Pharmacy Practice Residency (PGY-1) Manual 2018 - 2019

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PGY-1 Pharmacy Practice Residency Program Director

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Purpose of the Residency Manual

This manual has been developed for the pharmacy resident of the St. Joseph Regional Health Network PGY-1 Pharmacy Residency Program to provide information on policies, procedures, benefits and other elements that may directly affect a resident completing our program. Please read the manual and keep it for future reference. Questions regarding the residency manual may be addressed with the Residency Program Director or the Director of Pharmacy Services at St. Joseph Regional Health Network. Note that St. Joseph Regional Health Network may revise its policies and procedures at any time whenever deemed necessary. You will be informed of changes accordingly.
Dear Resident,

Welcome to the St. Joseph Regional Health Network Pharmacy Residency Program. We are delighted that you have selected us for your pharmacy residency education. We are looking forward to your time here with us and are committed to providing you an outstanding post-graduate residency training experience.

The St. Joseph Regional Health Network Pharmacy Practice Residency Program (PGY-1) is designed to produce a pharmacist who will function as an independent patient-focused practitioner in an integrated practice model who is able to provide pharmaceutical care in both clinical and operational practice aspects. The program will also develop teamwork and critical thinking skills to enable the continuous learning, professional self-development, and innovation needed in an ever-changing health care environment.

You will receive an excellent education while completing hospital rotations at St. Joseph Regional Health Network. Your clinical skills and responsibilities will be developed and enhanced under the mentorship of your preceptors. You will engage in teaching experiences allowing you to develop and refine your communication skills and abilities as a teacher, as St. Joseph Regional Health Network has regular student assignments from both Temple University and the University of the Sciences for hospital and clinical outpatient rotations. You will participate in ongoing scholarly activities to further develop your problem solving skills and ability to interpret, generate, and disseminate knowledge.

The Residency Program Director, in collaboration with the Pharmacy Residency Advisory Committee, has established minimum expectations for your performance during the residency program. However, you will be strongly encouraged to surpass these minimum expectations. You will be delegated responsibilities that will allow you to grow both professionally and personally as a community based pharmacist.

The year ahead of you will be a busy year, but I am confident that you will greatly benefit from our residency program. On a national level, it is evident that the outstanding practitioners of the future will have completed post-graduate training in pharmacy. You can only benefit from the completion of a residency program. I look forward to working with you and watching you as you begin to develop into an outstanding pharmacy practitioner.

Christopher Walsh, PharmD, RPh, FISMP  
Medication Safety Pharmacist  
PGY-1 Pharmacy Practice Residency Program Director
About Our Organization

St. Joseph Regional Health Network is a non-profit network consisting of St. Joseph Medical Center, St. Joseph Downtown Reading Campus, St. Joseph Medical Group and St. Joseph Provider Hospital Organization (PHO). Founded in 1873 by the Sisters of St. Francis, the network provides a full-range of outpatient and inpatient diagnostic, medical and surgical services. The 380,000 sq. ft., 212-bed state-of-the-art hospital and health campus opened in late 2006 on 40 acres in Bern Township. In 2015, St. Joseph Regional Health Network was the first member to transition into Penn State Health, a newly-created non-profit entity of Penn State University.

We are committed to providing excellent care to all its patients. In the area of quality of care, this commitment means our patients receive medical care based in clinical experience and what we have learned with our involvement in national organizations that are helping leading hospitals address quality issues. Quality of care also translates into patient safety. Avoiding injuries to patients from the care that is intended to help them is our top priority.

Enhancing a patient's quality of care and their hospital experience is a key part of training given to every health care professional at St. Joseph Regional Health Network. This is done through the efforts of specially trained and experienced professionals on staff whose sole purpose is to focus and keep staff focused on patient safety, clinical best practices, and patient satisfaction. Their role is to ensure all our patients receive the safest, most efficient and most timely care possible.

We have created processes to ensure open lines of communication with our physicians, nurses, and other health care professionals and take seriously their feedback about improvements we can make on behalf of our patients. We also closely monitor the latest advances in data analysis, as well as recommended regulatory requirements and national benchmarks to keep abreast of important developments that are critical to our patients' quality of care.

And finally, key to our continuous improvement in providing quality care, is patient input via regular customer satisfaction surveys. Those results are shared with staff to help them see what they are doing well and in what areas they need to improve.
Our Mission

The mission of St. Joseph Regional Health Network is to nurture the healing ministry of the Church by bringing it new life, energy and viability in the 21st Century. Fidelity to the Gospel urges us to emphasize human dignity and social justice as we move toward the creation of healthier communities.
The Core Values that guide St. Joseph Regional Health Network

Reverence
Profound respect and awe for all of creation, the foundation that shapes spirituality, our relationships with others and our journey to God.

Integrity
Moral wholeness, soundness, fidelity, trust, truthfulness in all we do.

Compassion
Solidarity with one another, capacity to enter into another’s joy and sorrow.

Excellence
Preeminent performance, becoming the benchmark putting forth our personal and professional best.
Administrative Leadership

John R. Morahan
President and Chief Executive Officer

Chris Newman, MD
Vice President of Medical Affairs and Chief Medical Officer
Executive Director, St. Joseph Medical Group

Sharon Strohecker
Vice President of Clinical Services and Chief Nursing Officer

Scott Mengle
Vice President of Human Resources

Courtney Coffman, CPA
Vice President of Finance and Chief Financial Officer

Sr. Janet Henry
Vice President of Mission and Ministry

Mary Hahn
Vice President, Strategy and Business Development

Michael Jupina
Vice President, Marketing and Communications

Michelle Drager
Senior Director, Development
Pharmacy Department Mission Statement

The Pharmacy Department is an integral part of St. Joseph Regional Health Network and as such its mission is to further the mission of the Medical Center and of the organization as a whole.

The department endeavors to provide pharmaceutical services to the medical center's patients with the care and skill its personnel have been given. The department recognizes it bears stewardship responsibilities associated with the nature of its supplies and their value. The department pursues innovative ways to deliver pharmaceutical services to further its mission of service.
St. Joseph Regional Health Network PGY-1 Pharmacy Residency- Philosophy

According to the American Society of Health-System Pharmacists (ASHP), the purpose of a PGY-1 Pharmacy Practice Residency Program is to provide a pharmacy school graduate the opportunity to accelerate their growth beyond entry-level professional competence in patient-centered care and in pharmacy operational services, and to further the development of leadership skills that can be applied in any position and in any practice setting. PGY1 residents acquire substantial knowledge required for skillful problem solving, refine their problem-solving strategies, strengthen their professional values and attitudes, and advance the growth of their clinical judgment.

The instructional emphasis is on the progressive development of clinical judgment, a process begun in the advanced pharmacy practice experiences (APPE or clerkships) of the professional school years but requiring further extensive practice, self-reflection, and shaping of decision-making skills fostered by feedback on performance.

The residency year provides a fertile environment for accelerating growth beyond entry-level professional competence through supervised practice under the guidance of model practitioners. Specifically, residents will be held responsible and accountable for acquiring these outcome competencies:

- In collaboration with the health care team, provide safe and effective patient care to a diverse range of patients, including those with multiple co-morbidities, high-risk medication regimens, and multiple medications following a consistent patient care process;
- Ensure continuity of care during patient transitions between care settings;
- Prepare, dispense, and manage medications to support safe and effective drug therapy for patients;
- Demonstrate ability to manage formulary and medication-use processes, as applicable to the organization;
- Demonstrate ability to evaluate and investigate practice, review data, and assimilate scientific evidence to improve patient care and/or the medication-use system;
- Demonstrate leadership skills;
- Demonstrate management skills;
- Provide effective medication and practice-related education to patients, caregivers, health care professionals, students, and the public (individuals and groups);
- Effectively employs appropriate preceptor roles when engaged in teaching students, pharmacy technicians or fellow health care professionals.
ASHP puts forth six standards that provide the framework for the accreditation standard for PGY-1 Pharmacy Residency Programs. These six standards are as follows:

**Standard 1: Requirements and Selection of Residents**
This Standard is intended to help ensure success of residents and that exemplary pharmacists are identified for further development for the benefit of the profession and contributions to patient care. Therefore, residents must be pharmacists committed to attaining professional competence beyond entry-level practice, committed to attaining the program’s educational goals and objectives, and supportive of the organization’s mission and values.

**Standard 2: Responsibilities of the Program to the Resident**
It is important that pharmacy residency programs provide an exemplary environment for residents’ learning. This area indicates policies that must be in place to help protect residents and organizations during unusual situations that may arise with residency programs (e.g. extended leaves, dismissal, duty hours).

**Standard 3: Design and Conduct of the Residency Program**
It is important that residents’ training enables them to achieve the purpose, goals, and objectives of the residency program and become more mature, clinically competent practitioners, enabling them to address patients’ needs. Proper design and implementation of programs helps ensure successful residency programs.

**Standard 4: Requirements of the Residency Program Director and Preceptors**
The residency program director (RPD) and preceptors are critical to the residency program’s success and effectiveness. Their qualifications and skills are crucial. Therefore, the residency program director and preceptors will be professionally and educationally qualified pharmacists who are committed to providing effective training of residents and being exemplary role models for residents.

**Standard 5: Requirements of the Site Conducting the Residency Program**
It is important that residents learn to help institute best practices in their future roles; therefore, the organization conducting the residency must meet accreditation standards, regulatory requirements, and other nationally applicable standards, and will have sufficient resources to achieve the purposes of the residency program.

**Standard 6: Pharmacy Services**
When pharmacy facilities and services provide the learning environment where residents are trained, it is important that they train in exemplary environments. Residents’ expectations as they leave residency programs should be to strive for exemplary pharmacy services to improve patient care outcomes. Pharmacy’s role in providing effective leadership, quality improvement efforts, appropriate organization, staffing, automation, and collaboration with others to provide safe and effective medication-use systems are reviewed in this section. This section encourages sites to continue to improve and advance pharmacy services and should motivate the profession to continually improve patient care outcomes.
Pharmacists completing this residency will function as independent patient-focused practitioners in an integrated practice model who are able to provide pharmaceutical care in both clinical and distributive practice aspects.

As integral members of the health care team they will actively use integrated pharmacotherapeutic skills to achieve optimal drug therapy outcomes for their patients. They will develop a foundation of critical thinking skills that will enable the continuous learning, professional self-development, and innovation needed in an ever-changing health care environment. They will display leadership and professionalism in all aspects of their practice and function as effective communicators and educators.

The St. Joseph Regional Health Network Pharmacy Practice Residency Program (PGY-1) is committed to providing an educational program that meets the accreditation standards of ASHP for PGY-1 Pharmacy Residency Programs. The educational program will be adapted to the unique goals, objectives and career plans of the resident so far as the requirements of certification and the residency will permit. In turn, the resident should be familiar with the accreditation and other requirements that apply to residents in training. If required, residency program requirements may be altered once they have been implemented due to changes as required by ASHP.
The PGY-1 residency program at St. Joseph Regional Health Network builds on pharmacy education and outcomes to contribute to the development of clinical pharmacists responsible for medication-related care of patients with a wide range of conditions, eligible for board certification, and eligible for postgraduate year two (PGY2) pharmacy residency training.
St. Joseph Regional Health Network PGY-1 Pharmacy Residency- Program Goals

Each PGY-1 Pharmacy Residency accredited by ASHP must achieve the required program competency areas as set forth by ASHP. The following is a list of the competency areas that ASHP requires to be used in conjunction with the Accreditation Standard for the PGY-1 Pharmacy Residency Programs:

**ASHP Required Competency Areas**

- Competency Area R1: Patient care
- Competency Area R2: Advancing practice and improving patient care
- Competency Area R3: Leadership and management
- Competency Area R4: Teaching, education, and dissemination of knowledge

**Adverse Accreditation Actions**

Current residents in the St. Joseph Regional Health Network Pharmacy Residency Program (PGY-1) will be informed of any adverse accreditation actions regarding the residency program placed upon St. Joseph Regional Health Network program by ASHP.
Orientation to the Program

Prior to beginning clinical rotations for the pharmacy residency there will be an orientation period during the month of July of each year. This time will be devoted to familiarizing the resident to the operations of St. Joseph Regional Health Network and also with the intricacies of the residency program. The Residency Program Director, the Director of Pharmacy, the Operations Manager, and the Clinical Coordinator will work together to determine the orientation schedule for the resident.

The resident will be specifically oriented to the following during the orientation learning experience by the Residency Program Director:

- the residency’s purpose and practice environment.
- ASHP PGY1 accreditation standards, competencies, goals and objectives.
- design of the residency program including all program requirements.
- description of required and elective learning experiences.
- evaluation strategy.
- residency manual.
- All residency policies, terms and conditions.

Also during the orientation learning experience, the resident will complete an initial self-evaluation as well as any employee training requirements for St. Joseph Regional Health Network. Also, the resident will meet with the appropriate staff and administrators in reference to Human Resource issues.
St. Joseph Regional Health Network Telephone Information

- To make an outgoing call, it is necessary to dial "9" to connect the system to the city trunk lines.
- To make a long distance call from a phone located in St. Joseph Regional Health Network: Dial 9 - 1 – area code - phone number.
- Personal use of the telephone for long-distance calls is discouraged. Employees should practice discretion when making local personal calls and should limit these calls to an absolute minimum. Reports from the phone system are examined to ensure compliance with this policy.
- The telephone number in the resident’s office is 610-378-2136.
- The fax number to utilize is 610-378-2609.

How to Setup a new voice mailbox

1. How to log onto Call Pilot
   a. Lift the handset and dial 2692 or offsite, dial 610-378-2692.
   b. If you are calling from your extension, when Call Pilot asks for your mailbox, press the # key to confirm your mailbox. From any other extension you will have to enter your 4 digit mailbox number followed by the # key.
   c. The first time you log into Call Pilot your password will be 12 followed by your voice mailbox number. Example: If you are mailbox 3232, your initial password will be 123232. When Call Pilot asks for the password, enter your password followed by the “#” key. Call Pilot will instruct you to change your temporary password by pressing "84"

2. How to change your password
   a. You will then be prompted to enter your old password followed by the “#” key, (which in our example above is 123232)
   b. You will then be prompted to enter your new password followed by the “#” key.
   c. Then re-enter your new password followed by the “#” key.

3. How to set up your personal greetings
   a. Log into Call Pilot (see #1).
   b. Once you are logged in dial 82.
   c. For your external greeting, press 1.
   d. For your internal greeting, press 2.
   e. For your temporary greeting, press 3.
   f. For your personal verification (name recording), press 9.
   g. To begin recording, press 5.
   h. To end recording, press “#”.
   i. To listen to your greeting, press 2.

Please call the Help Desk at extension 2647 if you have any issues or questions.
Mail System

Microsoft Outlook Access

During orientation the resident will meet with staff from Information Services. At this time, the resident will receive a St. Joseph Regional Health Network Outlook email account. The resident will have access to the e-mail system while physically located at St. Joseph Regional Health Network and while at remote locations, as well. The email system is available 24 hours a day, seven days a week.

The resident is responsible for reading and acknowledging all e-mail messages from faculty and staff in a timely manner. Failure to review your email at least daily could result in the resident missing valuable information such as schedule changes, meetings and policy announcements. The St. Joseph Regional Health Network Outlook E-mail system is the official E-mail communication channel used by St. Joseph Regional Health Network. Relying solely on a personal email account to communicate with St. Joseph Regional Health Network staff is highly discouraged.

Internal and External Mail System

The resident will have their internal mail handled by the pharmacy secretary. Any incoming mail will be delivered to the inbox on the resident's desk. The resident is to place any outgoing mail in the appropriate bin in the pharmacy waiting area. For delivery of mail using courier services (i.e. FedEx, UPS, etc) the resident can place the package in the mailroom directly, which is located down the hall from the security office.

Information Technology

The resident will have access to Meditech, Pyxis Connect and other clinical software at St. Joseph Regional Health Network. The resident must complete the appropriate paperwork to receive access to these programs.
Pagers

St. Joseph Regional Health Network is a “quiet” hospital, so the use of overhead paging is restricted to the operators. Use pagers for initial contact. If no response, then ask the operator for assistance. For a complete list of pagers, please refer to the St. Joseph Regional Health Network intranet site.

Infonet Paging

In order to page a provider or other service line, go to the hospital intranet page (i.e. Infonet) by clicking on the internet explorer icon on any hospital electronic device. From there click on the link at the top called Daily On-Call.

From that site, you can access on-call documents (see image below), which will be available each day and will provide you with information about who is on-call and how to reach them. You will then need to use a traditional phone to call or page as needed. Additional on call schedules will remain on the Infonet under the Family Practice & Medical Staff Office departments. Additionally, an On-Call directory will be available listing all individuals who are in on-call rotations.

Daily On-Call

Welcome to the Daily On-Call page!

Documents will be posted here daily with the information you need to contact any and all “On-Call” individuals. Please make sure you are selecting the document for the current date as there will be multiple documents posted here. If you find any information here to be inaccurate, please contact the Telephone Operators at 610-378-2000 to let them know. Please DO NOT call the Telephone Operators to ask them who is On-Call or to ask them to page someone for you.

Click here for an On-Call Directory (compare this to “All Available Users” and note that listed individuals may not currently be on-call)

Click here for an Employee Directory
Self Service Password Reset

Self Service Password Reset Registration Program
Self Service Password Reset/Unlock Program
Frequently Asked Questions

What is Self Service Password Reset (SSPR)?
Self Service Password Reset (SSPR) is an automated password reset/unlock program that has been developed to assist you if you should accidentally forget your password or lock your account. You must first access the Self Service Password Registration program to register before you can use SSPR. Registration takes less than 5 minutes.

Why do I need to register?
You cannot use the Self Service Password Reset/Unlock program if you do not register. During the registration process, you will establish unique answers to questions that are used to validate your identity when you access the Password Reset/Unlock program. In addition, the program provides enhanced security by requiring a unique 4-digit PIN number. This PIN number is necessary to access the Self Service Password Reset/Unlock program. Select a memorable number combination to use.

What are the criteria for the required Registration Questions and Answers?
Each registrant will be presented with 22 questions and must answer 5 out of the 22 questions. The answers are required to be more than 4 characters in length. The same answer cannot be used twice and selecting/answering the questions is limited to 15 minutes. If the time spent to answer the questions is longer than 15 minutes you will receive a message to start the registration again.

How do I register for the Self Service Password Reset?
Access to the Self Service Password Reset/Unlock Registration link is available to individuals when they are logged into the PShare network. The link is available at https://passwordregistration.pennstatehealth.net

Can I change my Personal Questions/Answers after I have registered?
If you need to change anything in your registration, simply revisit https://passwordregistration.pennstatehealth.net and re-register.

What is the link to the Self Service Password Reset/Unlock Program (SSPR), if I want to reset or unlock my PSH access account?
The link to the SSPR is: https://passwordreset.pennstatehealth.net

If I forget my unique PIN or the Answers to my Questions and cannot access the Password Reset/Unlock Program, what should I do?
Since you would not be able to reset/unlock your password through the Self Service program, call the IT Service Desk and they will use the current vetting process to obtain your two unique identifiers and reset your password. After your password is reset, you can log onto the network and access the Self Service password registration program to re-register and create a new unique 4-digit PIN and answer 5 of the 22 questions.

Who is authorised to request/use the SSPR registration information?
Your registration information should be kept confidential and will only be vetted by the SSPR application or the IT Service Desk.

Will the SSPR be available remotely to External Staff and Vendors?
Registration for the Password Reset/Unlock program will be accessible remotely when the individual is logged into the network (inclusive of external staff, PSHSJ staff working remotely, and vendor single user accounts).
Is the Password Reset/Unlock program available when staff are logging into the Network Remotely and cannot remember their password or lock their password?
The Password Reset/Unlock program is not accessible when staff are logging into the network remotely. External users are highly encouraged to register for SSPR, because this allows the IT Service Desk to vet the registration information, when external user calls for a password reset or unlock.

If the Password Reset/Unlock program is not available when staff are logging into the Network Remotely and cannot remember their password or lock their password what should they do?
If a password reset or unlock is required when logging into the network remotely call the IT Help Desk at 610-378-2647 (ext. 2647). If you are registered in the Password Reset/Unlock program, the IT Help Desk staff will request the PIN number and 3 registered questions/answers before resetting the password. The individual will be prompted to change the temporary password provided by the IT Help Desk staff.

What should I do if I need to reset my password or unlock my account?
Once you have registered and you are logging directly into the Network, you will be able to reset your password or unlock your account by:
  - Using the following link https://passwordreset.pennstatehealth.net
  - Using “Problems Logging In?” link from a Windows logon screen (Note: This “problems Logging In?” program is not available for Apple Macintosh users.

The “Problems Logging In?” will appear on your workstation after it is pushed by the IT Support Team. Following the installation, a reboot is required. Staff will receive a pop up box that will allow them the option to delay the required device reboot for up to 4 hours. After 4 hours the reboot will take place and the “Problems Logging In?” client will be available to reset/unlock your password.

If I am logging into the Network on a Windows device and the “Problems Logging In?” client program is not listed under the Network password field, how can I have the client installed?
Contact the PSHSJ Help Desk and request the “Problems Logging In?” client be installed. The representative will enter a ticket to have it installed on your PC.

What information will the Self Service Password Reset program prompt me for?
If you are using https://passwordreset.pennstatehealth.net, the Password Reset/Unlock program will prompt for the user name:
  - If you are associated with PSHSJ use “PSHEALTH\User ID” as the user name. i.e. PSHEALTH\djones – (not case sensitive)

Is there specific Password criteria to reset the Password?
When resetting a password the password criteria is a minimum of 8 characters to include upper/lower case, numbers and symbols (excluding parenthesis). If you do not meet the criteria you will receive a message noting the password did not meet the criteria and you will be prompted to reset the password.

How do I unlock my Password?
You will access the Self Service Password Reset program link: https://passwordreset.pennstatehealth.net. The Password Unlock feature is available on the same page as the password reset feature. Click on the Radio button to the left of Account Unlock, click “Next” and you will receive a message that your password has been unlocked.
Go to https://access.pennstatehealth.net and login

Choose your DUO Authentication method. If you have not already setup DUO go to https://duoenroll.pennstatehershey.net to do so, then return.
Pharmacy Residency Program Structure

The St. Joseph Regional Health Network PGY-1 Pharmacy Practice Residency is a one year (July – June) program. During the year the resident will complete 10 rotations, which includes four longitudinal rotations (Drug Information, Service and Research Project), and 8 other rotation each ranging from 4 to 8 weeks in duration.

The majority of inpatient clinical rotations will take place in the main campus in Bernville. Depending on the resident’s interests, learning experiences can be arranged at our Downtown Campus, which includes our outpatient clinics.

**Clinical Rotations:**
- Internal Medicine (8 weeks)
- Cardiology (5 weeks)
- Emergency Department (8 weeks)
- Critical Care (6 weeks)
- Infectious Diseases (7 weeks)

**Other Rotations:**
- Orientation (4 weeks)
- Pharmacy Administration (4 weeks)
- Medication Safety (4 weeks)
- Sterile Products (4 weeks)

**Longitudinal Rotations:**
- Research Project
- Pharmacy Operations
- Ambulatory Care
- Drug Information
- Transitions of Care

**Elective Rotations:**
- Oncology (4 weeks)
- Advanced Medication Safety (4 weeks)

The PGY-1 resident is required to staff at St. Joseph Regional Health Network in the inpatient pharmacy two weekends a month and 3 holidays per year. These requirements are subject to change in order to customize the service learning experience to meet the needs of the resident as determined by the Residency Advisory Committee (RAC). The service rotation and clinical rotations are not to interfere with each other; it is the responsibility of the resident to make arrangements with the appropriate preceptor(s) when a change in the schedule is needed.

The resident will design and complete a research project under the guidance of a project advisor. The project results are to be presented at the Eastern States Residency Conference held in the spring.
Residency Advisory Committee

The Residency Advisory Committee (RAC) will have oversight of the PGY-1 Pharmacy Practice Residency and its current residents.

The committee consists of the Residency Program Director, the Director of Pharmacy, and the preceptors. Meetings of the Pharmacy Residency Advisory Committee will occur at least quarterly and will be led by the Residency Program Director.

Basic Requirements of the Pharmacy Resident

Citizenship
All pharmacy residents for the St. Joseph Regional Health Network PGY-1 Pharmacy Residency must be U.S. citizens.

Education
Resident must be a graduate from an accredited school of pharmacy.

Licensure
The pharmacy resident must be licensed or eligible for licensure in the state of Pennsylvania, either by examination or via reciprocity, and produce documentation as such at the start of the residency program. If reciprocating from another state, the reciprocity process must begin before July 1 of the residency year. Residents who are not licensed in Pennsylvania will not be able to practice independently. Failure to pass the state and/or national licensure examination requirements to practice pharmacy in the state of Pennsylvania by September 15 may lead to dismissal from the residency program.

Questions regarding licensure should be addressed to the Pennsylvania State Board of Pharmacy at the following address:

State Board of Pharmacy
P.O. Box 2649
Harrisburg, PA 17105-2649
Phone - (717) 783-7156
Fax - (717) 787-7769
ST-PHARMACY@state.pa.us

Upon receipt of the Pennsylvania pharmacy license, the resident must provide the original document to the Director of Pharmacy at St. Joseph Regional Health Network.
Salary and Benefits

A complete description of benefits provided by St. Joseph Regional Health Network is outlined in the Personnel Policy Manual. Items addressed in this section are specific to the pharmacy residents. The benefits outlined in this manual are offered to pharmacy residents who join the St. Joseph Regional Health Network Pharmacy Residency Program. Additional information on each benefit may be available in the personnel policy manual.

Resident Salary and Pay Periods
The salary for the PGY-1 pharmacy resident is stated in the resident contract sent to each resident prior to employment at St. Joseph Regional Health Network. 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 at your orientation.

Payroll and Benefits Questions
St. Joseph Regional Health Network payroll and benefits questions should be directed to the Human Resources Department, (610) 378-2311. A representative from the Human Resources Department will meet with you during the orientation process to explain benefit options and help residents enroll in desired programs.

Paid Time Off (PTO)
The pharmacy resident is entitled to 28 days of PTO during the residency year. To request PTO, the following process needs to be followed:
1. Resident PTO form needs to be completed by the resident
2. The form is then authorized by the preceptor whose learning experience will be impacted by the time off.
3. The form is submitted to the Residency Program Director to be placed on the next available RAC meeting agenda.
4. Once the RAC approves the PTO, then the original request is given to the pharmacy scheduler to be incorporated into the departmental schedule and a copy given to the resident.

Paid time off may occur during any rotation, but it is highly suggested that the resident spread these vacation days out over the entire residency year to avoid missing too much from any one rotation. To maximize the learning experiences in each rotation, no more than two days (2) off per rotation should be allowed. All PTO should be scheduled at least four weeks in advance of the requested time off. PTO requests submitted less than four weeks in advance will not be routinely approved, but will be considered on an individual basis depending upon the circumstances. No two week PTO periods may be concurrent. For example, one week at the end of one rotation may not be added to the first week of the next rotation. Any unused PTO will be paid out at the end of the residency year.
Holidays
LABOR DAY
THANKSGIVING
CHRISTMAS
NEW YEAR’S DAY
EASTER
MEMORIAL DAY

Appointments for Personal Issues
Appointments for personal issues (MD, dentist, etc…) must be cleared with your preceptors. Make up time will be determined by the preceptor.

Resident Emergencies
Preceptors and the Residency Program Director 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 should this situation arise during the residency year. Approval must be granted by the Residency Program Director.

Compensation for Extra Holiday and/or Weekend Hours
The Residency Program Director and Director of Pharmacy will determine appropriate compensation for extra hours spent in addition to required rotation hours. This will be addressed during the orientation period.

Maternity/ Paternity Leave/ Extended Leave of Absence
A maximum of 6 weeks will be allowed for maternity leave. A maximum of ten working days will be allowed for paternity leave. It is expected that those who become pregnant and/or those who plan to take paternity leave attempt to plan their schedules so they are not on a rotation that has intense responsibilities (any inpatient medicine rotation). It will be the resident's responsibility to inform the Residency Program Director of the need to take maternity / paternity leave and work with the Residency Program Director to make the appropriate schedule changes. In order to have maternity/paternity leave approved, the appropriate form must be completed. A resident on maternity leave must submit a doctor’s release in order to return to work. In cases where the resident’s absence exceeds fifteen working days, the Residency Program Director will inform the Residency Advisory Committee of the resident’s departure and return. With the members of the Residency Advisory Committee, the Residency Program Director may utilize various criteria to judge whether the resident may continue or will be dismissed from the program. The resident may have the residency extended by an appropriate amount of time to compensate for time away from the residency program.

Professional Meeting (CE) Time Away
The pharmacy resident is allowed up to 5 days to attend professional meetings and continuing education programming in addition to PTO. Prior to registering for any professional meetings or continuing education programs, the resident must receive approval from the Residency Program Director. Requests should be communicated forty – five days (45) in advance and should include
the conference date/time, a conference brochure, and a completed registration form. Under special circumstances, if the resident has used the available 5 days of professional time, the Residency Program Director may approve additional meetings at the resident’s own expense, if the $2,500 maximum reimbursable amount is exceeded, provided vacation days are available to cover time away. At the end of the residency year, the resident will not receive compensation for unused professional days or professional monies.

Funds for Continuing Education and Professional Development
The pharmacy resident receives $2,500 reimbursable ACPE expense to be used for professional development. The majority of this money will be used to cover expenses associated with attendance at the ASHP Midyear Clinical Meeting that occurs in December. The resident is required to attend this meeting for program completion and recruitment purposes. The resident may use any remaining money to support professional development. The resident may request paid time off or continuing education hours to attend other professional meetings. Travel must be approved prior to registering for any conference.

Travel Reimbursement
After approval for any professional meetings of continuing education, reimbursement for travel will be discussed with the Director of Pharmacy. Expenses for travel and meetings must be submitted in a timely manner.

Lab Coats
Since OSHA regulations require lab coats or protective clothing, St. Joseph Regional Health Network will provide one lab coat for each pharmacy resident.

Housing
St. Joseph Regional Health Network does not provide housing for the pharmacy resident. The Residency Program Director can help direct residents interested in finding housing and assist with any housing needs.

Meals
The resident is responsible for his/her meals.

Membership and Fees Paid
St. Joseph Regional Health Network pays for the American Society of Health System Pharmacists (ASHP) membership and Pennsylvania pharmacy licensure fees.

Parking
Parking at St. Joseph Regional Health Network Main Campus is free. The resident can park in any space behind or on the sides of the building that are not specifically designated for physicians or patients. Free parking at the downtown campus can be arranged ahead of time with the Residency Program Director.
Work Space and Supplies
The resident will have a designated work space that will include, at a minimum, a desk, computer and printer, telephone, and a file cabinet. At the beginning of the year, the resident should determine what initial supplies are needed and submit a supply request to the Pharmacy administrative assistant to request the necessary supplies. The resident will have access to a copy machine and a fax machine that can be used for official business associated with the residency.

Other Benefits
As a pharmacy resident of St. Joseph Regional Health Network, you are eligible for the additional list of benefits. More information about each benefit can be found in the St. Joseph Regional Health Network Personnel Policy Manual.

• 401(k) Retirement Plan
• Benefits Continuation (COBRA)
• Bereavement (Funeral) Leave
• Dental Insurance
• Family Medical Leave
• Health Insurance
• Jury Duty Leave
• Life Insurance
• Long-Term Disability
• Military Leave
• Prescription Insurance
• Short-Term Disability
• Time off to receive medical care at Penn State Health St. Joseph
Expectations and Obligations of the Pharmacy Resident

Personal Appearance and Professional Image

It is the expectation that the pharmacy resident will dress professionally at all times. Scrub suits along with other required garb is to be worn when working in the sterile products area. A lab coat is required to be worn when in patient care areas.

During outside activities, the resident is to comply with the Penn State Health St. Joseph dress code policy.

General standards for all employees:

1. Employees are expected to wear appropriate business attire or, if required, uniforms that are clean, pressed and properly fitted.

2. Miniskirts (4-5” above knee), jeans/denim, shorts, skorts, T-shirts, backless/strapless/spaghetti strap tops or dresses, low necklines, logo tee shirts, hoodies, midriff revealing, spandex and sheer attire are not acceptable work attire.

3. Dress slacks and dress capris are appropriate (should be no shorter than mid-calf).

4. Undergarments should not be visible.

5. Appropriate hosiery should be worn when wearing skirts or dresses. Wearing no hosiery in Non-Clinical Departments is acceptable if the look is appropriate to the outfit.

6. Hair should be clean and neatly combed and of a natural color in appearance. Certain departments may require the use of caps, hair nets, or safety apparatus due to safety or regulatory requirements. Long hair must be pulled back when working in clinical departments.

7. Beards, mustaches and sideburns should be neatly trimmed and groomed.

8. Fingernails will be no longer than ¼ of an inch. Artificial nails (i.e. acrylics, tips, extensions, overlays, fills, gels, wraps, or appliqués other than those made of nail polish) are not permitted in areas that provide direct patient care, food, or medication preparation (for additional information refer to Hand Hygiene Policy No. ADM-CLN-024 and Pharmacy Infection Control Policy No. PHA-MGT-002).

9. In an effort to be sensitive to patients, visitors, and colleagues, the wearing of scents should be discouraged. Staff with patient contact should absolutely avoid the use of scents. This would include, but not be limited to, colognes, perfumes, lotions, fragrant oils and sprays.

10. Jewelry may be worn in moderation. Visible body piercing is limited to pierced ears (NOTE: for other visible piercings - Flesh color or clear, flat inserts/plugs can be worn instead. Gauges in ears
(larger than a dime) are not permitted. Flesh color plugs must be worn instead). The following maximums apply: two earrings per ear (no hoop or dangle earrings in clinical areas), two necklaces, and two rings per hand (wedding sets count as one ring). Multiple bangles that make noise should not be worn while caring for patients.

11. Tattoos must be covered. If necessary use clothing and/or make-up to cover.

12. Shoes must be clean and in good repair. Footwear that violates a safety or infection control regulation is prohibited. Flip-flops, sandals, and crocs with openings are not acceptable footwear. Dress shoes with or without heels, open toed shoes, and boots are permitted in non-clinical areas. Loose fitting shoes or boots of any style that are unsafe for the work performed are not permitted in any work area.

13. Name badges, provided by PSHSJ, must be worn at all times. Name badges should be worn above the waist and readily visible. Badges may not be defaced with stickers, pins, or altered in any way.

14. During holiday seasons or other special occasions, sweatshirts or sweaters with holiday décor may be worn with department Manager/Director approval. Holiday-wear cannot have dangling decorations.

15. Business casual may be permitted on designated days with appropriate approval.

16. In addition to the standards above that apply to all employees, employees who wear uniforms also are expected to comply with the following guidelines:
   a. Uniforms for direct care providers includes: scrubs or uniform dress, pants, culottes, or pantsuits. The top may be a blouse, shirt, or turtleneck.
   b. Uniform colors may vary at the discretion and approval of the department Manager/Director. The overall appearance should be coordinated and in accordance with the general standards. No camouflage is permitted.
   c. Employees required to wear hospital scrub clothing (as per CDC or OSHA guidelines) will be issued to wear only while on duty. Laundering of these garments is the responsibility of the facility.
   d. Isolation gowns and other protective coverings are not to be worn outside of the intended area.

Enforcement Procedures:

1. Each employee is responsible for complying with the dress guidelines. Department Directors/Managers are responsible for the consistent enforcement of the dress code for their particular areas.

2. Employees who arrive at work in violation of the dress code (this includes contractors) will be asked to clock out and go home to change their attire. Exempt employees may be required to make up the time missed, non-exempt employees will not be paid for time missed.

3. Disciplinary action may be taken for failure to adhere to the dress code.
**Attendance**

Attendance at all rotations must conform to the goals and objectives of that rotation. Any absences must be excused in accordance with the procedures of the program and be approved by the preceptor of record and the Residency Program Director. Rounds, conferences, and seminars are a required part of the program, and the resident is expected to have consistent attendance.

**Obligations of the Pharmacy Resident**

The resident will fulfill the educational requirements of the residency and observe the rules and regulations of Penn State Health St. Joseph. The resident understands that the curriculum description and requirements noted in the residency description may change during the resident’s tenure to improve the residency program. The resident is expected to participate in accreditation surveys as requested and assist the program in making changes needed to maintain accreditation.

**Recruitment**

The resident will assist with the recruitment efforts of the residency program. Because each resident is an important source of information and advice for potential candidates, there will generally be some scheduled time within the interview process for interviewees to interact with current residents. Additionally, residents shall participate in the Residency Showcase during the December ASHP Midyear Clinical Meeting.

**Preceptors**

Each rotation is assigned at least one preceptor. The preceptor is responsible for the resident’s learning activities and experiences for that rotation. The resident shall communicate directly with the preceptor regarding professional and personal concerns that may occur. The preceptor is responsible for organizing the rotation for the resident, to include having a schedule available for the resident early in the rotation.

**Rotations**

The resident will complete pharmacy practice rotations that are 4 to 8 weeks in duration. The rotation descriptions are available in PharmAcademic [www.pharmacademic.com](http://www.pharmacademic.com).
Pharmacy Resident Performance Evaluation

Residency Plan
During orientation, the pharmacy resident will complete an initial self-assessment. The purpose of this self-assessment is to assist the Residency Program Director in developing a specific plan for the pharmacy resident that will take into consideration prior experience, program strengths, and personal goals and interests. We do not expect that the resident would have a high level of proficiency in many of these areas. That is what the residency is designed to provide.

The self-assessment will aid the Residency Program Director in outlining the individualized residency plan for each resident. This plan takes into account the resident’s self-stated strengths and weaknesses, ASHP’s learning objectives that need to be scored as achieved for the program, and the resident’s stated career goals. Each quarter, the plan is updated with the progress for addressing each of these areas. Also, the resident and Residency Program Director will meet at least quarterly to discuss the residency plan and update the customized training plan.

Summative Evaluations (Rotation Evaluations)
Evaluations for rotations will occur via PharmAcademic. The resident will receive an overview of the Residency Learning System (RLS) and evaluation system during orientation. In preparation for the overview of the Residency Learning System, the pharmacy resident should refer to the Resident’s Guide to the RLS available on the ASHP website (http://www.ashp.org/DocLibrary/Accreditation/ResidentsGuidetotheRLS.aspx)

For each rotation the following evaluations shall occur:
Resident self evaluation
Resident evaluation of the preceptor
Resident evaluation of the rotation site
Preceptor evaluation of the resident

For rotations that are one month long, evaluations are completed at the end of the rotation. For rotations that are between 5-8 weeks, evaluations are at the midpoint and end of the learning experience. For longitudinal rotations, evaluations occur quarterly. It is the resident’s responsibility to complete and discuss the evaluations face to face with the preceptor prior to the end of the rotation. The goal is that these meetings will help the resident improve future performance.

The Residency Program Director will review all evaluations of the residents’ performance as they are completed and submitted. After completion of a rotation, the preceptor will discuss the resident’s performance at the next Residency Advisory Committee meeting.

Formative Evaluations
Preceptors are encouraged to complete snapshot evaluations throughout the resident’s rotation to provide additional feedback to residents in a specific area of focus.
Additional Sources of Feedback
Additional sources of feedback can include notes, email, written revisions and suggestions for written work, and oral feedback. The goal is for the resident to have frequent sources of timely feedback so that they can continue to develop their skills, improve in areas that need attention, and repeat behaviors and skills that will help in successful completion of the residency program.

Exit Evaluations
Each resident will participate in an exit interview with the RPD where any program improvement suggestions can be discussed and presented at the next RAC meeting. In addition, the pharmacy resident may be requested to attend a meeting of the RAC to discuss his / her experience throughout the residency. The purpose of this evaluation and meeting is to provide feedback to the Residency Program Director and the members of the Residency Advisory Committee to allow for improvements to be made in future years of the program.

Compliance with Evaluation Policy
Residents must comply with the evaluation policy and complete evaluations as required. This is essential for the advancement of the resident and the residency program. Failure to comply with this policy may result in delayed completion of program or termination of employment.
Quality Improvement for the Residency Program

The Residency Advisory Committee (RAC) meets on a monthly basis to discuss the residency program and the resident’s progress to date. The Residency Program Director is the chair of this committee. Prior to each meeting the Residency Program Director develops an agenda for the meeting. If the resident has any suggestions throughout the year for improvement to the residency, he / she should bring these to the Residency Program Director so that a discussion of the potential improvement can be added to the monthly committee’s agenda.

Throughout the year, the residency preceptors will elicit feedback from the resident about suggestions that they have for improving the program. The RAC meetings will focus on any suggestions for changes to the program. The Residency Program Director will work closely with the members of the RAC and the Director of Pharmacy to plan, implement, and evaluate any changes recommended.

The June meeting of the Residency Advisory Committee specifically will focus on reviewing plans for the upcoming year including rotation scheduling, curricular changes, electives, project ideas, and any changes occurring at the clinical sites.
Research Project

The resident is expected to complete a research project during their residency year. A list of potential research projects will be developed, evaluated and approved by members of the RAC. This list will be provided to the resident. The resident will select a project from the list and will then be assigned a project advisor from the RAC. The selection of project advisor will be based on the topic and availability of the RAC members. It is expected that the resident and advisor meet regularly throughout the year to ensure all deadlines are met and the project is completed on time. The status of the project will be presented at RAC by the advisor at least quarterly.

The resident must develop a chronological timeline of events and deadlines for the project. Occasionally, unavoidable circumstances prevent project deadlines from being met. Changes to the initial project timeline must be discussed and approved by the project advisor. At the latest, the selection of the project topic shall occur no later than August 1st.

The resident must submit a written research project proposal to the project advisor for approval. The resident will complete any training modules as required by the IRB as appropriate. The protocol must be submitted to the IRB for approval before any data collection occurs.

At a minimum, the project must be presented in poster form at the ASHP Midyear Clinical Meeting and at the Eastern States Residency Conference (ESC). A manuscript publishable in a peer-reviewed journal must be completed by the end of residency. The residency project will be considered completed after all requirements are satisfied. A residency certificate will not be awarded until the project is completed.

Research Project Time Line

The enormity of this project demands that a timeline be strictly adhered to by both the resident and the project advisor. Attached is a timeline guideline to follow. Deadlines highlighted in RED are NOT negotiable. The RPD must be notified if these deadlines are not met.

<table>
<thead>
<tr>
<th>July</th>
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<tbody>
<tr>
<td>1. Review research topics provided and identify 2-3 topics of interest.</td>
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<tr>
<td>2. Research topics of interest</td>
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<tr>
<td>a. Complete preliminary literature search to find out how much information has been published.</td>
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<tr>
<td>3. Discuss topics with RPD and pharmacist in respective field for input/feedback.</td>
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<td>4. Narrow down to a selected topic.</td>
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<tr>
<td>5. Select research advisor for project.</td>
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<tr>
<td>6. Continue thorough literature search on research project.</td>
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<tr>
<td>7. Meet with the RPD to review HIPPA and IRB application requirements. Obtain appropriate forms for research project.</td>
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<tr>
<td>8. Complete online training for HIPPA and IRB confidentiality training (for self and Co-investigator)</td>
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</table>
9. Continue thorough literature search on research project.
10. Confirm research project and advisor: **DEADLINE, 7/31**

**NOTE:** If a project is not confirmed by the end of the orientation/training period, a project will be assigned.

### August

1. Compose research project abstract/proposal.
   a. Meet regularly with project advisor to develop the project
   b. Protocol Development
      i. Writing the protocol
      ii. Submit to advisor for review
      iii. Revision and finalization
   c. Prepare power point presentation to pharmacy staff
   d. Begin developing ancillary research tool (i.e. data collection form, surveys and other data collection tools for research)

2. Protocol finalized and submitted to IRB, **DEADLINE, 08/31**

### September/October

1. Submit project protocols & ancillary research tools to advisor and incorporate any suggested changes.
2. Beta test ancillary research tool
3. Complete necessary IRB forms
4. Ensure all investigators have completed mandatory IRB educational requirements
5. Obtain final approval of project protocol, ancillary research tools, and IRB forms
6. Finalize ASHP per abstract guideline
7. ASHP abstract submission due, **DEADLINE, 10/1**

### November/December

1. Develop research poster presentation for ASHP
2. Begin implementing research methods & data collection once IRB approved
3. Project poster submitted to print shop

### January/February/March/April

1. Study implementation and data collection period
2. ESC abstract due, **DEADLINE, 02/01**
3. Begin data analysis
4. Prepare results for ESC conference
5. Attend and present at the ESC conference
6. Begin manuscript write up

### May/June

1. Complete data collection for research project/Statistical analysis
2. Finalize project protocol
3. Finalize manuscript write up
4. Complete necessary IRB forms for project close out
5. Protocol & manuscript finalized and submitted to IRB for close out, **DEADLINE, 6/13**
Staffing at St. Joseph Regional Health Network

The resident will staff at the pharmacy department every other weekend and every other holiday. This is subject to change depending upon resident progress with the service rotation. The schedule is developed and maintained by the Pharmacy Operations Manager.

If scheduled staffing occurs on a holiday, the resident is expected to work unless the resident has approved paid time off for that period.

Any conflicts in staffing due to rotations, conferences, or other reasons should be brought to the attention of the Residency Program Director, the preceptor for the Service learning experience and the Operations Manager. These conflicts will be discussed and a decision will be made based on the individual circumstances.
Duty Hours Requirements (policy PHA-RES-003)

**Duty Hours:** All scheduled clinical and academic activities related to the pharmacy residency program. This includes inpatient and outpatient care; in-house call; administrative duties; and scheduled and assigned activities, such as conferences, committee meetings, and health fairs that are required to meet the goals and objectives of the residency program.  
(Duty hours do not include: reading, studying, and academic preparation time for presentations and journal clubs; travel time to and from conferences; and hours that are not scheduled by the residency program director or a preceptor.)

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

Each resident monthly pharmacy schedule will be reviewed by the program director in advance for compliance with this policy. Any schedules that are out of compliance will be adjusted at that time with the scheduler as appropriate.

Residents requesting to moonlight externally must do so in writing to the residency program director. Additionally, the resident will need to get approval from their current preceptor. It is the responsibility of the residency program director to perform the initial determination of the appropriateness of external moonlighting activities within the department’s educational objectives.

Internal moonlighting will be actively monitored through regular review of the SJMC pharmacy schedule as above. Any additional resident internal moonlighting hours added after the departmental schedule is posted shall be requested in advance and in writing to both the current preceptor(s) and program director and documented as approved before posting.

Internal moonlighting in the form of pharmacy staffing will take precedence over any external activities. For this, the resident will receive compensation equivalent to a staff pharmacist with a similar level of experience.

In order to minimize disruption to learning experiences, weekday moonlighting activities will not start before 5PM. The program director is responsible for monitoring resident performance for residents engaging in moonlighting activities.
The resident who successfully completes the St. Joseph Regional Health Network PGY-1 Pharmacy Residency will receive a certificate of completion. This certificate will attest that the resident has achieved competencies consistent with and in accordance with accreditation standards set forth by ASHP.

Prior to receiving a certificate of completion, the resident must complete all major program requirements. Prior to receiving a certificate of completion, the resident will need to successfully complete the following (i.e. minimum requirements):

1) Successful completion of all rotations as determined by the preceptor and the Residency Advisory Committee (RAC).

2) Scoring of “Achieved for the Program” for the following educational objectives
   i. R1.1.1: Interact effectively with health care teams to manage patients’ medication therapy.
   ii. R1.1.2: Interact effectively with patients, family members, and caregivers.
   iii. R1.1.3: Collect information on which to base safe and effective medication therapy.
   iv. R1.1.4: Analyze and assess information on which to base safe and effective medication therapy.
   v. R1.1.5: Design or redesign safe and effective patient-centered therapeutic regimens and monitoring plans (care plans).
   vi. R1.1.6: Ensure implementation of therapeutic regimens and monitoring plans (care plans) by taking appropriate follow-up actions.
   vii. R1.1.8: Demonstrate responsibility to patients.
   viii. R1.3.1: Prepare and dispense medications following best practices and the organization’s policies and procedures.
   ix. R1.1.7: (Applying) Document direct patient care activities appropriately in the medical record or where appropriate.

3) Submission of final project in manuscript (i.e. publishable) format.

4) Development of responses to drug information questions in sufficient number and quality as determined by the Drug Information preceptor(s) and the RAC.

5) A score of either an ACH or SP for all learning objectives at the end of the residency year (i.e. A score of “Needs Improvement” on any evaluation at the end of the residency year will prevent the resident from receiving a certificate of completion).

6) Development of Pharmacy and Therapeutics Committee Monographs in sufficient number and quality as determined by the Pharmacy Administration preceptor(s) and the RAC.

7) Attendance and poster contribution to the American Society of Health System Pharmacists (ASHP) Midyear Clinical Meeting.
These minimum requirements will be tracked and trended on the quarterly customized training plan for each resident. In the event that the resident cannot complete the requirements for the program due to some unforeseeable event or the need for an extended leave of absence (LOA), the RAC will decide if the residency will be terminated or extended to finish the requirements beyond the twelve month period of the residency. This will be contingent on the preceptor’s availability and the current resident load for the site. Return of pagers, keys, badges, etc. will be required prior to receiving the certificate.
Disciplinary Actions (policy PHA-RES-004)

Residents are expected to conduct themselves in a professional manner at all times and to follow all Residency Program policies and all relevant St. Joseph Regional Health Network policies and procedures. Penn State Health St. Joseph reserves the right to take disciplinary action and / or dismiss a pharmacy resident in keeping with organizational employment policies.

Disciplinary action or dismissal may be due to, but not limited to, the following reasons:

1. Academic, professional, ethical or legal misconduct, such as any infraction of the Pennsylvania Pharmacy Act.

2. Failure to immediately disclose any enrollment in an impaired pharmacist program to both the Residency Program Director and Director of Pharmacy will result in termination.

3. Endangerment of the health or safety of patients, employees, or others.

4. Violation of policies and procedures of Penn State Health St. Joseph, or the residency program.

5. Unsatisfactory performance and / or progress in the program

6. Excessive tardiness and / or absenteeism (See policy HR ERL 03 “Time and Attendance”)

7. Abandonment of employment

8. Performs gross negligence

9. Failure to pass state and/or national licensure examination requirements before September 15.

If a resident fails to make satisfactory advancement in any aspect of the residency program, the following disciplinary steps shall be taken:

1. Residents shall be given a verbal warning by their preceptor and the Residency Program Director will be notified. Steps that are taken include suggestions for improvement in meeting the requirement of the rotation / residency program. Suggestions for improvement will be documented in their file by the Residency Program Director.

2. If the resident continues to fail in their efforts to meet deadlines or objectives, the Residency Program Director will meet with both the preceptor and resident. The resident shall be given a warning in writing and will have suggestions on the actions necessary to correct the situation. This will be documented in the resident’s file. Three written warnings can result in termination.
3. If the preceptor determines that the resident may not complete the rotation/residency program in the normal time frame, a plan to adequately complete the requirements shall be presented by the preceptor and reviewed by the Residency Program Director and the Residency Advisory Committee. No action shall be taken against the resident until the Residency Advisory Committee has reviewed the report and recommendations concerning any action.

4. If the Residency Advisory Committee feels that the action recommended by the preceptor/Residency Program Director is appropriate, the action will be implemented and the resident will be in a probationary period. Action may include remedial work or termination.

5. The Vice President of Human Resources at St. Joseph Regional Health Network will be notified in advance of placing a resident on probation and must review the written documentation for the probationary period prior to meetings and/or discussions with the resident.

6. The Residency Program Director will keep the St. Joseph Regional Health Network Vice President of Human Resources informed in a confidential and appropriate manner regarding the resident’s progress in meeting the terms of probation, including when the resident’s return to satisfactory academic standing occurs.

7. Dismissal of a resident requires consultation with the St. Joseph Regional Health Network Vice President of Human Resources. When, and if, dismissal is recommended, the resident will be given seven days advance notice in writing from the Residency Program Director if circumstances permit. When a resident is dismissed, the financial obligation of St. Joseph Regional Health Network ceases. In the event of a decision to dismiss, the resident will have the right to an appeals process as established by the St. Joseph Regional Health Network Vice President of Human Resources.