

Mercy Hospital PGY1 Pharmacy Residency Manual



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Table of Contents

Definitions.....	3
PGY1 Program Purpose.....	3
Program Structure	3
Eligibility Requirements	4
Recruitment and Applicant Selection Process.....	4
General Employment Information.....	5
Benefits.....	6
Licensure.....	6
Scheduling and Staffing	6
Moonlighting	8
Time Off	8
Supervision, Work Ethic, and Professionalism	10
Assessment and Performance Evaluation	11
Disciplinary Action and Dismissal	13
Resident Portfolios	14
Travel	14
Teaching.....	15
Residency Program Certificate	16
Preceptor and Program Quality Assurance:	16
References	18
Appendix A: PGY1 RESIDENCY REQUIREMENT TRACKING FORM.....	19
Appendix B: Mercy Residency Program Sample Timeline	22
Appendix C: Onsite Preceptor Roster by Rotation and Duration: 2023-2024.....	24
Appendix D: Sample Resident Rotation Schedule	27
Appendix E: Mentor Program	27
Resident Manual Recipient Declaration	30

Definitions

- *ASHP*: American Society of Health System Pharmacists
- *MSHP*: Minnesota Society of Health System Pharmacists
- *PharmAcademic*: standardized residency evaluation tool
- *Pharmacy Online Residency Candidate Application System (PhORCAS)*: pharmacy residency application system
- *Preceptor Committee*: committee at Mercy Hospital pharmacy that ensures quality standards are met
- *PTO*: Paid Time off
- *Residency Advisory Committee (RAC)*: Group of department leadership and preceptors who are engaged in design and oversight of the residency program.
- *Residency Program Director (RPD)*: responsible party for oversight/design of the residency program

PGY1 Program Purpose

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

Program Structure

Mercy Hospital's Residency Program structure incorporates the ASHP required competency areas as follows into our required rotations:

- R1: Patient Care: Orientation, Internal Medicine, Critical Care, Patient Education, Cardiology, Mental Health, Emergency Medicine, Infectious Diseases, Practice Management, Leadership, Medication Safety, Staffing, and System Formulary
- R2: Practice Advancement: Practice Management, Project, and System Formulary
- R3: Leadership: Leadership, Orientation, Medication Safety, Practice Management, Precepting, and Staffing
- R4: Teaching and Education: Internal Medicine, Medication Safety, and Precepting

Mercy Hospital is part of Allina Health, which is a nonprofit health system that cares for individuals, families, and communities throughout Minnesota and western Wisconsin. Allina Health is comprised of 12 hospital campuses, 90+ clinics, and 15 retail pharmacies.

Mercy Hospital is one hospital with two campuses located in Coon Rapids and Fridley, Minnesota. Our one hospital, two campus structure builds on our strength as the premier tertiary/specialty hospital in the north metro area, more effectively meeting patients' needs. Mercy Hospital is certified as a primary stroke center and is licensed for 546 beds between the two campuses; we provide care for all age groups. The Unity campus focuses on mental health and addiction treatment services. The Mercy campus is a level II trauma center and houses a number of specialty services including a Mother Baby Center in coordination with Children's Hospital, an Allina Health Cancer Institute (AHCI), as well as Allina Home Infusion Services.

The PGY1 Residency program was established at Mercy Hospital in 2003. Our residency program offers 22 learning experiences primarily based at Mercy Hospital. Required rotations include orientation, internal medicine, critical care, practice management, leadership, infectious diseases, system formulary, staffing, medication safety, patient education, precepting, and project. Selective required rotations include cardiology, emergency medicine, and mental health; residents must choose at least 2 out of 3 selective required rotations (may opt to take all 3 rotations if desired). Four of these learning experiences are offsite electives. Generally, non-longitudinal required and selective required rotations vary in length from 4-6 weeks with the exception of the leadership, precepting, and infectious diseases rotations which are more abbreviated rotation experiences. Onsite electives include teaching, Allina Health Cancer Institute (AHCI) Mercy Campus Oncology rotation, and Pain rotations. Off-site electives include Ambulatory Care, Pediatrics, Toxicology, and Rural Health. Elective learning experience vary in length between 1-6 weeks and 1 longitudinal option (teaching). Residents typically have space in their schedules to choose 2 elective rotations. See [Appendix C](#) and [Appendix D](#) for more details.

Eligibility Requirements

- Applicants are required to have/will have a Doctor of Pharmacy Degree from an ACPE-accredited school of pharmacy (or are in the process of becoming accredited) or who have a Foreign Pharmacy Graduate Equivalency Committee (FPGEC) certificate from the National Association of Boards of Pharmacy (NABP). At minimum, the program must be a 5 year pharmacy degree program.
- Participate/adherence to the Rules for the ASHP Pharmacy Resident Match Program.
- Must be currently authorized to work in the United States for any employer. No visa/sponsorship is available for this position.
- Meet pre-employment requirements including, but not limited to passing a background check and completion of all requirements of the New Hire Health Screen appointment: <https://www.allinahealth.org/careers/join-our-team>.

Recruitment and Applicant Selection Process

- The pharmacy department will participate in the Residency Program Showcase at both the Minnesota Society of Health-System Pharmacists (MSHP) and American Society of Health-System Pharmacists (ASHP) midyear meetings; additional recruitment events (e.g. residency roundtables, virtual open houses) will be attended/sponsored as able/appropriate.
- Diversity creates a healthier atmosphere for our employees, patients, and community. Allina Health, through Mercy Hospital, is proud to be an Equal Employment Opportunity employer, and will make employment decisions without regard to race, color, creed, religion, sex, age, national origin, protected veteran status, disability status, sexual orientation, gender identity or expression, marital or familial status, genetic information, covered veteran status, or any other characteristic protected by law.
- Candidate review and selection process will follow procedure M_RX406 (Pharmacy Residency Candidate Review Process) for Phase I, Phase II, and Post-Match Process/Scramble.
- The pharmacy department shall participate in the National Matching Services, ASHP Match (Mercy Hospital PGY1 match number: 167513).
- The residency will adhere to the Rules for the ASHP Pharmacy Resident Match Program.
- Those candidates who wish to be considered for an interview shall enroll in ASHP National Matching Service and submit an application via ASHP PhORCAS including letter of intent, curriculum vitae, pharmacy transcripts, and three letters of recommendation by early January. (M_RX404).

- The RPD and program preceptors will evaluate all applicants using a pre-interview scoring rubric to reduce implicit bias and help determine which candidates will be invited for an interview.
- Additionally, all reviewers/interviewers are required to take the Unconscious Bias in the Hiring Process training LMS.
- A sufficient number of candidates shall be invited for an interview.
- The interview shall include meeting with the RPD, pharmacy leadership, preceptors from each site, as well as the current program resident(s).
- Consideration will be given to holding a virtual interview option to reduce the financial burden of the interview process and promote diversity, equity, and inclusion.
- After the interview process is complete, the interviewers shall meet to discuss and evaluate each candidate. A post-interview scoring rubric is available for preceptor use and can aid in candidate discussion and ranking consideration.
- The RPD shall submit the approved rank list to ASHP Resident Matching Program.
- This residency agrees that no person at this residency will solicit, accept, or use any ranking-related information from any residency applicant.

Phase II of the Match

- If positions are left unfilled after Phase I of the Match, they will be offered in Phase II of the Match and will follow the ASHP and NMS Rules for Resident Matching Program.
- Candidates must submit applications via PhORCAS (letter of intent, curriculum vitae, pharmacy transcripts, and three letters of recommendation).
- A sufficient number of candidates shall be invited for an interview.
- See M_RX406 (Pharmacy Residency Candidate Review Process) for detailed procedures.

Post-Match Process/Scramble

- If the program has unfilled positions after both phases of the match, the residency program will determine if they will continue to participate in the Post-Match process. If the decision is made to proceed, the RPD will initiate the post-match interview process. See M_RX406 (Pharmacy Residency Candidate Review Process) for detailed procedures.

General Employment Information

- The residency is a 52 week learning experience, generally starting the first week of July. Exact start date may vary depending on specific administrative factors and holidays.
- The RPD will provide a list of matched residency applicants to human resources after the match.
- Within 30 days of the match results, the program will contact the candidate in writing and request that the candidate confirm and document their acceptance of the offer and its contingencies; the contingent offer letter will include general information such as pre-employment requirements and salary.
- A copy of the Residency Manual shall be provided electronically to each resident outlining the requirements of the residency program. Residents shall make themselves knowledgeable of all program requirements and dates/deadlines. Residents will acknowledge review/understanding by signing and returning to the RPD.
- Pharmacy residents are classified as regular, full-time (1.0), non-contract, exempt employees of Allina Health working at Mercy Hospital.
- As Allina Health employees working at Mercy Hospital, residents are responsible for following Allina Health and Mercy Hospital policies/procedures as well as pertinent regulatory guidelines.

- Orientation will take place during the first few weeks of the program.

Benefits

- Benefits may be subject to change at the beginning of a calendar year.
- Resident annual pay will be included in the contingent offer letter; current PGY1 pharmacy resident annual pay is \$50,000.
- Residents are eligible for benefits; benefits include paid time off, health and dental insurance, retirement savings plan, and access to well-being resources through Employee Assistance Program. An overview of available benefits can be found [here](#).



- Benefit questions can be answered by the HR Service Center (1-877-992-8099).
- Residents will have professional liability coverage for work done on behalf of and for Allina.
- Additional benefits: free parking, personal office space, and laptop for use during the residency period.

Licensure

- A pharmacist licensure in Minnesota is required for the position.
- It is strongly recommended that residents obtain pharmacist licensure in Minnesota by July 1st.
- It is an expectation that residents obtain pharmacist licensure in Minnesota by August 1st. Each instance of non-licensure will be evaluated on a case-by-case basis by the RPD. Failure to obtain licensure by this date may lead to disciplinary action up to and including termination.
 - At a minimum, if the resident is not licensed by August 1st, the resident's orientation rotation will be extended to provide sufficient time/opportunity to orient and train under their pharmacist license.
 - A minimum of 2/3 of the residency must be completed as a pharmacist licensed to practice in Minnesota.
 - To ensure the ASHP residency standard is met, such that the resident is licensed for two-thirds of the residency year, the resident will be dismissed from the program if they are not licensed within 120 days of the program start date.

Scheduling and Staffing

Duty Hours

- ASHP Duty-Hour Requirements of Pharmacy Residencies ([here](#))



- Duty hour requirements will be followed at all times.
- A resident will take an 8 hour break from duty between scheduled duty periods; the resident is encouraged to take a 10 hour break from duty between scheduled duty periods.
- Continuous duty periods of residents should not exceed 16 hours.
- Duty hours will be limited to 80 hours per week (averaged over a 4 week period).

- Hours of practice vary according to the requirements set forth by the preceptor and director. The resident is expected to be present for all assigned activities of the service they are currently a part of, including clinical responsibilities, educational classes and administrative activities.
- It is not uncommon for the resident to be assigned duties that require early hours and work after-hours, or duties that continue during days away from the hospital. Although these assignments may be frequent, they will not be beyond the expectations of other pharmacy professionals' duties. An eight-hour day is a minimum requirement for physical presence on site during non-remote, assigned work days.
- Duty hour compliance will be documented on a monthly basis and monitored through PharmAcademic™ via attestation of compliance by the resident.
- RPD or RPC will monitor duty hour compliance using the PharmAcademic report "ASHP Duty Hours Responses for the Program" on a monthly basis to ensure documentation has been completed and there are no instances of non-compliance.
- Instances of non-compliance with duty hour requirements will be reviewed by the RPD and resident(s) involved on a case by case basis. Modifications to rotation hours and/or adjustments in staffing shifts will be considered. See moonlighting section for actions regarding duty hour violations due to moonlighting.

Staffing:

- The Mercy pharmacy managers are responsible for coordinating staffing requirements and scheduling with the resident/RPD.
- Residents will staff 3 out of 8 weekends and approximately 1 weekday every 4 weeks (up to 19 weekends and up to 13 weekdays).
 - Residents will staff at both Mercy and Unity campuses.
 - Weekend shifts may be either day or evening shifts; weekday shifts will be evening shifts.
 - Staffing may be either central or decentral.
 - Residents will receive floating project days to be used on weekday staffing days.
- If a resident would like to take a regularly scheduled weekend off, they will generally be responsible for trading with another resident or staff pharmacist (without incurring overtime) who can work the assigned shift to ensure adequate coverage. Exceptions to this requirement can be made by the RPD or the appropriate pharmacy manager on a case-by-case basis or as required by law.
 - Casual and part-time staff may not be utilized to pick up the resident's shift(s) without a corresponding trade.
 - The RPD and appropriate clinical manager must be notified of and approve the trade.

Holiday Staffing:

- Residents are required to staff up to three holidays during the year. Holiday staffing may differ between the two campuses.
- Holidays covered by residents are Labor Day, Thanksgiving Day, Christmas Day, New Year's Day, and Memorial Day.
- Residents not scheduled to staff on a holiday will be excused from rotation that day. They may utilize PTO or they may elect to utilize a project day if project work equals (at minimum) 8 hours.

Rotation Schedule:

- A preliminary rotation schedule will be drafted in July.
- Residents seeking to pursue a PGY2 will have specialty rotations prioritized for the first half of the residency year.
- Once residency rotations have been assigned, the resident may request a change in assigned rotations. Requests will be accommodated whenever possible and appropriate for their training plan.

Remote Work:

- It is not an expectation that residents work from home; remote access is issued to pharmacy residents to allow access Allina software programs from both a personal and an Allina laptop.
- Remote access may only be used to check email or for projects. Residents are prohibited by the Board of Pharmacy and Mercy Hospital from remotely performing duties of a staff pharmacist (e.g., consults, verifying orders) unless operating in an emergency pre-approved by a pharmacy manager/director.
- Residents are responsible for following HIPAA rules and Allina Health's Confidentiality Policy and other applicable policies regarding accessing Allina systems securely/in a non-public space.

Moonlighting

- The work of the pharmacy department is the resident's most important commitment. Working outside the residency program (moonlighting) is strongly discouraged. Currently, internal moonlighting is not permitted; internal moonlighting practices may be reconsidered based on department needs.
- If residents participate in moonlighting, residents are responsible for following ASHP duty hour requirements at all times ([here](#)). Additional requirements:
 - Moonlighting must be approved in advance by the RPD.
 - Moonlighting hours shall not exceed an average of 16 hours per week.
 - Resident will record moonlighting hours on a weekly basis in the Accountability Log and attest to duty hour compliance on a monthly basis through PharmAcademic™.
- Residents participating in moonlighting will have monthly check-ins with the RPD to assess performance and progress towards objectives of the residency.
- Resident performance impacted by moonlighting will be addressed by the RPD. Action may include, but is not limited to, requiring the resident to decrease or stop moonlighting activities.
- Duty hour violations due to moonlighting activities will result in requiring the resident to decrease or stop moonlighting activities.

Time Off

- Time away from the residency program will not exceed a combined total of 37 scheduled training days per 52 week training period per ASHP standard 2.2.a; time away from the program is defined as the total number of days taken for vacation, sick, interview, and personal days; holidays; religious time; jury duty; bereavement leave; military leave; parental leave; leaves of absence; and, extended leave. Policies cited are subject to change. If the summaries provided here conflict with the applicable policy, the policy governs.

Paid Time Off (PTO)

- Residents will follow the Paid Time Off policy and procedures ([KB0019055 Paid Time Off](#)).
- PTO accrual rate is based on length of service. As of July 2024, employees on the PTOALN plan will accrue 0.1077 per hour worked (max period accrual: 8.62 hours) for 4 years or less length of service.
- Maximum accrual limit is 280 hours.
- PTO may be used for things such as vacation time, illness, doctor appointments, job interviews and educational meetings that are **not** sponsored by the program.
- Once a resident has accrued enough PTO to cover requested time off, they may submit PTO requests via email to the program director after they have discussed the request with the affected rotation preceptor(s). Except in the event of sudden illness or emergency, PTO requests must be made at least

24 hours in advance. Once approved, the resident will be required to record PTO in Kronos and on the Resident Rotation Schedule and Time Accountability excel spreadsheet.

- Notwithstanding the above, residents requesting five or more consecutive days of PTO for vacation should request this within the first two weeks of the residency, as possible, to facilitate rotation scheduling.
- Failure to timely request PTO may result in the denial of the requested time off.
- To ensure quality rotation experiences, it is strongly recommended that vacation days are limited to a maximum of two days per rotation. If more time off is required, the RPD must be informed to ensure rotation objectives can be met. The rotation may need to be extended, possibly shortening an elective rotation, if rotation objectives cannot be met. This decision will be made by the RPD after discussion with the rotation preceptor(s).

Unscheduled Absence (e.g. sick day):

- Residents may use their PTO for sick and safe leave (SSL) in accordance the Unpaid Sick and Safe Leave Tracker policy and procedures ([KB0018420 Unpaid Sick and Safety Leave Tracker](#)). Employees accrue time in their unpaid SSL tracker at a rate of 1 hour per 30 hours worked, up to a maximum of 48 hours in a benefit year and cumulative cap of 80 hours.
- When a resident is unable to work as a result of illness or other condition, the resident shall immediately notify central pharmacy staff on pertinent campus via telephone and rotation preceptor(s) via email.
- The resident shall also notify the RPD of the absence and record PTO in Kronos and on the Resident Rotation Schedule and Time Accountability excel spreadsheet.
- Missing more than 4 days of a rotation may impact elective rotation time.

Leaves of Absence:

- Leaves of absence will comply with applicable Allina Health policies if a resident requests a leave of absence. Leaves of Absence Policies can be found on HRConnect (KB0018913: Leave of Absence Summary). Time off may be covered under short & long-term disability if eligible and for a covered reason.
 - A resident may request a Medical Leave of Absence (KB0020944: Employee Medical Leave of Absence) during the residency year for a serious health condition. Under this benefit, non-FMLA eligible employees may take up to six weeks of job-protected leave during a rolling 12 month period for a serious health condition (defined as an illness, injury, impairment, or physical or mental condition which involves one or more of the following: an overnight stay in a hospital or medical care facility, continuing treatment by a healthcare provider for a condition that prevents you from working, attending school or participating in other daily activities). This is only for leave taken all at one time, and does not apply to intermittent leaves of absence, unless approved by the manager.
 - This leave is unpaid unless you have available PTO (which will be applied if available) or you are eligible for short term disability benefits.
 - Impact to benefits is dependent upon whether your leave is paid or unpaid and whether you are FMLA eligible or not.
 - New Child Parental Leave of Absence (KB0019196: New Child Parental Leave of Absence Policy) may be requested during the residency. This benefit allows a resident to take up to 12 weeks of job-protected leave for the birth or adoption of a child. Employees are eligible for this leave regardless of how long they have worked for Allina.
 - This leave is unpaid unless you have available PTO or you are eligible for short term disability benefits.

- Impact to benefits is dependent upon whether your leave is paid or unpaid and whether your leave is job protected or not.
- Personal Leave of Absence (KB0019195: Personal Leave of Absence Policy) (e.g. leave for family issues or extenuating personal needs) may be requested during the residency (minimum 2-week interval). Personal leaves are subject to manager approval and will be considered on a case by case basis.
 - PTO will be applied to personal leaves of absence. If no PTO is available, the leave of absence will be unpaid.
 - Impact to benefits is dependent upon whether leave is paid or unpaid.
- A preceptor, site coordinator, or the RPD may determine that absences from the rotation or the program are excessive when there is concern about the resident meeting program expectations and/or completing program requirements. Excessive absence may be due to illness or other factors.
- When situations such as these occur, the resident must work closely with the preceptor, site coordinator and RPD to develop an action plan to ensure the resident meets program requirements.
- Despite all arrangements, a situation may arise where the resident has not completed the rotation experience and program requirements. This determination shall be made by the rotation preceptor in conjunction with the site coordinator and RPD. A written plan will be developed to enable the resident to successfully complete the program requirements if possible. For example, extending the residency year may be considered.
- If the resident fails to complete the plan, disciplinary action will be considered. Residents unable to complete program requirements according to the written plan in the specified timeframe will not graduate from the program or receive a certificate of completion.
- Residents taking leave greater than the PTO allowed by policy or days away allowed by ASHP generally cannot be awarded a certificate of completion unless that additional leave is made up to equal 52 weeks of training; the extension must be equivalent in competencies and time missed.
- Pay and benefits will continue for the length of program extension.
- Program extension shall not surpass 12 weeks from original end date. Leave of absence greater than 12 weeks may result in resident dismissal due to inability to complete the program requirements.

Supervision, Work Ethic, and Professionalism

- The resident is expected to achieve the objectives of the residency program related to both administrative and professional practice skills. The resident reports to and is supervised by the rotation preceptor and the RPD. During staffing, the resident is under the supervision of their primary staffing preceptor or the most senior pharmacist.
- The resident is expected to professionally represent pharmacy at all times and adhere to the Dress Code Policy ([KB0018958: Dress Code Policy](#)).
- It is acceptable to bring a smart phone or other electronic handheld device for use when away from the computer. If the use of the device becomes excessive or inappropriate as deemed by preceptor, or if such use violates the Personal Electronic Equipment Policy ([KB0018941: Use of Personal Electronic Equipment Policy](#)), the device may be disallowed or its use may be limited.
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Assessment and Performance Evaluation

- The RPD shall serve as program advisor for each of the residents and will guide the resident in meeting the requirements for successful completion of the residency.

Resident Self-Assessment Form, Initial Development Plan, and Quarterly Updates

- The resident shall complete a Resident Self-Assessment Form and return it to the RPD prior to starting residency. This evaluation includes short and long term career goals, personal and professional strengths and opportunities for improvement, as well as incoming learning interests.
- The resident shall meet with the RPD/residency coordinator(s) at the beginning of the program year to review their Resident Self-Assessment Form; an Initial Development Plan and preliminary rotation schedule will be created based on this discussion. This Development Plan will be documented in PharmAcademic™ and shared with resident preceptors.
- 1st, 2nd, and 3rd Quarter updates will be completed and discussed with the resident. Adjustments will be made based on resident performance, identification of new strengths or areas for improvement, changes in career goals, as well as completion of training checklists. Quarterly updates will be documented in PharmAcademic™ and shared with resident preceptors.
- Resident progress towards achieving objectives as well as completion of required projects will be tracked quarterly. Adjustments will be made to learning experiences if necessary to facilitate achievement of pertinent objectives.

Pre rotation assessment

- A pre rotation assessment should be completed and sent to upcoming rotation preceptor(s) at least 7 days in advance to facilitate rotation planning.
- Concomitant responsibilities/conflicts, rotation goals, and desired learning experiences/topic discussions should be included on this evaluation.

Self-Assessment:

- Some rotation learning experiences may require a self-assessment. These assessments should be emailed to rotation preceptor(s) (and if applicable, residency coordinator, and RPD) for review.

Preceptor Evaluation of Resident:

- Preceptors will provide formative, on-going, regular feedback to residents about their progression and how they can improve. Learning activities will be modified based on resident performance and feedback.
- PharmAcademic™ will be utilized to document the preceptor's formal "Summative evaluation." This will be documented within 7 days of the learning experience ending. The ASHP Rating Scale will be used to evaluate resident performance (noted below) and comments should be included so the resident can improve in subsequent learning experiences. Resident will verbally discuss and cosign written evaluations.
 - RPD will review all evaluations to monitor for trends/deficiencies and intervene as appropriate.
 - Learning experiences greater than or equal to 12 weeks will have a summative evaluation completed at least every 12 weeks.

PharmAcademic™ 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)	Resident is performing and progressing at a level that should eventually lead to mastery of the objective <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 independently in the learning experience 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 independently at the Achieved level (as defined above) across multiple settings/patient populations/acuity levels/two different times during the residency year for the residency Only the RPD will designate this rating

Achieved for Residency (ACHR) Criteria:

- The RPD will review all summative and quarterly evaluations for learning experiences that the resident has completed on a quarterly basis. The RPD will assess the preceptor ratings for each assigned objective to be taught and evaluated.
- Objectives producing one deliverable or at the taxonomy level of “understanding” may only be assigned to be taught and evaluated for one required learning experience. If the objective has been marked with the ACH rating, the RPD will confer a designation of ACHR for that objective. At RPD discretion, a rating of ACHR may be assigned to a resident who has received an SP designation, but has since shown mastery of a particular objective.
- For objectives that are assigned to be taught and evaluated in more than one learning experience or assigned to longitudinal rotations:
 - Once the resident has been assessed in two separate learning experiences/two separate patient populations and/or at two different times during the residency year, the RPD will assess for ACHR designation. If the resident has received two ratings of ACH, the RPD will confer an ACHR designation for that objective. If the resident has received 1 ACH and 1 SP rating, the RPD will confer an ACHR designation. At RPD discretion, a rating of ACHR may be assigned to a resident who has received 2 SP designation, but has since shown mastery of a particular objective. A resident who receives a NI rating on their final rotation evaluating an objective cannot have the AHCR designation applied to an objective.
- The ACHR designation will be documented in PharmAcademic and communicated with the resident.

- Objectives that are marked as ACHR do not need to be addressed by a rotation preceptor if assigned to a subsequent learning experience.
- If a resident's performance is later deemed as needing remediation, the RPD may remove the ACHR rating from the associated objective(s). If this occurs, the RPD and resident will develop a performance improvement plan to address the deficiency. The plan will be communicated to the preceptor team as appropriate.

Failure to Progress:

- If ≥50% of a rotation's objectives assessed are marked as "needs improvement," the resident will fail the rotation.
- Resident performance concerns will be addressed by the RPD and will follow the Corrective Action Policy (KB0019037: Corrective Action Policy). The appropriate corrective action level (e.g. coaching, verbal warning, written warning, final warning/disciplinary suspension) will be applied depending on circumstances involved. Examples of performance concerns include, but are not limited to, inadequate progression on residency objectives, instances of unprofessional behavior, non-compliance with organizational policies and procedures. Depending on gravity of the deficiency, a Performance Improvement Plan (PIP) may be initiated and reviewed periodically. Failure to resolve performance concerns may result in disciplinary action up to and including termination.
 - No action shall be taken against the resident for performance-related reasons until the Director of Pharmacy Services reviews the report and recommendations concerning any final action to be taken. If the director of Pharmacy Services feels that the action recommended by the Preceptor/RPD is appropriate, the action will be implemented.
 - When and if dismissal is recommended by the RPD, the Director of Pharmacy Services will have a meeting with the resident to discuss the final decision.
- Residents will retake a failed required rotation. All required rotations must be passed in order to complete the residency.
- Failing two rotations will be grounds for dismissal.

Resident Assessment of Preceptor/Learning Experience:

- Residents will complete "Preceptor evaluations" within 7 days of the learning experience ending within PharmAcademic™. The ASHP Rating Scale (always, frequently, sometimes, never) will be used and comments should be included so the preceptor can improve. Preceptors and RPD will review and cosign evaluations in PharmAcademic™.
- Residents will complete "Learning Experience evaluation" within 7 days of the learning experience ending within PharmAcademic™. The ASHP Learning Experience Scale (consistently true, partially true, false) will be used and comments should be included so learning experiences can be improved. Preceptors and RPD will review and cosign evaluations in PharmAcademic™.

Disciplinary Action and Dismissal

- Residents will follow the Harassment Free Workplace policy and procedures ([KB0018951: Harassment Free Workplace Policy](#)).
 - Allina Health strictly prohibits any type of harassment, including sexual harassment, by employees or other workforce members. All conduct that violates the Harassment Free Workplace policy is prohibited, whether or not such conduct is intended to be offensive or harassing. Offensive behavior that violates this policy is prohibited in any form at the workplace, at work-related functions or outside of work if it affects the workplace.

Employees are encouraged to take action regarding offensive behavior early; employees should:

- If you feel comfortable, tell the harasser that his or her actions are not welcome and they must stop
- Immediately report the incident to your manager or HRConnect
- If additional incidents occur, immediately report them to one of the above resources or call the Integrity Line at 1-800-472-9301.
- Incidents will promptly be investigated.
- In addition to the Corrective Action Policy ([KB0019037: Corrective Action Policy](#)), ASHP dictates specific requirements need to be met in order to progress through the residency. Anything that would cause a resident to be discharged from their residency would also result in termination of employment. Some examples include, but are not limited to:
 - Failure to complete licensure as a pharmacist as detailed above (licensure required for at least 2/3 of the residency year).
 - Continued failure to meet rotation objectives after implementation of corrective action plan.
 - Excessive absences resulting in an inability to complete the program requirements.
- Instances of conduct that violates Allina Health policies, including but not limited to unprofessional behavior or plagiarism, may result in discipline, including but not limited to the creation of a Performance Improvement Plan (PIP) or, in some instances, termination of employment.
- Should dismissal occur, the RPD will notify ASHP of the concern and final decision; residents who are dismissed shall not receive a certificate of completion.

Resident Portfolios

- Each resident is responsible for continuously maintaining their professional resident portfolio throughout the year; portfolios include all completed projects, presentations, and write-ups the resident has completed during the year.
- Portfolios will be maintained electronically.
- Portfolios will be retained by residency program to assist with future ASHP accreditation surveys.

Travel

- Travel required by the residency program will follow the Travel, Entertainment & Other Business Expense Reimbursement Policy (SYS-Fin-Fcouncil-105-02).

Professionalism:

- Residents are required to be active members in professional societies including MSHP and ASHP. Professional societies are vital to developing a resident's network and achievement of professional and personal goals.
- Residents must appropriately represent the residency programs at all times. It is expected they act in a professional manner including attending multiple sessions at conferences and not leaving early.

Conferences:

- Subject to change within certain parameters and contingent on annual budgetary constraints, residents are provided some financial support to attend ASHP Midyear Clinical Meeting (Winter) as detailed below. Travel requires completion of a request and pre-approval within Concur; financial support includes conference registration (at member rate), flight, hotel, transportation to

hotel/conference (when shuttle unavailable), and meal per diem for trips that necessitate an overnight stay.

- Subject to change within certain parameters, however, residents are provided financial support to attend several local conferences including MSHP Midyear Clinical Meeting (Fall), and a Regional Resident Conference (Spring). Financial support for these conferences includes conference registration (at member rate).

Reimbursement

- There may be some upfront cost to the resident with program travel (e.g. hotel room, taxi, meals).
- All travel requests must be pre-approved by RPD by assigned deadline in accordance with the Travel, Entertainment & Other Business Expense Reimbursement Policy (SYS-FIN-Fcouncil-105-02).
- Registration will be reimbursed at the member rate.
- Flights are subject to RPD approval prior to booking.
- RPD approval is required for hotel room costs > \$200/night.
- The program will not reimburse for any flight upgrades.
- The program will only reimburse for lodging during the attended conference dates. Residents are responsible for any additional costs not covered, or any costs incurred outside of the conference dates. Residents are responsible for following the applicable PTO procedures if choosing to extend stays outside of conference dates.
- Reimbursement may not be provided if the resident does not attend the educational program.

Poster/Presentations:

- Posters
 - Residents will need to make a poster for display at ASHP midyear clinical meeting.
 - It is expected that residents work with their project preceptor teams to develop and review the posters.
 - Residents are required to verify ASHP poster requirements to ensure compliance.
 - Residents will use the template located on the S Drive to create their poster.
 - Note: Send the PDF file to the administrative assistant 2 weeks before the needed date for printing at STAPLES. If the resident misses this deadline, they will need to print the poster on their own using the instructions on the S Drive and submit the costs for reimbursement in Concur (no late or rush fees will be reimbursed).
 - The resident should also bring a few printed 8" x 11" copies of their poster as a back-up.
- Presentation
 - Residents will create a PowerPoint presentation for a Regional Residency Conference in May of each year.
 - Residents can use the template located on the s-drive to create their presentation.
 - It is expected that residents will deliver a practice/CE presentation to staff prior to attending the spring Regional Residency Conference.

Teaching

- Residents may be involved in teaching experiences at the University of Minnesota, College of Pharmacy depending on site and college of pharmacy capacity. In exchange for teaching assistant work, residents will participate in a teaching certificate program. Time spent performing teaching assistant work is considered as duty hours.
- Residents will not receive monetary payment for teaching assistant work.

Residency Program Certificate

- Upon successful completion of all program requirements and compliance with all conditions of the residency program, the resident shall be awarded a certificate in accordance with the provisions of the ASHP Regulations on Accreditation of Pharmacy Residencies.

Residency requirements:

- Completion of Objectives:
 - Completed 100% of objectives as achieved for residency (ACHR) within the patient care competency area (R1).
 - Completed 80% or more of objectives as ACHR and all other objectives marked as “satisfactory progress” in PharmAcademic™ within all four competency areas. A designation of “Needs Improvement” cannot be the final designated of an objective for successful completion of the residency program.
- Completed all required activities, projects and presentations for residency. ([Appendix A](#)).
 - Completion of requirements in Appendix A will be tracked and documented quarterly with Quarterly Evaluations.
- Completed electronic e-portfolio of all written projects, presentations, and other documents as appropriate.

Preceptor and Program Quality Assurance:

Preceptor Appointment:

Criteria for Appointment:

- All pharmacists will complete the ASHP Academic and Professional Record (APR) upon their initial desire to be a residency preceptor at Mercy Hospital, part of Allina Health and an updated APR every 4 years/as APR activities expire. Individuals should submit this form to the residency program director. If a candidate does not meet criteria defined by ASHP standard 4.5 (Pharmacist Preceptors’ Eligibility) and/or standard 4.6 (Preceptors’ Qualifications), the candidate and RPD will create a preceptor development plan to ensure ASHP preceptor qualifications are met within 2 years.
- Position based preceptor appointments:
 - *The following rotations are assigned based on preceptor positions:*
 - *Orientation (RPD/RPCs)*
 - *Leadership (Pharmacy Director/Pharmacy Coordinator)*
 - *Practice Management (Pharmacy Manager)*
 - *System Formulary (System Formulary Coordinator)*
 - *Precepting (Student Coordinators)*
 - *Teaching (RPD)*
 - *Medication Safety (Pharmacy Coordinator)*
 - *Project (TBD based on project selection)*
 - *Emergency Medicine (7/70 ER pharmacists)*
 - *AHCI Mercy Campus Oncology Infusion Rotation (AHCI PIC/Clinical Oncology Specialist).*
- Application based preceptor appointments:
 - Preceptors will be required to complete a preceptor application (for applicable/existing rotations and any new proposed rotations) every 4 years.

- The application will include which rotations preceptors are interested in precepting, why the preceptor would like to precept a particular rotation, how this will contribute to their professional goals, and how they plan to facilitate the rotation.

Appointment Process:

- Preceptor evaluation and appointment will be conducted by the RAC and pharmacy leadership as needed and at a minimum, every four years. Preceptors will be appointed to a 4 year term.
- Appointments will be tracked by the RPD using a tracking form that is reviewed on an annual basis.
- Application and APRs will be due by an appointed date in the spring that is communicated to all pharmacist staff for consideration.
- Evaluation will include:
 - Verification of preceptor eligibility, qualifications, contributions to pharmacy practice, and professional engagement activities.
 - Organization-specific criteria (current preceptors):
 - Motivation to precept (e.g. attendance at residency program functions, participation in the mentor program)
 - Current Preceptors: Evidence of commitment:
 - Participation in at least 1 approved preceptor development activity annually.
 - >75% of summative resident evaluations completed within 7 days of evaluation due date.
 - Precepting skills (based on review of resident written and verbal evaluations).
- There is no limit to the number of times a preceptor can be reappointed.
- Preceptors will be notified of their appointment with a letter from RPD.
- New preceptors will meet with the RPD for a brief preceptor orientation.
- Preceptor status may change due to extenuating circumstances/trends in resident feedback at RAC/RPD discretion.

Residency Preceptor Committee:

- The residency preceptor committee consists of all currently appointed preceptors with the Mercy Hospital PGY1 Residency program.
- Meetings occur every 1-2 months to align with completion of resident rotations to facilitate resident handoff/feedback between staff and the RAC committee/RPD.
- The RPD will work to ensure preceptor development activities are available at least 3 times per year and customized to precepting needs.
- Decisions from the RAC committee are communicated to the preceptor group and feedback from the group is incorporated into RAC decisions.

Program Evaluation and Preceptor Development Plan:

- The RPD in conjunction with the RAC will be responsible for the following on an annual basis:
 - Assessment of preceptor needs
 - Schedule of activities to address identified needs
 - Periodic review of effectiveness of plan
- Assessment of Preceptor Needs:
 - The RPD/RPCs will review residents' evaluations of preceptors and learning experiences to identify potential preceptor development needs.
 - Residency Feedback Day: Annually in the spring

- Current residency cohort is tasked with completion of residency feedback day document that identifies program/precepting opportunities for improvement.
 - Additionally, the RPD will solicit verbal feedback from the residents during residency feedback day; the RPD will facilitate a round-robin discussion with residents and preceptors during the second half of residency feedback day.
- RPD will review ASHP residency accreditation site visit recommendations (if applicable) to identify areas of partial compliance pertaining to precepting skills; preceptor development activities to address gaps will be prioritized.
- Development of Annual Preceptor Development Plan:
 - Preceptor development needs will be discussed annually at a spring preceptor meeting.
 - The RPD and preceptors will come to a consensus on the areas of preceptor development to focus on during the upcoming year.
 - The RAC committee will finalize the preceptor development plan for the upcoming year with a schedule of activities. Educational opportunities to improve preceptor skills will be incorporated throughout the year (e.g. preceptor bootcamp, preceptor development portion of preceptor meetings as outlined in plan).
 - The preceptor development plan will be shared with all preceptors.
- Review of Effectiveness of Previous Year's Plan:
 - Review of effectiveness of the current preceptor development plan will occur annually in the spring/summer. This will include the following:
 - Discussion with preceptors.
 - Review of current preceptor needs by RAC committee.
- At minimum, preceptors must participate/review 1 preceptor development activity annually.

Quality Assurance:

- Resident preceptor and learning experience feedback will be reviewed by the RPD during the year to ensure program quality. The RPD will monitor for trends/deficiencies and intervene as appropriate.
- As noted above, the RPD will take into account and address resident feedback provided during resident feedback day.
- The RPD will assess preceptors' evaluations of residents to ensure criteria-based feedback is used; evaluations may be sent back for edits. If continued deficiencies noted, the RPD may meet with preceptor to discuss opportunities to improve criteria based feedback.

Residency Advisory Committee (RAC):

- RAC will consist of the RPD and residency coordinators.
- RAC will meet at least quarterly to discuss overall progress by residents. These adjustments will be incorporated into quarterly updates.
- RAC and pharmacy leadership will meet annually (generally after residency feedback day) to evaluate the residency program and discuss areas of strength, opportunities, and brainstorm strategies.

References

1. [ASHP Accreditation Standards for Postgraduate Residency Programs](#); Accessed May 2024
2. [Duty Hour Requirements](#); Accessed May 2024.
3. [ASHP Resident Matching Program](#); Accessed May 2024.

Appendix A: PGY1 RESIDENCY REQUIREMENT TRACKING FORM

RESIDENT: _____

Requirements	Date Completed (if applicable)	Title (if applicable)
Complete and turn in Initial Assessment of Competency at the end of Internal Medicine Rotation		
Plan and coordinate at least 1 activity per day for Pharmacy week		
Attend >80% weekly residency touchpoint meetings		
Prepare and present a drug monograph or drug class review to the System Formulary Committee (System Formulary Rotation)		
Complete a Medication Use Evaluation (MUEs) (Practice Management or Project)		
Develop/revise an assigned policy (Leadership Rotation)		
ACHR ≥80% of all objectives <i>Note: "Needs Improvement" cannot be the final designated of an objective for successful completion of the residency program</i>		
ACHR 100% of all objectives within patient care competency area (R1).		
Complete CMS required LMS training for Substance Abuse Patient Education and lead assigned Substance Abuse Patient Education classes (~5-6 sessions over the course of 52 weeks) (Patient Education Rotation)		
Present a minimum of four (4) continuing education presentations: --Clinical Pearls (MSHP), Clinical Pearls (ASHP), Pharmacy Grand Rounds, Resident Capstone Practice Presentation (for Regional Conference)		
Continuing education #1		
Continuing education #2		
Continuing education #3		
Continuing education #4		
Prepare and present 1 health care professional in-service (Internal Medicine)		
Prepare and present a minimum of two (2) informal presentations (1 must be a journal club) (Cardiology, Infectious Disease, Mental Health, Emergency Medicine Rotations)		
Journal club presentation #1		
Presentation #2 (journal club or case presentation)		
Serve as P&T minute taker and prepare post-P&T pearls for up to 2 assigned P&T meetings.		
Review, prepare, and cross-walk ISMP alerts to current site practices for up to 5 P&T meetings (residents who are not assigned to take minutes) (Medication Safety)		
Review and present system formulary drug monographs and medication class review summaries at 6 P&T meetings		

Requirements	Date Completed (if applicable)	Title (if applicable)
Medication Safety Audits (<i>Medication Safety</i>)		
Prepare and present a medication safety spotlight for 1 P&T meeting; review, trend, and present medication related safety events for assigned 3 month time-frame at 1 P&T meeting		
Review, trend, and present medication override data for assigned 3 month time-frame/care area at 1 P&T meeting		
Attend a minimum of 2 Mercy Nursing-Pharmacy Site Medication Safety Meeting (<i>Medication Safety</i>)		
Fulfill all assigned staffing hours (variable depending on annual calendar: up to 19 weekends, 13 Fridays, 3 holidays)		
Attend 4 quarterly Allina Pharmacy Residency forums		
ASHP Midyear poster submission and presentation		
MSHP 2024 Outstanding Resident Research Project and Quality Award submission		
Regional residency conference research presentation submission and presentation (Spring)		
Present Capstone to P&T committee (or other key stakeholder groups)		
Complete and submit written manuscript of capstone project that is deemed acceptable for submission to a journal by RPD/project mentor		
Complete any outstanding PharmAcademic evaluations, including final self-assessment and program evaluation with RPD		
Organize all rotation/program deliverables in an (electronic) resident portfolio (due by the last day of residency)		
Attendance at assigned Residency Program recruitment activities (ASHP and MSHP residency showcases; Residency interviews)		
Pharmacy Grand Rounds: Attend ≥75% (~15) Pharmacy Grand Rounds presentations. (occurs bimonthly)		

Requirements	Date Completed (if applicable)	Title (if applicable)
Allina Infectious Disease Clinical Pearls: Attend ≥75% (~9) Allina Infectious Disease Clinical Pearls Presentations (occurs monthly)		
Participate in a minimum of 3 mentor program activities		
Complete Residency Feedback Day Document and attend Residency Feedback Day (1/2 day in Spring)		
Complete Resident Exit Interview and turn in office keys, phone, laptop, and badge (Last day)		

Appendix B: Mercy Residency Program Sample Timeline

Dates are subject to change based on individual resident goals/assigned tasks and list may not be all inclusive

July:

- Residency Program Orientation
- Review Residency Program Design and Conduct
- Review of initial self-assessment (entering resident goals and objectives)
- Establish Resident Portfolio
- Begin orientation
- Meet regularly with orientation preceptors to review issues and verify how training is going
- Review rotation schedule/verify dates/timelines
- Overview of longitudinal experience learning experience descriptions and schedules (Patient Education, Med Safety, etc.)
- Start working on MUE (plan for poster presentation at ASHP MYCM)
- Brainstorm/select Capstone Residency Project
- Join MSHP and ASHP (if not already a member)
- Review P&T schedule for participation

August:

- Project topic/preceptor confirmed; start outlining project plan
- Register for MSHP Midyear Meeting
- Register for ASHP Midyear Clinical Meeting
- Establish deadlines for various projects and assignments
- Begin Clinical Rotations (ensure pre/post rotation assessment and evaluations completed)
- Complete IRB submission
- Select pharmacist mentor for the year

September:

- Pre-travel registration due for ASHP Midyear Clinical Meeting
- Project Design/Methods write-up
- Project Proposal Summary and complete IRB application
- Begin working on abstract for ASHP poster application
- Begin working on plan for Pharmacy Week
- Begin topic selection for Allina Pharmacy Grand Rounds

October:

- Submit ASHP Midyear Clinical Meeting poster abstract for residents
- Complete 1st Quarter Evaluations

November:

- Discuss CV preparation and interview opportunities in preparation for ASHP Midyear Clinical Meeting (if interest in PGY2); deferred until spring if entering job market
- Prepare poster for ASHP midyear presentation.
- Present poster draft to project committee for review
- Present MSHP Pearls

December:

- Attend ASHP Midyear Clinical Meeting – Posters, showcase

January:

- Assist with application review of residency candidates (optional)
- Complete 2nd Quarter Evaluations
- Continue project work-data collection and analysis
- Prepare abstract for Regional Residency Conference – verify submission deadline
- Participate in interview activities of residency candidates with RPD

February:

- Participate in interview activities of residency candidates with RPD
- Continue project work-data collection and analysis
- Present ASHP Pearls
- Present at Allina Pharmacy Grand Rounds (date/month variable)
- Discuss CV preparation and interview opportunities (if not already completed)

March:

- Finalize any outstanding project work
- Begin preparing PowerPoint presentation for Regional Residency Conference
- Present project summary analysis to project committee
- Prepare and submit application and poster for MSHP Residency Research Award
- Review Residency Requirement List for outstanding projects to be completed

April:

- Pre-Regional Residency project presentation to staff
- Determine hospital committees/persons (key stakeholders) for project presentation
- Complete 3rd Quarter Evaluations

May:

- Attend Regional Pharmacy Residents Conference
- Begin manuscript for final project

June:

- Submit manuscript for preceptor/committee review by **second week in June**
- Present Capstone project to P&T committee
- All Residency Requirements completed by **last day of residency**
- Residency Portfolio to RPD by **last day of residency**

Appendix C: Onsite Preceptor Roster by Rotation and Duration: 2024-2025

PGY1			
Rotation	Location/Preceptor		Duration
	Mercy Campus	Unity Campus	
Required Rotations			
Orientation‡	Jena Torpin, PharmD, BCPS		5-6 weeks
	Daniel Paley, PharmD	Toni McCain, PharmD, BCPS	
Internal Medicine‡	Jesse Scheid, PharmD; Katie Berning, PharmD; Alecia Bengtson, PharmD	Sharmila Ahmed, PharmD; Angel Helget, PharmD, BCPS	5-6 weeks
Critical Care	Jeralyn Furst, PharmD; Kevin Mogen, PharmD	Kenett Winters, PharmD, BCCCP	5 weeks
Practice Management	Venessa McConkey, PharmD, BCPS, CGP; Megan Nelson, PharmD, BCPS		4 weeks
Leadership	Dan Niznick, PharmD, BCPS; Jena Torpin, PharmD, BCPS		1 week
Infectious Diseases	Selam Melka, PharmD		2 weeks (will be scheduled the second half of the year)
System Formulary	Location: Remote/Allina Commons Kelly Ruziska, PharmD, BCPS		Longitudinal x 8 weeks (concentrated 1 week rotation time with system formulary coordinator for introduction to drug monograph/drug class review project and topic discussions); expect an additional 6-10 hours of project work outside of rotation. Deliverable is presented at a System Formulary meeting; evaluation scheduled for after presentation
Staffing	Katie Kissel, PharmD, BCPS; Seth Johnson, PharmD	Jenny Chapeau, PharmD, BCPS; Toni McCain, PharmD, BCPS	Longitudinal x 52 weeks (generally ~3/8 weekends (both Sat and Sun) x 8 hours and 1 weekday afternoon/evening (usually a Friday) x 8 hours per month); ~2-3 holidays. Initial staffing shifts are medication history, followed by central/operations, and then decentral as appropriate
Medication Safety	Jena Torpin, PharmD, BCPS		Longitudinal x 52 weeks (generally involves ~1 hour per month reviewing/cross-walking ISMP alerts with site)

			practices, monthly P&T participation, ~6 hours of project work preparing quarterly audits to coincide with quarterly nursing-pharmacy safety meeting
Patient Education	Phat Tran, PharmD		Longitudinal x 12 weeks (generally involves ~four, 45 minute blocks of time during the year completing substance abuse patient education group education activities. Participation is aligned with mental health rotation when able/as applicable)
Precepting	Sam Fish, PharmD	Phat Tran, PharmD	3 weeks (includes 2 weeks concentrated time observing/supporting IPPE student preceptors in the fall, 1 week concentrated time serving as lead IPPE preceptor in the spring)
Project	TBD	TBD	Longitudinal x 52 weeks (includes 1 week meeting attendance & poster presentation at ASHP Midyear and at a spring regional residency conference; dedicated project time during orientation, dedicated project time coupled with pharmacy week, 4 hour project time coupled with weekday staffing; amount of time throughout remainder of year can vary significantly based on research project scope but would expect a minimum of 8-16 hrs/month)
Selective Required Rotations			
Cardiology	Chris Davison, PharmD; Gina O'Dell, PharmD		5 weeks
Emergency Medicine	Jessica Tonder, PharmD, BCPS; Jillian Berkan, PharmD	Jennifer Gednalske, EMT-B, BS, PharmD, BCPS, BCACP, BCCCP	4-5 weeks (Will be scheduled during quarter 3 or 4 unless resident will be pursuing a PGY2 in Emergency Medicine)
Mental Health		Kayla Reuter, PharmD; Carisa Finke, PharmD, BCGP, BCPP	4-5 weeks
Elective Rotations			
Teaching	Jena Torpin, PharmD, BCPS		Longitudinal x 52 weeks (includes 24 hours of responsibilities at the University of Minnesota)

			College of Pharmacy and participation in a longitudinal teaching certificate)
Allina Health Cancer Institute Oncology	Location: AHCI, Mercy Campus Candace Globa, PharmD, BCOP; Kim Levang, PharmD		3-5 weeks
Pain	Justin Hora, PharmD		1-3 weeks (Will be scheduled the second half of the year)
Ambulatory _ç	Location: TBD based on desired region Jill Konstantinides, PharmD		3-5 weeks (Will be scheduled the second half of the year)
Pediatrics _ç	Location: Children's Hospital, Minneapolis Lisa Stay, PharmD, BCPPS		4-5 weeks (Will be scheduled the second half of the year)
Toxicology _ç	Location: Minnesota Poison Control System @ HCMC Carrie Oakland, PharmD, BCPS, CSPI		2-4 weeks (Will be scheduled the second half of the year)
Rural Health _ç	Location: Buffalo Hospital, part of Allina Health Dawn Hagen, RPh		2-4 weeks (Will be scheduled the second half of the year)
Other elective learning experiences may be developed based on resident interest and preceptor availability. If an elective learning experience is in the same area of a required learning experience, the elective will be conducted at a more advanced level with different objectives/activities than the required rotation. A separate elective learning experience will be developed in all instances with the help of the resident.			

‡Pre-requisite for other rotations

çOffsite

Appendix D: Sample Resident Rotation Schedule

Rotation Dates		Rotation	System Formulary	Staffing	Longitudinal Rotations		
					Project	Patient Education	Teaching
July	1 to 5	Orientation-Both Campuses					
	8 to 12						
	15 to 19						
	22 to 26						
	29 to Aug 2						
August	5 to 9	Internal Medicine-Unity					
	12 to 16						
	19 to 23						
	26 to 30						
September	2 (Labor Day)	Internal Medicine-Mercy					
	3 to 6						
	9 to 13						
	16 to 19						
	20						
October	23 to 27	MSHP Midyear Conference					
	Sept 30 to Oct 4	System Formulary (Concentrated week)					
	7 to 11	Critical Care- Unity					
	14 to 18	Critical Care- Mercy					
	21 to 25	Precepting					
November	28 to Nov 1	Precepting/Pharmacy Week					
	4 to 8						
	11 to 15						
	18 to 22	ER- Unity					
	25 to 29						
December	2 to 6						
	9 to 13	ASHP Midyear					
	16 to 20						
	23 to 27						
	30 to Jan 3						
January	6 to 10	Management					
	13 to 17						
	20 to 24						
	27 to 31						
February	3 to 7	CV					
	10 to 14						
	17 to 21						
	24 to 28						
March	3 to 7	Precepting					
	10 to 14						
	17 to 21						
	24 to 28						
April	March 31 to April 4	Leadership					
	7 to 11	ID- ANW					
	14 to 18	ID- Mercy					
	21 to 25	Mental Health					
May	28 to May 2						
	5 to 9						
	12 to 16	AHCI Mercy Campus Oncology Infusion					
	19 to 23						
June	26 to 30						
	2 to 6						
	9 to 13	Pain					
	16 to 20						
	23 to 27						
	30	Project time					

Appendix E: Mentor Program

Mentor Program Purpose

- Help integrate pharmacy residents into the pharmacy department.
- Build meaningful relationships.
- Provide support (e.g. career advice, professional development, advocate for the resident).
- Provide additional feedback for resident growth.
- Improve resident and preceptor wellbeing.
- Offer a more formal leadership position to preceptors and allow them to serve as a role model.

Structure

- Mentors:
 - Voluntary involvement.
 - Willingness to commit to a minimum of 3 meetings during the residency year (more frequent meetings encouraged).
 - Provide a brief document outlining past work history, pharmacy interests, and (optional) personal interests.
 - Serve as a role model within the department.
- Mentees:
 - Initial Self-Assessment
- Matching:
 - Mentor-mentees will be assigned based on interest alignment by the RAC team/directed by the resident.

Meetings: (e.g. over lunch, coffee, on or off site)

- Initial Meeting:
 - Mentor responsible for setting up initial meeting.
 - Should take place within the first 1-2 months of starting the residency program.
 - Purpose: get to know one another/find ways to connect
 - ***Bolded items are priority discussion items for initial meeting****
 - **Personal background**
 - **What sparks joy: interests, hobbies, family**
 - **Background on the organization's/department's culture**
 - **Availability (How often and when to meet)**
 - **Communication style that works best for both parties**
 - **Establish goal(s)/expectations for the mentoring relationship**
 - Career goals
 - Professional strengths/weaknesses
- Subsequent Meetings: Collaborative format with all residents and mentors, with a focus on team-building.
 - Minimum of 3 additional meetings.
 - Suggested activities:
 - **Brunch Gathering**
 - **Yard Games Day:** Organize a day of classic yard games like cornhole, bocce ball, horseshoes, and ladder toss.
 - **Hiking Trip:** A group hike to a local trail or nature reserve allows participants to connect with nature and each other.
 - **Cooking or Baking Session**
 - **Workshop or Skill-Sharing Day**
 - **Board Game Night:** Set up a variety of board games that encourage strategic thinking and teamwork. Games like "Settlers of Catan", "Codenames", and "Ticket to Ride" are engaging and promote cooperation.

- **Art and Craft Session**
- **Community Service Day:** Engage in a group community service activity such as cleaning a park, volunteering at a local shelter, or planting trees.
- **Book or Article Discussion:** Choose a relevant book or article and hold a discussion session around it. This promotes intellectual engagement and deeper conversations on pertinent topics.

Tips for Mentors

- Ask open ended questions to help residents come to their own conclusions/evaluate situations (e.g. can you walk me through your thought process?; tell me how you came to that conclusion)
- Help resident break challenging situations into smaller/more manageable tasks and help identify the rate limiting step to move a project/situation forward.
- Connect residents with preceptors/colleagues that would be helpful resources.
- Share personal experiences to relate to the resident.

References:

1. https://www.med.uottawa.ca/des/assets/documents/handbook_residents.pdf
2. <https://www.fammed.wisc.edu/files/webfm-uploads/documents/diversity/Mentorship-Toolkit.pdf>

Resident Manual Recipient Declaration

I, PGY1 resident named below, have received a copy of, have read and understand the contents of this Residency Manual.

X _____
Signature Date Printed Name