interview with the residency program director.
- The candidate will be required to give two fifteen-minute presentations during the interview related to critical care topics of their choosing.
- A standardized screening tool is utilized by all staff participating in the interview process. All materials must be submitted within 24 hours.
- PharmAcademic summative evaluations of clinical rotations and/or a letter of progress from the current PGY1 Residency Program Director will be available to the interview committee.

Early Commitment Selection Process

- At the conclusion of all interviews, a candidate review meeting will be held to discuss offering the position to an early commitment applicant.
- If a resident is accepted by the early commitment process, the residency program director will inform the resident by at least the Monday the week before ASHP Midyear. A written acceptance letter must be delivered to the program director by the Friday the week before ASHP Midyear if the resident is accepting the position. This acceptance letter is a formal commitment by the resident to pursue the PGY2 Critical Care residency the following year.
- If early commitment is not offered by the program, any candidate not offered early commitment may still apply to the program but are required to participate in the ASHP Match Process.

Early Commitment Timeline

- Fourth Friday in October – submit application requirements to PGY2 RPD
- November – interview
- Monday the week before ASHP Midyear – latest date to notify resident of early commit selection.
- Friday the week before ASHP Midyear – last day for early commit resident to inform RPD of acceptance or declination of early commit offer.

Residency Program Policies

Resident Remediation and Disciplinary Process

The Residency Program Director (RPD), PGY2 Residency Advisory Committee (RAC), and preceptors will follow a corrective action process based on verbal 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 behavior. Failure to improve performance 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 PGY2 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 PGY2 RAC, determines that corrective action is necessary, corrective action will begin with verbal counseling followed by, if necessary, a written corrective action plan.

1. Verbal 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 Verbal 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 PGY2 RAC 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 PGY2 RAC 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/PGY2 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 60 days of the residency start date. 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 PGY2 RAC after review of the materials suspected of plagiarism.

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

Resident Duty Hours and Well-Being Policy

1. Duty hours are defined as all scheduled clinical and academic activities related to the pharmacy residency program.
 - a. This includes inpatient and outpatient care (resident providing care within a facility, a patient's home, or from the resident's home when activities are assigned to be completed virtually); staffing/service commitment; in-house call; administrative duties, work from home activities (i.e. taking calls from home and utilizing electronic health record related to at-home call program); and scheduled and assigned activities, such as committee meetings, classroom time associated with a master's degree for applicable programs or other required teaching activities and health and wellness events that are required to meet the goals and objectives of the residency program.
 - b. This excludes reading, studying, and academic preparation time (e.g. presentations, journal clubs, closing knowledge gaps); travel time (e.g. to and from work); and hours that are not scheduled by the residency program director or a preceptor.
2. Maximum Hours of Work per Week
 - a. Duty hours must be limited to no more than 80 hours per week, averaged over a four-week period, inclusive of internal and external moonlighting.
3. Mandatory Duty-Free Times

- a. 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.
 - b. Residents must have at a minimum of 8 hours between schedule duty periods.
- 4. Continuous duty is defined as assigned duty periods without breaks for strategic napping or resting to reduce fatigue or sleep deprivation.
 - a. Continuous duty periods for residents should not exceed 16 hours.
- 5. Tracking of Compliance with Duty Hours
 - a. Programs must have a method in place to track compliance with the Duty Hour Requirements for Pharmacy Residencies Policy
 - i. The documentation method used must allow the reviewer to determine compliance with all requirements outlined in this policy including hours worked, hours free of work, and frequency of all call programs. (e.g., attestation of compliance by the resident, hours worked)
 - b. Residents must complete the ASHP standard Duty Hours Form at the end of each month
- 6. Moonlighting; defined as any voluntary, compensated, work performed outside the organization (external), or within the organization where the resident is in training (internal). These are compensated hours beyond the resident's salary and are not part of the scheduled duty periods of the residency program.
 - a. Moonlighting (internal or external) must not interfere with the ability of the resident to achieve the educational goals and objectives of the residency program, and must not interfere with the resident's fitness for work nor compromise patient safety.
 - b. All moonlighting hours must be counted towards the clinical experience and educational work 80-hour maximum weekly hour limit averaged over a four-week period and included in the tracking of hours
 - c. Internal Moonlighting will be limited to 4 shifts or 32 hours in a rolling 4-week period with no more than 2 of those shifts or 16 hours being completed in the same week.
 - d. External moonlighting is discouraged. Residents must inform and obtain approval the RPD of any moonlighting hours outside the facility. External moonlighting is limited to 20 hours over a rolling 4-week period.
 - e. The residency will not allow a combination of external and internal moonlighting during the same rolling 4-week period.
 - f. It is at the discretion of the RPD and the PGY2 RAC to permit or withdraw moonlighting privileges.
 - i. 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
- 7. HCA and Wesley Healthcare provide may resources for well-being including but not limited to the following:
 - 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.
- 8. Please visit the ASHP website to review entire documents related to duty hours and well-being.

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

Resident Vacation and Leave

Vacation

Residents are 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 ten (10) days unless other arrangements are made with the RPD.

Personal Appointments

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

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, he/she 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.

Professional leave

Professional leave is allowed for approved conferences per hospital policy (see Travel).

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 leave is greater than 12 weeks or if residency requirements cannot be met, the members of the RAC may dismiss the resident from the program.

Resident Evaluation Strategy

Evaluation Rating Scale Definitions:

Rating	Definition
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.

Professional Meetings and Travel

Professional Membership and Fees Paid

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/NCS Annual Meeting	Varies	No	No
December	ASHP Midyear Meeting	Varies	Yes	Yes
Jan / Feb	SCCM Annual Congress	Varies	Yes	Yes
Spring	Midwest Pharmacy Residents Conference	Varies	Yes	Yes

Reimbursement

All reimbursement is processed through Concur or WMREF. 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 Midyear will be reimbursed through HCA Concur

SCCM Annual Congress

Website: www.sccm.com

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

- May consider submitting previous research to present in the Research Snapshot Theater
- *Abstract submission:* fall – see website
- *Presentation submission:* mid-January to mid-February
- *Hotel reservation and registration:* October – December – reserve early please
- Travel expenses for SCCM are reimbursed through WMREF Scholarship

Communication Policies and Devices

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 receive various emergency pages (code blue, trauma, stroke, intubations, sepsis etc.) through MH-Cure system.

A physician may be paged by calling the hospital operator 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 Microsoft 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 calendar.

WebEx

Webex is available on the facility provided laptop and/or on your personal device and is utilized for communication purposes within the pharmacy department rooms/teams, messaging of individuals, and 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.

Internal and External Mail System

Internal mailing can be placed in an envelope (normal or confidential) and placed in the outgoing mail basket on the outside of the administrative assistant's office. The envelopes can be found near the copy room. See the administrative assistants for official external mailings. Personal external mailing needs to have appropriate postage and placed in any of the US postal service drop boxes located campus-wide.

Mailing address: 550 N. Hillside, Wichita, KS 67214-4976

Miscellaneous

Confidentiality

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

Identification Cards

Wesley Medical Center 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. Standardized professional scrubs are allowed. 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.

Emergency Response iMobile

Residents are designated to respond to all level 1 traumas, code blue, level 1 stroke alerts, rapid sequence intubations, massive blood transfusions, and malignant hyperthermia on a rotating basis. Resident will be designated on-call days and will respond to emergencies from 0700 to 1900. During assigned times, the resident will assume the designated role in iMobile. The PGY2 resident will be primary responder and precept PGY1 residents one day a week once competencies have been demonstrated.

Workspace and Supplies

Residents have a designated work space that will include, at a minimum, a desk, laptop, monitors with laptop docking station, printer, telephone, and shelves/drawers. 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 60 days of program start date with no more than 2 attempts. Licensing fees are not reimbursed.

Liability Insurance

All pharmacists at Wesley Medical Center are suggested but not required to carry professional liability insurance.

Parking and Transportation

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

Housing

Wesley 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 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.

Residency Program Requirements and Rotations

Requirements for Completion of Residency

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

- A formal orientation program for all residents is scheduled in July of each year if completion of the PGY-1 residency occurred outside of WMC. All new residents are expected to attend these sessions and complete required competencies. Returning residents may be excused from many of the scheduled sessions. All required competencies must be completed (new or existing) prior to resident graduation.
- Successfully attain BLS, ACLS, PFCCS, ENLS and PALS certification when classes are available. The resident's registration and textbook fees for attendance at BLS, PALS, PFCCS, ENLS and ACLS will be compensated or reimbursed.
 - Research
 - Complete a longitudinal research project.
 - Present research poster at ASHP Midyear.
 - Present research at a regional Midwest pharmacy resident conference. If unable to present at this meeting, the resident is required to present at an alternate professional conference (i.e. SCCM, ACCP).
 - Prepare a publishable manuscript.
 - Medication Usage Evaluation
 - Complete a medication usage evaluation (MUE) to understand medication use policies and procedures.
 - Communication Skills
 - Resident must give at least four (4) formal presentations to healthcare providers during the residency year. All presentations must be present in the resident's portfolio.
 - Teaching Commitment
 - A Teaching Certificate is available through the University of Kansas School of Pharmacy. The PGY2 resident is required to participate in this program if a certificate was not previously completed.
 - Service
 - All residents have pharmacy practice (clinical staffing) component as required by the program.
 - Evaluations
 - Resident is required to achieve 100% of patient care goals (will be defined as achieving at least 75% of objectives).
 - R1, A1
 - Resident is required to achieve 50% of non-patient care goals and be at a minimum of satisfactory progress for the rest (i.e. no "needs improvement").
 - R2, R3, R4
 - Achieved for residency will be determined by the RPD and will be reviewed by RAC.
 - For patient care goals: SP followed by ACH on consecutive patient care rotations or determined by resident development plan
 - For non-patient care goals: SP in first half of residency followed by RPD and mentor determination during resident development plan
- Maintain and complete a Residency Portfolio on SharePoint prior to graduation, the resident may copy their portfolio to take with them.

Additional Residency Expectations

- Residents are encouraged to attend the following throughout the year:
 - The PGY-2 will be designated as the **Chief Pharmacy Resident**. The expectation is that the PGY-2 will serve as a leader to PGY-1 residents, students, etc.
 - PGY-1 Residency Core Lecture Series
 - Attend co-resident presentations at conferences attended
 - Assigned committee meetings
 - PGY2 Residency Advisory Committee
 - Pharmacy Council
 - Pharmacy and Therapeutics Committee
 - Any other assigned committees. PGY2 residents participate in committees selected jointly by the RPD and the PGY2 resident to meet the objectives of the residency. Committee opportunities for the PGY2 Critical Care include Critical Care Collaborative, Trauma Collaborative, Stroke Collaborative and others.
 - Ten (10) medical conferences (i.e. Grand Rounds, noon conferences, Critical Care Interest Group and Journal Club, etc.)
- Residents are required to complete twelve (12) hours of continuing education credit at ASHP Midyear Meeting.
- PGY2 resident will participate in a journal club series.
- Apply to present research at SCCM Annual Congress, Neurocritical Care Society Annual Meeting, or ACCP Annual Meeting, if applicable.
- Present summary of topics from SCCM Annual Meeting or any other conferences attended throughout the year to preceptors.
- All residents are required to participate in recruitment events (ASHP Midyear, or assigned).

Learning Experience Orientation

- Each rotation has one primary preceptor with or without additional co-preceptors. The primary preceptor is responsible for the resident's learning activities, experiences, evaluation, 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.
- Orientation will be provided by the preceptor to the area in which the resident will be practicing for that time.
- The preceptor will provide a brief review of the learning experience and requirements for the learning experience. The learning experience description should be reviewed by the resident prior to meeting with the preceptor.
- All scheduled meetings, presentations, lectures, etc., will be outlined the first day of the learning experience.
- The preceptor will review the evaluation schedule with resident on the first day of learning experience.

Orientation

If previously completed a PGY1 at WMC this will be adjusted to an alternative rotation. During the orientation learning experience the following will be completed:

- Residents will attend the one-day general hospital orientation program.
- Residents will complete an orientation learning experience for their first rotation.
- Residents will complete the general pharmacy checklists during the orientation rotation.
- Residents will complete Human Subjects Training and Good Clinical Practice for Biomedical Researchers through CITI (Collaborative Institutional Training Initiative) Program online prior to end of their orientation rotation.
- Each resident will complete PALS, ACLS, PFCCS, and ENLS when classes are available, if certificates not previously attained or current.
- Residents will meet with RPD and preceptors to discuss their research project. The project is to be decided on during the first week of orientation. A research advisor will work with the resident or RPD.
- There will be an evaluation at the end of orientation. 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.

Clinical Staffing

The PGY2 resident will staff every third weekend in a critical care clinical specialist position.

The PGY2 resident will staff up to two holidays (one major and one minor), which will be assigned at the beginning of the year. On holidays the resident does not work, the resident will be required to take PTO as all other employees do. This will not count towards allotted vacation days (see Vacation and Leave section). Residents have the option to have a project day/staff if they would like to save their PTO.

Research

Experience and training in research are 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.

Prior to starting the process of research, all residents are required to complete the HIPAA and Human Subjects Research Training.

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 incoming residents, RPD, and preceptors.

Timeline

Each resident should develop a project timeline within the first month of residency that includes specific goals to attain throughout the year. These goals include, but are not limited to, identification of research project topic, methodology development, statistical support guidance, IRB approval attainment, completion of data collection and analysis and manuscript preparation. Residents are also encouraged to submit abstracts to a professional meeting therefore review of these abstract deadlines early in the research process is important. A detailed schedule of expectations will be provided to the residents in July with further information about Wesley Research Committee and Investigational Review Board (IRB) meetings.

To keep on task with project completion, residents are encouraged to integrate research responsibilities into their daily activities. It is the responsibility of the resident to place reminders on his/her Outlook calendars to keep on task with the research project.

Status Reporting

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

Statistical Support

In general, statistics are run by the primary investigator and research mentor. 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. References are listed below:

- Kliewer, MA. Writing It Up: A Step-by-Step Guide to Publication for Beginning Investigators. *AJR*. 2005; 185:591-596.
- Cetin S, Hackam DJ. An Approach to the Writing of a Scientific Manuscript. *J Surg Res*. 2005; 128: 165-167. DOI:10.1016/j.jss.2005.07.002
- Provenzale JM. Ten Principles to Improve the Likelihood of Publication of a Scientific Manuscript. *AJR*. 2007; 188; 1179-1182. DOI: 10.2214/AJR.06.1003
- Welch HG. Preparing Manuscripts for Submission to Medical Journals: The Paper Trail. *Effective Clinical Practice*. 1999; 2: 131-137.

SAMPLE RESEARCH TIMELINE		
MONTH	DAY	EXPECTATION
July	22 nd	<input type="checkbox"/> Meet with preceptors to discuss research topics <input type="checkbox"/> Choose research topic
	29 th	<input type="checkbox"/> MUE topic chosen <input type="checkbox"/> Complete HIPAA and Human Subjects Research Training
August	2 nd	<input type="checkbox"/> Methods presentation draft to preceptors
	9 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
	22 nd	<input type="checkbox"/> Submit to Wesley Research Committee
September	3 rd	<input type="checkbox"/> MUE criteria ready to present to P&T
October	1 st	<input type="checkbox"/> ASHP Midyear Poster Abstracts Due
November	27 th	<input type="checkbox"/> ASHP Midyear posters ready for printing
		<input type="checkbox"/> ASHP Midyear poster submitted to Wesley external data release
December	8 th -12 th	<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"/> Residency conference PowerPoint draft to preceptors
April	13 th -17 th	<input type="checkbox"/> Residency conference practice presentations
	22 nd	<input type="checkbox"/> Residency conference PowerPoint presentation to Wesley external data release
May		<input type="checkbox"/> MidWest Pharmacy Residency Conference
June	1 st	<input type="checkbox"/> Research manuscript draft to preceptors
	15 th	<input type="checkbox"/> All close-out documents submitted to IRB <input type="checkbox"/> All research documents required to be retained printed and placed in appropriate storage

Research Presentations

- Wesley Department of Pharmacy
 - To prepare for a regional pharmacy residency conference and to meet requirements of the residency's research objective, 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 regional pharmacy residency conference.
- ASHP Midyear Research Poster
 - Each resident will present their research methods at ASHP Midyear. With Midyear being in December most residents do not have data collection completed.
- Midwest Pharmacy Residency Conference (MPRC)
- One presentation is given at the MPRC. This presentation has a 15-minute maximum (<5 minutes for background, with the rest of the time utilized for study design, results, and discussion). A 3-5-minute question and answer period will follow the presentation.
- HCA Virtual Pharmacy Residency Research Showcase
 - Each resident will prepare a 10-minute presentation summarizing his/her research design and results. The presentation will be given via WebEx to all HCA.
- SCCM, NCS, ACCP, other if applicable

Medication Use Evaluation

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. The P&T Committee shall be responsible for the development and implementation of the program. Findings and recommendations shall be forwarded to the Medical Executive Committee and each Medical Section for their consideration.

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 DUE 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.).

Resident Portfolio

Purpose: To standardize resident's folder on SharePoint and allow for easy retrieval of documents.

Contents:

- **CV folder:**
 - Updated version of CV
- **DI folder:**
 - MUE final draft
 - MUE data collection
 - MUE final results and recommendations
 - Other DI documents (if applicable)
- **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
 - HCA Pharmacy Residency Research Program materials
- **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

PGY2 Critical Care Residency Program 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 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.

PGY2 Preceptor Eligibility and Qualifications

- Eligibility is defined as a licensed pharmacist 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.
- Qualification is defined that a preceptor must demonstrate the ability to precept residents' learning experiences as evidence by:
 - Content knowledge/expertise in the area(s) of pharmacy practice precepted
 - Contribution to the pharmacy practice in the area precepted

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.
- Maintain an active practice and ongoing responsibilities for the area in which they serve as preceptors.
- Complete ASHP Academic and Professional record form in PharmAcademic yearly.
- Submit one longitudinal research and one medication use evaluation project or idea yearly.
- Attend 50% of PGY2 RAC meetings; exceptions include pharmacy director of pharmacy and preceptors working exclusively on second or third shift.
- Attend two of the current PGY2 Resident's presentations throughout the year.

Preceptor Development

This will be outlined and offered by the PGY1 Residency Advisory Committee; please see the Wesley PGY1 Pharmacy Resident Manual for definitions and opportunities.

Appendix A: Statement of Agreement

Wesley Medical Center PGY2 Critical Care Residency Program

PGY2 RESIDENT STATEMENT OF AGREEMENT

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

1. I am participating in a one (1) year training program in critical care pharmacy that is scheduled to begin on July 13TH of the residency year and scheduled to end on July 11th of the residency year.
2. I will provide my PGY1 residency certificate of completion to the RPD on or before day one of my residency and upload a copy into my resident portfolio
3. 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.
4. I will receive a salary of at least \$51,300/year, paid on a two-week pay period basis.
5. I understand that I will be required to work one of every three (3) weekends in a clinical specialist role as well as up to two holidays (one major and one minor). The compensation for weekend and holidays is included in the base salary.
6. 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. I will follow ASHP Duty hours as outlined in the Residency Manual.
7. I understand that I must sit for the Kansas law exam prior to July 13th of this year and notify my residency director of my test date. If I fail to pass the Kansas law exam after two attempts or fail to obtain licensure as a pharmacist in the State of Kansas within 60 days of my start date, I understand that I will not be able to continue in the program.
8. 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.
9. I will accept the responsibility placed on me, insofar as my knowledge and experience allow; I am aware that my rotation preceptors, Resident Mentor and Residency Program Director will be available for assistance.
10. I will accept constructive criticism and act on it.
11. I will strive to complete all assignments on time, including learning experience evaluations.
12. 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 PGY2 Critical Care residency certificate.
13. By signing this, I attest that I have read and reviewed the PGY2 Critical Care Pharmacy Residency Manual.

Print Name: _____

Resident Signature: _____

Date: _____

Appendix B: Resident Checklists

Resident Beginning of the Year Checklist

- Complete pre-residency survey
- Provide proof of PGY1 residency completion by uploading PGY1 certificate into PharmAcademic and into your file on the SharePoint
- Complete HIPAA and Human Subjects Research Training
- Complete required competencies
- Become a licensed pharmacist in Kansas within 60 days of program start date with no more than 2 attempts
- Provide a photocopy of your license to the pharmacy department
- Join American Society of Health-System Pharmacists (ASHP) if not already a member
- Register for ASHP Midyear Meeting
- Reserve hotel room for ASHP Midyear Meeting

Resident End of Year Checklist

- Present MUE and research results to P&T
- Provide research manuscript ready for publication submission
- Submit completed IRB Report
- Place all patient-specific information from research project into the Investigational Pyxis
- Complete all required competencies
- Complete all PharmAcademic tasks and evaluations
- Complete Residency Portfolio on SharePoint
- Turn in ID card, car parking tags, and iMobile to residency program 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 Boards of Pharmacy
- Update forwarding address with Human Resources
- Complete post-residency survey

Resident End of the Year Deliverables

Upload the following documents to PharmAcademic:

- BLS, ACLS, PALS, PFCCS and other certificates completed
- Final research manuscript
- Final MUE manuscript
- Four formal presentation slide decks; add to title slide date, audience, location given
- Teaching Certificate
- Appendix C Topic List with completed dates

Submit the completed checklist to the program director.

Residency Director Signature:

Date:

Appendix C: Disease States to be Reviewed

The resident will demonstrate an understanding of the mechanism of action, pharmacokinetics, pharmacodynamics, pharmacogenomics, pharmacoeconomics, usual regimen (dose, schedule, form, route, and method of administration), indications, contraindications, interactions, adverse reactions, and therapeutics of medications and non-traditional therapies, where relevant, that are applicable to the diseases and conditions and have the ability to design appropriate treatment regimens and treat and assess outcomes.

For some diseases and conditions, direct patient care is required. For other diseases and conditions, a case-based, didactic approach may be substituted. In these cases, the resident will demonstrate understanding of the diseases and condition via didactic instruction, case-based application, simulation, or other appropriate approach.

For these diseases and conditions, the resident will demonstrate an understanding of signs and symptoms, epidemiology, risk factors and etiology, pathogenesis, pathophysiology, clinical course, and a comprehensive pharmacotherapy treatment plan.

In the list, an asterisk (*) indicates that direct patient care is required. The other items are required but may be covered in the case-based, didactic approach described above. The resident will document the date the topic or disease was discussed and preceptor in which topic was discussed.

Pulmonary

1. *Acute respiratory distress syndrome
2. *Severe asthma exacerbation
3. *Acute COPD exacerbation
4. *Acute pulmonary embolism
5. *Acute pulmonary hypertension
6. *Drug-induced pulmonary diseases
7. *Mechanical ventilation
8. Chronic severe pulmonary hypertension
9. Pneumothorax and hemothorax
10. Chest tubes
11. Cystic fibrosis
12. Inhaled medication administration

Cardiovascular

1. *Advanced cardiac life support
2. *Arrhythmias (atrial and ventricular)
3. *Acute decompensated heart failure
4. *Acute coronary syndromes
5. *Hypertensive emergencies and urgencies
6. *Shock syndromes
7. Acute aortic dissection
8. Pericardial tamponade
9. Mechanical devices (e.g., intra-arterial balloon pumps, ECLS, ECMO)
10. Invasive and non-invasive hemodynamic monitoring
11. PALS

Renal

1. *Acute kidney injury
2. *Acid-base imbalance
3. *Fluid and electrolyte disorders
4. *Contrast-induced nephropathy
5. *Drug-induced kidney diseases
6. Rhabdomyolysis
7. Syndrome of inappropriate antidiuretic hormone
8. Continuous renal replacement therapies/hemodialysis

Neurology

1. *Status epilepticus
2. *Ischemic stroke
3. *Subarachnoid hemorrhage
4. *Intracerebral hemorrhage
5. *Critical illness polyneuropathy
6. Intracranial pressure management
7. Traumatic brain injury
8. Spinal cord injury
9. Central diabetes insipidus
10. Cerebral salt wasting
11. Encephalopathy in coma
12. EEG or bispectral monitoring for level of sedation
13. Ventriculostomies
14. Targeted temperature management/induced hypothermia

Gastrointestinal

1. *Acute upper and lower gastrointestinal bleeding
2. *Acute pancreatitis
3. Fistulas
4. Ileus
5. Abdominal compartment syndrome

Hepatic

1. *Acute liver failure
2. *Complications of cirrhosis
3. *Drug-induced liver toxicity

Dermatology

1. Burns
2. Stevens-Johnson syndrome
3. Toxic epidermal necrolysis
4. Erythema multiforme
5. Drug Reaction (or Rash) with Eosinophilia and Systemic Symptoms (DRESS)

Immunology

1. Acute transplant rejection
2. Graft-versus-host disease
3. Management of the immunocompromised patient
4. Acute management of a solid organ or bone marrow transplant patient
5. Medication allergies/desensitization

Endocrine

1. *Relative adrenal insufficiency
2. * Hyperglycemic crisis
3. *Glycemic control
4. Thyroid storm/ICU hypothyroid states

Hematology

1. *Acute venothromboembolism
2. *Coagulopathies
3. *Drug-induced thrombocytopenia
4. *Blood loss and blood component replacement
5. Anemia of critical illness
6. Drug-induced hematologic disorders
7. Sickle cell crisis
8. Methemoglobinemia

Toxicology

1. *Toxidromes
2. *Withdrawal syndromes
3. Drug overdose
4. Antidotes/decontamination strategies

Infectious Diseases

1. *CNS infections
2. *Complicated intra-abdominal infections
3. *Pneumonia
4. *Endocarditis
5. *Sepsis
6. *Fever
7. *Antibiotic stewardship
8. *Clostridium difficile associated diarrhea
9. Skin and soft-tissue infection
10. Urinary tract infections
11. Wound infection
12. Catheter-related infections
13. Infections in the immunocompromised host
14. Pandemic diseases
15. Febrile neutropenia
16. Acute osteomyelitis

Supportive Care

1. *Pharmacokinetic and pharmacodynamic alterations in critically ill
2. *Nutrition (enteral, parenteral nutrition, considerations in special patient populations)
3. *Analgesia
4. *Sedation
5. *Delirium
6. *Sleep disturbances
7. *Rapid sequence intubation
8. *Venous thromboembolism prophylaxis
9. *Stress ulcer prophylaxis
10. Pharmacogenomic implications
11. Oncologic emergencies

Other devices

1. Intravascular devices
2. Peripheral nerve stimulators
3. IV pumps