Swedish Medical Center
PGY1 Residency Program

Welcome new Pharmacist Residents!

Welcome to Swedish Medical Center for your residency training. We are pleased that you have chosen Swedish Medical Center and hope you will find our multiple specialty campuses to be ideal settings for your continued pharmacy training.

Swedish Medical Center is fully accredited by Det Norske Veritas and maintains an active quality-improvement program to ensure that all patients receive optimal care in a safe and caring environment.

The PGY1 Residency Program at Swedish Medical Center is fully accredited by American Society of Health-System Pharmacists (ASHP). The Residency Program began in 2003 with an initial two pharmacist residents to now six residents in 2020.

The Mission, Vision, Values and Strategic Goals of Swedish Medical Center

Nonprofit Mission:
To improve the health and well being of each person we serve

Vision:
Health for a Better World

Values:
Safety
Patient-centered
Respect, caring and compassion
Teamwork and partnership
Continuous learning and improvement
Leadership

Strategic Goals:
Strengthen the core
Best our communities' health partner
Transform our future

Department of Pharmacy and Pharmacy Practice Residency Program

Department of Pharmacy Mission, Vision and Values:

Mission:
Optimize medication use to improve health outcomes and patient experience

Vision:
Using the latest technology and highly engaged staff, we will provide error free and cost effective patient care across the continuum with a high level of patient satisfaction

Values:
Integrity, Compassion, Collaboration, Respect

Mission of Residency Program

To prepare pharmacist residents for hospital and ambulatory clinical positions, adjunct faculty positions, teaching and precepting positions, clinical administrative projects and/or further PGY2 training in a focused area of practice.

I. Administrative Faculty:

Chief Operating Officer – Cherry Hill	David West, BS Pharmacy
Director, System-wide Clinical Pharmacy	Eric Harvey, PharmD, MBA
Executive Director of Pharmacy	Jim Lacy, BS Pharmacy
Residency Program Director	Roger Yamaguchi, PharmD
Residency Program Coordinator	Kristine Eng, BS Pharmacy
Pharmacy Administrative Assistant	James Long

The Residency Advisory Committee is a standing committee of the Department of Pharmacy. Members include the Director System-wide Clinical Pharmacy, Residency Preceptors, Residency Program Director, and Residency Program Coordinator. The Committee serves to support the Residency Program goals and improve the quality of the Residency Program. This meeting creates a forum for the preceptors to discuss the residents' progress, projects, concerns or issues regarding the residency schedule, and other components of the Residency Program. The Committee will have at least three (3) formal meetings per program year.

II. Overall General Goals

The Resident shall:

- Satisfactorily complete all required goals and objectives for the Residency Program as stated in the ASHP Accreditation Standard for Postgraduate Year One (PGY1) Pharmacy Residency Programs.

• Gain experience, confidence and direction that will determine and guide the career choices available to all graduate practitioners.

III. Residency Completion

To successfully complete the Residency Program, the Resident:

● must score 70% "achieved" and 30% "satisfactory" on all educational outcomes, goals and objectives of their rotation learning experiences
● satisfactorily complete and present their major residency project at a residency conference (currently Western States Conference)
● satisfactorily complete a manuscript of their major residency research project
● satisfactorily complete and present three (3) clinical administration projects over three (3) separate quarters
● satisfactorily complete two (2) Medication Use Evaluations (MUEs) or equivalent drug reviews
● satisfactorily complete one (1) regional Pharmacy & Therapeutics (P&T) Committee project, and one (1) local P&T (or equivalent) Committee project
● satisfactorily provide instruction at the University of Washington Therapeutics Lab for one (1) quarter
● satisfactorily perform Service Commitment as defined by the Department of Pharmacy.

The Resident must complete all tasks within the defined twelve-month residency year, typically beginning July 1st and ending on June 30th. Any exceptions made is on a case by case basis.

Upon completion of the Residency Program, the Resident will be presented with a certificate of successful completion signed by the Residency Program Director, Director System-wide Clinical Pharmacy, Chief Operating Officer, and Executive Director of Pharmacy. Completion of the Residency Program's requirements must be documented.

IV. Licensure

All Swedish Medical Center PGY1 Residency Program residents are required to have Washington State intern and pharmacist licensures. The Resident must obtain Washington State intern licensure by the start of new employee orientation, and pharmacist licensure by September 30th of the same calendar year. It is the Resident's responsibility to complete the application, pay the fees, schedule exams during non-business hours (whenever possible), and maintain a current license during training. This is in accordance with ASHP Residency standards: a minimum of 2/3 of the residency is completed as a pharmacist licensed to practice in the state of Washington. An exception to licensure by September 30th is on a case-by-case basis of the individual resident so long as the Resident meets all licensure requirements by September 30th and both exams (i.e. NAPLEX and MPJE) have been successfully passed. In absence of exception, failure to become a licensed pharmacist by September 30th of the same calendar year will result

in immediate grounds for dismissal (please see "XIII: Residents Status, Probation, Dismissal" for further details).

V. Benefits

A. Stipend
The Resident will be a Swedish Medical Center exempt salaried employee and receive a yearly stipend starting around July 1st and ending around June 30th.

B. Health Insurance
Swedish Medical Center provides health insurance for the Resident and dependent(s). Residents may choose from the various health insurance plans offered which include two PPO plans and one consumer-driven health plan. Once a plan is chosen, no changes can be made outside of open enrollment without a qualifying event (i.e. marriage, birth of child, etc.).

C. Dental Insurance (subject to change)
Premiums for dental insurance through either Delta Dental of Washington PPO or DeltaCare USA HMO, are provided for the Resident by Swedish Medical Center. Residents may obtain dental insurance for dependent(s) by paying additional premiums.

D. Vision Plans (subject to change)
The Resident is eligible for vision coverage through Vision Service Plan (VSP). Residents may also obtain vision coverage for dependent(s) by paying additional premiums.

E. Life Insurance (subject to change)
Swedish Medical Center residents are provided a life-insurance policy with death benefits equal to the resident's annual stipend. The Resident may obtain an additional equivalent amount of life insurance by paying the additional premium.

F. Professional Education Benefits
Residents receive full travel reimbursement for one major meeting (ASHP-MYCM), one regional meeting (Western States Conference [WSC]), and all local career fairs. Full travel reimbursement includes air fare, conference registration and hotel (according to the year's budget constraints). In addition, the Resident is eligible for $150 per calendar year to be utilized for Continuing Education.

G. Vacation
Accrued vacation may only be taken in full scheduled day increments. Vacation days are available after initial 30 days based on the resident's full time exempt FTE status. In total, the Resident will receive eighteen (18) days paid (combination of vacation and holidays – see below for official holidays). All vacation time taken must be reported to Residency Program Coordinator and Pharmacy Administrative Assistant within the same pay period for CMS pass through documentation and correct payroll deduction, respectively. Failure to report vacation time is consider fraud. No vacation time will be

allowed during the final two (2) weeks of the residency year. Any exceptions made is on a case by case basis and must be approved in advance with the Residency Program Director. Vacations are not deducted during weekends requested off due to exempt FTE status, With respect to Service Commitment requirement, if the Resident requests a scheduled weekend to work off, the Resident may switch with another resident to work a different weekend in exchange (see "VI: Service Commitment (Staffing) requirements for further details).

Any vacation balance remaining at the end of the residency year will be paid out at termination as long as the Resident is in good standing per Swedish Medical Center's Human Resources employee standards.

Residents are not required to work all official holidays and are paid as regular salary days, not vacation time. *Official holidays include*: New Years Day, President's Day, Memorial Day, Independence Day, Labor Day, Thanksgiving Day, and Christmas Day. In addition, as a staff member, the resident is allowed one personal holiday that will be used as vacation time.

In the event of an unplanned absence not related to sick leave or family/personal/medical leave, the Resident will **forfeit** a vacation day.

H. Sick leave

Sick leave accumulates at the rate of eight (8) hours for every 173.3 regular hours paid. Sick leave may be used for:

- a resident's illness or injury for a full day
- care for a child with a health condition that requires treatment or supervision if the child under the age of 18 (or 18 years of age or older but incapable of self-care because of a mental or physical disability) for absences of a full day
- an emergency or serious health condition of a spouse, parent, parent-in-law, or grandparent of the Resident.

Residents who are absent from work due to caring for a dependent child or qualifying family member may elect to utilize sick or vacation leave accruals to provide pay for that time. Unless otherwise identified by the Resident, time scheduled and not worked for a qualifying family member will be paid first by sick leave, then vacation.

Residents who have time scheduled and not worked due to their own injury or illness must first use sick leave, then vacation.

Residents must utilize sick leave in full day increments only. A full day is defined as the length of the scheduled shift. The Resident may utilize sick leave to the extent that it has been accrued. Time absent due to illness or injury in any day or week in which work is performed must be paid as vacation time if sick leave has been exhausted.

If the Resident is off from work due to illness or injury or to care for an ill child under age of 18, all accrued sick leave, then all accrued vacation leave time must be paid prior to considering any unpaid time. Only after all available paid time off is exhausted should the time be unpaid and then only in full week increments. Resident's salary must be kept whole during any week in which work is performed.

Sick time used must be reported to Residency Program Coordinator and Pharmacy Administrative Assistant within the same pay period for CMS pass through documentation and correct payroll deduction, respectively. Failure to report is consider fraud.

Any remaining sick time will not be paid at the end of the residency year per Swedish Medical Center's Human Resources employee standards.

I. Family, Personal, Medical Leaves

The Department of Pharmacy may grant family, personal or medical leave(s) for the Resident on a case by case basis. The Residency Program Director and Director of System-wide Clinical Pharmacy will make accommodations to the degree possible without violating ASHP standards or interfering with other co-residents' training programs. With as much advanced notice provided, any time requested off must be approved by the Residency Program Director and Director of System-wide Clinical Pharmacy and coordinated with the Residency Program Coordinator and affected preceptors:

1. Core rotations must still be fulfilled within the allotted PGY1 residency year but rotations may be reduced in length to accommodate leave.
2. Elective rotation(s), and scheduled vacation and project time may be eliminated to accommodate the request.
3. Any expected assigned weekend shifts that will be affected must be made up at a later date including working normal weekends assigned off and/or working weekends past June 30th end of residency year (see #6 below).
4. All other responsibilities required of the program must be fulfilled and completed in a timely basis including attendance and presentation regionally at Western States Conference; any exception will be on a case by case basis.
5. Depending upon the leave being requested, either sick time or vacation time, or both, will be utilized.
6. Leaves will be allowed for a maximum of 10 weeks total over the PGY1 residency year and may result in the residency year being extended past June 30th up until July 31st.

J. Professional Liability Insurance

Each resident is covered by a professional-liability insurance policy as provided for all Swedish Medical Center employees. Residents are only covered by this policy during approved residency assignments and shifts. Residents who are not part of Swedish Medical Center Residency Program are not covered for employment and professional experiences.

K. Transportation and Parking (subject to change)
The Resident has the option of purchasing an Orca Passport card that works on multiple public transportation systems including bus, ferry and train/rail for a small fee deducted from every paycheck. In addition, the Resident is provided free parking for those residents commuting into Capitol Hill, at three (3) campus employee parking garages: Ballard, Cherry Hill, and First Hill. This parking pass is renewed on a quarterly basis and is non-transferrable.

L. Office space
On the First Hill campus in the 1st Hill Medical Pavilion, the Resident will have a dedicated office space to work in.

M. Disability
Residents regularly scheduled to work at least twenty (20) hours per week are provided with basic long-term disability (LTD) by Swedish Medical Center. Residents may elect to purchase supplemental LTD plan coverage that will provide a larger benefit on a payroll-deduction basis.

VI. Service Commitment (Staffing)

As required by ASHP, the Resident must complete Service Commitment, or staffing, during the Residency training.

A. Dates
To allow time for pharmacist licensure and for adequate training and demonstrated competency on Epic computer system and pharmacy work flow (as evident through documented evaluations and feedback from completed rotation learning experience preceptors), the Resident will not begin staffing until either the month of October or November. The Resident will be required to work every other weekend thereafter until the end of their Residency training year with certain pre-determined weekends scheduled off in advance with respect to meetings and holidays.

B. Location
The Resident will primarily train/work on either the Cherry Hill or First Hill campus. Which campus the Resident will work at is designated at the beginning of the residency program and cannot be changed. Exceptions may be made on a case by case basis that may require additional training by the Resident on days off from the Residency Program.

C. Areas worked (subject to change)
1. First Hill Campus:
    a. The shifts the Resident will work are “MED7’ which is eight (8) hours of decentralized coverage of the General Medicine and surgical floors, and “IV7” which is eight (8) hours of IV room staffing in the central pharmacy. The “MED7” shift eventually includes precepting Swedish Medical Center interns in early spring.

b. After the initial eight (8) months of the PGY1 program, the Resident will be switched from “IV7” shift to “SOI7” shift. The “SOI7” shift is eight (8) hours of centralized coverage of orthopedic surgical floors and IV room staffing assistance in the central pharmacy.

2. Cherry Hill Campus:

a. The shifts the Resident will work are "C2" or "Central 2" which is eight (8) hours of centralized, IV room staffing in the central pharmacy, and "GM" or "General Medicine" which is eight (8) hours of decentralized staffing of medical/surgical units with specialties including internal medicine, neurology, rehabilitation, and cardiology. The GM shift will involve precepting Swedish Medical Center interns by early spring.

D. Other specialty areas

If the Resident would like to work in any other specialty area, this would require additional training and demonstrated competency in this area. If this option is elected, the Resident would be required to work either evenings or an unscheduled shift weekend to train with a pharmacist in that specialty area. This must be done during non-rotation hours and in addition to the already scheduled shift weekend. Once the Resident is adequately trained in the specialty area, the Resident may work the specialty shift instead of the normal assigned weekend shifts (as stated above).

E. Other locations

If arranged in advance and if the staffing situation dictates it, the Resident may eventually work at any of the three (3) other campuses provided that they are fully trained in the area requested and their training and shifts worked must not interfere with the residency. Interference is defined as repeated tardiness or absences from rotations and/or weekend staffing commitments, and tardiness, missed, or incomplete assignments and projects. Interference also includes inability to fulfill rotation and weekend staffing duties as defined by observed preceptor(s).

F. Requesting worked weekends off

If the Resident would like a particular assigned weekend worked off, trades are allowed between residents but not with regular or per diem staff that may result in paid overtime. Time off will not result in paid vacation time for the requested weekend but only moving the required shift to a different weekend. To be fair, all residents will initially be assigned to work an equal number of weekend shifts for the residency year. Any changes made to weekends assigned must be communicated to the pharmacist scheduler to maintain accuracy of staffing.

G. Extra shifts, on-call pay (subject to change)

The Resident will not work evenings (not applicable to July or October inpatient training shifts) or night shifts or weekends off unless the Resident requests to do so to earn extra income. If the Resident chooses to do so, the shift in question must **NOT** interfere with the resident’s residency responsibilities, hours, and requirements (see “E: Other Locations” above for definition of interference). In addition, the Resident must have worked at least four (4) months in the PGY1 program, have successfully passed their

completed rotations, and must be qualified and trained properly for the shift in question. If this is an extra shift, the Resident will be paid extra at the resident hourly pay rate. The Resident may sign up for on-call shifts after completing at least five (5) months into the program to allow more time to develop independent practice and after Service Commitment staffing has begun. The Resident must request on-call shift to be assigned to them in Staff Ready by emailing the pharmacist scheduler. All on-call shifts are first come first serve basis and cannot be reserved ahead of time. If signed up, the Resident will be paid on-call pay for that pay period regardless if they are called in. If the Resident is called in to work, the Resident will receive additional on-call pay differential for the hours worked. The shift worked must be communicated to the Pharmacy Administrative Assistant during the same pay period to be paid correctly. Failure to do so may result in insufficient pay. Please see "XV: Duty hour requirements" for more details.

H. Filling in for staffing issues
In the case of an emergency or disaster, the Resident may be called upon to work a shift during rotation hours. This must be approved by the Residency Program Director or representative and a pharmacy manager ahead of time. The Resident must be qualified and trained properly for the shift in question. If the Resident is called upon to work a specialty area on a future schedule the Resident must have successfully passed that rotation and will receive additional training in the area during resident hours to work the requested shift. Because the shift is during rotational hours, any extra pay or on-call pay provided will be at the discretion of the Director System-wide Clinical Pharmacy.

I. Sick
In the event that the Resident calls in sick for their assigned weekend shift, no sick time will be paid out.

J. Evaluation
As part of the longitudinal feedback process, each resident will be assigned a preceptor that works their corresponding Service Commitment weekend. This preceptor will act as a mentor to the Resident. The preceptor will review all of the Resident's distributional and clinical work, and feedback from pharmacy interns (see "X. Program Structure; I: Precepting" for more details), and will provide both verbal and written feedback to the Resident on a quarterly basis. Any issues or deficiencies will be documented in the quarterly evaluation and will be communicated to the Residency Program Coordinator for monitoring and documenting in the quarterly developmental (training) plan (see "XI: Quarterly Developmental (Training) Plans for further details). These identified deficiencies will be tracked to note progression or improvement following timely constructive feedback.

VII. Program Outcomes

Upon the completion of the residency program, the Resident should be able to:

• Function as an effective member of the multi-disciplinary health care team to achieve optimal patient outcomes by promoting safe, cost effective therapies in a variety of settings.

• Develop skills in clinical practice management and pharmacy administration for future clinical leadership roles and be a positive role model for the pharmacy profession
• Develop proficient precepting skills by teaching and mentoring undergraduate and graduate students

• Demonstrate competency in Medication Use Evaluation (MUE), Continuous Quality Improvement (CQI) and policy formation.

• Proficiently provide educational programs to patients, physicians, nurses and other health care professionals

VIII. Requirements

The Resident will:

- Complete nine (9) core rotations and have the option of either one (1) or two (2) electives
- Complete a major research project to be presented at a residency conference such as Western States Conference for Pharmacy Residents, Fellows and Preceptors (WSC)
- Complete a manuscript of the major residency research project
- Participate in and complete two (2) Medication Use Evaluations (MUEs) and/or Drug Use Reviews (DUR)
- Prepare and present one (1) Regional P&T Committee project, and one (1) local P&T Committee project
- Complete Service Commitment requirement as required by ASHP guidelines
- Provide educational programs to patients, medical residents, nurses, pharmacists and/or other health-care providers
- Participate in quarterly Resident and Manager meetings
- Precept Pharm.D. students and/or pharmacy interns
- Instruct Pharm.D. students at the University of Washington School of Pharmacy Therapeutics Laboratory during one (1) quarter
- Develop and implement department goals and objectives to improve pharmaceutical services and standards of patient care

- Develop, conduct and complete several clinical practice management projects
- Recruit at ASHP Midyear Clinical Meeting (ASHP-MYCM), and/or California Society of Health System Pharmacists (CSHP) Seminar, and/or University (University of Washington, Washington State University) Career Fairs
- Complete all required evaluations: Preceptor, Learning Experience and Self, and Quarterly Developmental Plans, Year-end evaluations within the time frames given.
- Obtain a state of Washington pharmacist license by September 30th

IX. Practice Site

The Department of Pharmacy is composed of over two hundred and fifty pharmacists, interns, pharmacy technicians, nurses and other support staff committed to providing excellent pharmaceutical care over five (5) separate campuses (Ballard, Cherry Hill, Edmonds, First Hill and Issaquah) and two (2) specialty centers (Redmond and Mill Creek). The Department has affiliations with several schools of pharmacy across the nation and serves as a clerkship site for these institutions.

The Department offers centralized IV admixture and unit-dose distribution, and decentralized clinical pharmacy services. The Department utilizes automated dispensing machines, or Pyxis, located in every patient care area, computerized electronic health record (EHR) including computerized physician order entry (CPOE), and bar coding on all medications administered. All campuses are staffed 24-hours-per-day, seven-days-per-week. Practice sites are located on all campuses and include inpatient and outpatient services.

The Department of Pharmacy offers decentralized inpatient clinical services for Swedish Medical Center's multiple specialties which include oncology, general medicine, surgical, critical/cardiac/medical/neonatal/neurology/pediatrics intensive care units, pediatrics, kidney/liver/pancreas and stem cell transplantation, obstetrics/gynecological, neurology, renal/urology, orthopedics, orthopedic rehabilitation, psychiatric, and sleep medicine. The department offers ambulatory clinical services in the areas of anticoagulation, kidney/liver/pancreas and stem cell transplantation, family medicine, and primary care (i.e. SMG clinics). Swedish Medical Center is the largest non-profit hospital in the greater Seattle area with 1245 licensed beds.

Our decentralized patient care area pharmacists (PCAPs) work closely with physicians, nurses and other health care workers to provide excellent patient care through collaborative drug therapy agreements (CDTAs) by monitoring and prescribing select antibiotics, total parenteral nutrition, anticoagulation therapy, select antiepileptics, renal adjustment of medications, IV to PO conversion, assessment of agents that prolong Q-T intervals, and other dosing services upon request. The department also operates the

outpatient oncology infusion service, coordinated with the Swedish Cancer Institute, and an investigational drug service.

X. Program Structure

A. Orientation/Inpatient Training

Either through voluntary participation of the "Jump Start" program in June or during the month of July, the Resident will have new employee and pharmacy orientation, Epic computer training, administration orientation, renew BLS certification, and begin a two (2) to three (3) week distributional training on the First Hill Campus or three (3) to four (4) week distributional training on the Cherry Hill Campus in the areas of IV room, central pharmacy, Telemetry (First Hill only), and General Medicine. Follow up training in clinical areas and additional training in IV room will occur in September or October as a refresher just prior to the start of Service Commitment. After satisfactorily completing distributional training (as determined from preceptor feedback), the Resident will begin their rotational learning experiences, starting in either late July or early August.

B. (Rotation) Learning Experiences

The Resident will be based primarily at First Hill but rotation learning experiences may be located at any of the five (5) campuses. In accordance with ASHP, residents must spend two thirds or more of the program in direct patient care activities.

The Resident will be required to complete nine (9) core rotation learning experiences and have the option of either one (1) or two (2) elective rotation learning experiences. If chosen, the Resident may choose to have an elective rotation learning experience in other **off-site rotational sites** to further tailor their Residency Program. The Resident will also be active in planning, implementing and evaluating new rotation learning experiences and/or services.

Core Rotation Learning Experiences:

Acute Care:

- Adult General Medicine (First Hill, Edmonds or Issaquah Campuses) – 5 weeks
- Antimicrobial Stewardship (First Hill Campus) – 3 weeks
- Medical and Surgical Intensive Care (First Hill Campus) – 4 to 5 weeks
- Kidney/Liver/Pancreas Transplantation (First Hill Campus) – 4 weeks
- Outpatient/Inpatient Oncology (First Hill Campus) – 4 to 5 weeks
- Pediatrics/Neonatal Intensive Care/Special Care Nursery/Pediatric Intensive Care/Obstetrics (First Hill Campus) – 4 to 5 weeks

Administrative:

- Clinical Practice Management (multi-campus) – 4 weeks

Ambulatory:

- Anticoagulation Clinic (Cherry Hill, First Hill, Issaquah Campuses) – 2 weeks

Education:

- University of Washington School of Pharmacy Therapeutics Laboratory - 10 weeks

Elective Rotation Learning Experiences:

Acute Care:

- Cardiac Intensive Care (Cherry Hill Campus) – 2 to 4 weeks
- Congestive Heart Failure (Cherry Hill Campus) – 2 to 4 weeks
- Emergency Medicine (Cherry Hill, Edmonds, First Hill) – 3 to 4 weeks
- Glycemic Control* (First Hill Campus) - 1 to 2 weeks
- Inpatient Oncology (First Hill Campus) – 2 to 4 weeks
- Neurology Intensive Care (Cherry Hill Campus) – 2 to 4 weeks
- Stem Cell Transplantation* (First Hill Campus) – 1 to 2 weeks

Ambulatory Care:

- Family Practice Medicine (Cherry Hill Campus) – 2 to 4 weeks
- Swedish Medical Group (multiple clinic sites) – 4 weeks

Education:

- University of Washington Teaching Certificate Course (2-day workshop, quarterly meetings)

**in process of developing*

Based on the ASHP entering interests form, the Residency Program Coordinator determines the order of the learning experiences for each individual resident. The order in which the learning experiences are completed are based on strengths, identified areas of weaknesses, interests, goals for the program (i.e. ambulatory care project, clinic project, etc.), previous APPE rotations, internship work experiences, and short term career goals for the incoming resident (i.e. PGY2). Even though there are set core rotations for every resident to complete, there is no "preset" schedule for the Resident and it changes every year with each resident class. In general, three (3) residents have General Medicine as their first rotation as an introduction to our pharmacy services/workflow, prescriptive

authority protocols, policies/procedures, and to learn Epic, SMC's electronic health record (EHR) system. The remaining three (3) residents have their first rotation based on interests and/or strengths. During the residency year, the schedule does change as the Resident's interest, identified deficiencies and experiences, evolve and change. These are documented in the quarterly developmental (training) plan for each resident and communicated to all main preceptors and appropriate pharmacy management (see XI: Quarterly Developmental (Training) Plan for more details). The Residency Program Director and residents review and approve the master resident rotation schedule ahead of July start date.

Elective rotations not listed above may be completed with permission from the Residency Program Coordinator or Residency Program Director and involved preceptor. ASHP requires the elective cannot result in the Resident having a specific patient disease state and population (i.e. critical care, oncology) of no more than one-third of the residency year. This experience need not be on site, but must have pre-approval from the Residency Program Director and/or Residency Program Coordinator. The preceptors must follow the same requirements as their counterparts in the Swedish Program. If the primary preceptor is a non-pharmacist, (e.g. physician) the rotation should begin after February 28 of the residency year to allow sufficient time for the Resident to be competent, confident, and ready for independent practice. An assigned pharmacist preceptor will work closely with the non-pharmacist preceptor to select the educational goals and objectives for the learning experience.

Before the beginning of each learning experience, the Resident will contact the main preceptor ahead of time for preparation instructions and to notify the preceptor of times when the Resident may be away from the rotation. Main preceptors are identified using a preceptor roster list embedded in the master resident rotation schedule that the Resident is given during the July orientation period.

At the beginning of the rotation, the main preceptor communicates with the Resident the goals and expectations of the rotation and provides the learning experience description. The learning experience descriptions include the following:

• contact information of the preceptor(s)
• general description including the practice area and roles of the pharmacist in the practice area
• expectations of the Resident
• educational goals and objectives assigned to the learning experience
• for each objective, a list of learning activities that will facilitate its achievement
• timeline of expected progression through the learning experience
• description of evaluations that must be completed by preceptors and residents

Preceptors provide regularly scheduled feedback to the Resident on improvements, progress, and/or strengths noted during the learning experience.

All nine (9) core rotations must be completed within the twelve (12) month residency

program cycle by June 30th. Exceptions past this normal cycle end date include any leaves allowed by the Pharmacy Department.

C. In-services, presentations, clinical practice projects, MUEs, P&T projects, education

During the Residency Program year, the Resident will be actively completing projects and conducting in-services, journal clubs, and pharmacology conferences as assigned by preceptors. In addition, as agreed upon by the Director System-wide Clinical Pharmacy and/or System-wide Campus Lead Clinical Pharmacists, the Resident will provide medical and other health care education, and complete at least three (3) clinical administration projects including Continuous Quality Improvements (CQIs), and MUEs. The Resident will also attend select monthly Pharmacy and Therapeutics (P&T) Committee meetings and prepare, present and defend one (1) local project to P&T Committee during the Residency year. Exception to this committee may be for equivalent subcommittees such as Antimicrobial Stewardship and/or Pediatric. The Resident will also attend at least one regional P&T Committee (Providence Clinical Committee – PCC) in order to prepare, present and defend one (1) regional project. For either P&T project, a consent presentation is not considered a fulfillment of the requirement. Typically by completing an MUE the Resident can present the results to the P&T committee (or equivalent subcommittee) and meet both requirements with one project.

D. Teaching

During either the fall, winter or spring quarter, the Resident will begin teaching at the University of Washington School of Pharmacy Therapeutics Laboratory alongside a faculty instructor. This weekly two (2) hour time commitment commences during or after rotation hours. The Resident also as the option of continuing to co-instruct other courses throughout other quarters so long as it doesn't interfere with the Resident's training and responsibilities (please see definition of interference under "VI. Service Commitment [Staffing]). The residents will be evaluated on their teaching skills through formal feedback forms completed by the pharmacy students. These forms are provided to the faculty instructor for the course. The residents will also receive formal feedback on their teaching skills from their assigned co-instructor for that course, utilizing observational experiences and the students' feedback forms. The Resident also has the option of completing a teaching certificate offered by the University of Washington offered in the fall. This is a 2-day course offered in August/September with quarterly meetings with an assigned mentor through the remainder of the Residency year.

E. Staffing

Starting in October or November, the Resident will perform Service Commitment after adequate training. This is an every other weekend per month commitment that continues until through June. The residents may have select weekends off pre-determined ahead of time (i.e. pre- and post-ASHP midyear conference, President's day weekend, etc.) as arranged by the Residency Program Coordinator. For further details, please see "VI. Service Commitment (Staffing)".

F. Longitudinal residency research project

Swedish Medical Center requires the Resident to conduct a research project with the goal

to educate the Resident on the many phases involved in clinical practice research. The residency research project is also a requirement of ASHP. The Resident will learn about developing a project proposal, IRB submission, collecting and analyzing their data, and presenting and writing their findings accordingly. The Resident may decide to do original research, identify a process improvement, or establish a new service.

1. Project idea generation: May- June
Preceptors, lead pharmacists, and managers will be surveyed to generate a list of project ideas as potential research projects for incoming residents. Each idea will require the following information to proceed:

a. Manager
b. Preceptor Name
c. Background information
d. Proposal
e. Approval needed from (i.e. P&T)
f. Finished product (i.e. service, new policy)
g. Duration (i.e. short or longitudinal)
h. Due by (December, end of residency year)

2. Project proposal – July
The Director System-wide Clinical Pharmacy will present all project ideas to the incoming residents. If the Resident develops their own project, it must be presented to and approved by Director System-wide Clinical Pharmacy.

3. Project Selection and proposal – End of August
After communicating with potential project preceptors to solicit further information, the Resident will select their longitudinal resident research project. The Resident will then meet with their project preceptor and develop a written project proposal to submit to Director System-wide Clinical Pharmacy. The proposal should contain the following:

a. Study Summary
b. Objectives
c. Background
d. Study Endpoints
e. Study Intervention/Investigational Agent
f. Procedures involved
g. Study Timelines
h. Inclusion and Exclusion Criteria
i. Local number of subjects
j. Recruitment Methods (if applicable)

4. IRB submission – September
The Resident is expected to complete the IRB submission process. IRB submission can often be submitted as “exempt” or “expedited”. Submission of the

research application and data collection form should be completed by end of September.

5. IRB approval, various committee approvals, study design, data collection: November – February
The Resident will revise and re-submit application to obtain IRB approval as needed. In addition, the Resident may need to seek approval or guidance from related committees pertaining to their research project. Once approved, the Resident will begin conducting their research project. Data collection may begin.

6. Abstract: Mid-February
An abstract for their resident project is due mid-February to a regional conference (currently Western States Conference).

7. Data analysis, Presentation development: February – April

8. Presentation Submission, informal project presentations: Beginning of May
The Resident will present their resident research project to various specialty pharmacists for education and for slide and oral content revisions. Final slides are then submitted to a regional conference (currently Western States Conference) in early May.

9. Formal research project presentation: Mid-May
The Resident will formally present their resident research project to their peers and preceptors at a regional conference (currently Western States Conference).

10. Manuscript: End of May
After presenting at a regional conference, a manuscript of the resident's research project is submitted to Director System-wide Clinical Pharmacy at the end of May. Manuscript must be written in a publishable format and must follow author submission guidelines of a specific professional journal.

To keep the Resident on track with their resident research project, the Resident will meet with the Director, System-wide Clinical Pharmacy, on a quarterly basis. These meetings serve to receive feedback and guidance on their research project and to ensure all deadlines are being met.

G. Recruiting (including traveling), application reviews, candidate interviews
As part of their Administrative learning experience, the residents will be actively recruiting potential residency candidates during in-state University career fairs (University of Washington, Washington State University), CSHP Seminar, and ASHP Midyear Clinical Meeting. Travel expenses are paid for by the department and include air fare (to and from conference only), hotel (for conference time only – any days pre or post-conference will not be paid), registration, meals (predetermined daily budget), and one rental car (at WSC only). Not included are parking fees, transportation at the conference site, baggage fees (unless negotiated ahead of time). During the months of

January and February, the residents will be involved in selecting, interviewing, and ranking candidates for the following year residency program. All residents have equal voting power equivalent to all preceptors in the selection process.

H. Meetings
As part of the Residency Program, residents are requested to attend a variety of meetings throughout the year. These may include departmental meetings, administrative staff meetings, committee meetings or clinical meetings. Required meetings include:

1. Quarterly manager meetings – campus wide with all pharmacy managers: this is a requirement of longitudinal Administrative learning experience
2. One regional Pharmacy and Therapeutics Committee meeting
3. One local Pharmacy and Therapeutics Committee meeting
4. Monthly resident meetings (except months of November – December, March – April) – with Residency Program Director and Residency Program Coordinator: to refocus goals and objectives, discuss problems or changes that need to be made, update on status of projects/assignments.
5. ASHP Midyear Clinical Meeting – December: to promote professional development, recruit for the Residency Program, network with other professionals, provide opportunity to pursue PGY2 or other careers post-PGY1.

I. Precepting
During select rotational learning experiences, the Resident will develop and strengthen precepting skills. The Resident will be the primary preceptor for the students in their learning and will assist the main rotation preceptor in completing the students' evaluation(s). The Resident will have the opportunity to precept pharmacy interns on their assigned weekends to work. These interns will provide valuable precepting feedback to the residents through formal written feedback forms. These forms are confidential and are provided to the assigned resident's staffing preceptor in order to complete their quarterly staffing evaluations. For further details on staffing evaluations, please see "VI. Service Commitment (Staffing)".

J. Certifications (subject to change)
As part of the Residency Program, Swedish Medical Center will provide certifications to the Resident for the following:

- Advanced Cardiac Life Support (ACLS)
- Pediatric Advanced Life Support (PALS)

XI. Quarterly Developmental (Training) Plans

The purpose of resident developmental (training) plan is to modify the design and conduct of the program to address each resident's unique learning needs and interests. Developmental (training) plans also provide a tool for monitoring, tracking, and communicating about the Resident's overall progress throughout the residency and adjustments made to meet their Residency learning needs and goals.

All developmental (training) plans are documented in PharmAcademic™, a web-based software tool provided to ASHP-accredited residency programs to help manage Residency Program. PharmAcademic™ defines learning experiences, goals and objectives, creates custom learning plans for residents, maintains the Resident's schedule, and tracks the completion of all evaluations.

The following is included in the developmental (training) plan for each resident:

A. Initial assessment by the Residency Program Coordinator.
Based on the Resident's entering goals and interests in PharmAcademic™, the initial developmental (training) plan includes the following information:

• Short- and long-term career goals
• Incoming strengths in terms of knowledge, skills, and abilities related to the educational goals and objectives including personal strengths related to being a professional.
• Incoming areas for improvements in terms of knowledge, skills, and abilities related to the educational goals and objectives including personal areas for improvement related to being a professional
• Incoming learning interests related to required or elective learning opportunities

B. An initial developmental (training) plan is created for each resident and uploaded into PharmAcademic™.
This is generally within the first 30 days of the residency by the Residency Program Coordinator, reviewed with each resident, and signed by the Residency Program Director.

C. 1st quarter developmental (training) plan is completed and uploaded into PharmAcademic™.
The Residency Program Coordinator reviews all completed learning experience evaluations and meets quarterly with all completed rotation learning preceptors to discuss overall progress by each individual resident to determine if subsequent adjustments are needed for the residents. Adjustments are reflected in the quarterly updates to the developmental (training) plan.

Adjustments to initial resident developmental (training) plan include the following as appropriate:

• Modification of resident's schedule including rotations and Service Commitment shifts.
• Preliminary determination of elective learning experiences.
• Educational goals and objectives to be emphasized in required and elective learning experiences.
• Addition of goals and objectives to required or elective learning experiences.
• Changing and/or increasing summative self-evaluations, formative self-evaluations, and preceptors' feedback related to areas for improvement.
• Modify preceptors' use of modeling, coaching, and facilitation.

D. 2nd and 3rd quarter developmental (training) plans are completed and uploaded into PharmAcademic™.
The Residency Program Coordinator continues to review all completed evaluations and meets with corresponding learning experience preceptors to adjust developmental plans. The quarterly updates are reviewed by each resident and documented every 90 days from the start of the residency (e.g. October, January, and April). Adjustments are made based upon review of resident's performance (including effectiveness of the previous plan), relevant to the previous quarter's plan with input from preceptor(s) and residents; the identification of new strengths or areas for improvement and, optionally, changes in resident's short or long-term career goals and interests. If there is no need for changes in the developmental plan, this is documented. In addition, the quarterly developmental (training) plans tracks the status of completing all requirements of the program.

E. Once completed, all summaries of each initial, 1st, 2nd, and 3rd quarter developmental (training) plans are shared with all scheduled resident's preceptors by an automatic email generated by PharmAcademic™.

XII. Assessment Strategy - Evaluations

As required by ASHP and Swedish Medical Center's Residency Program, evaluations must be completed by the Resident and corresponding assigned learning experience preceptor for every rotation learning experience. The Department of Pharmacy uses the three (3) types of required assessments to monitor the Resident's progress and Residency Program's effectiveness:

A. Preceptor evaluation of resident attainment of the educational goals and objectives of training
Preceptors will provide appropriate orientation to the learning experience, including review of educational goals and objectives, learning activities, expectations and evaluation schedule.
● Preceptors will provide ongoing feedback throughout each learning experience. Preceptors should meet with the resident at least weekly in order to keep communication ongoing.
● Written formative evaluations in the form of **summative evaluations** will be completed by the preceptor no later than fourteen (14) days after the last day of the learning experience
● For learning experiences greater than or equal to twelve (12) weeks in length (i.e. longitudinal research project, Staffing), a documented summative evaluation must be completed at least every three months.
● If more than one preceptor is assigned to a learning experience, all preceptors must provide input into the Resident's evaluation.
● Criteria feedback is essential for summative evaluations, preceptors should include in the comments: The strengths, weaknesses and areas to improve on to provide the Resident specific feedback to direct them moving forward.

● Preceptors will check the appropriate rating to indicate resident progress and provide narrative commentary for any goal for which progress is "needs improvement" or "achieved":

• ***NI: Needs Improvement***
□ Resident's level of skill on the goal does not meet the preceptor's standards of achieved or satisfactory progress.
□ Resident was unable to complete assignments on time and/or required significant preceptor oversight
□ Resident's aptitude or clinical abilities were deficient
□ Unprofessional behavior was noted

• ***SP: Satisfactory progress***
□ Resident's skill levels have progressed at a rate that will result in full mastery by the end of the residency program
□ Resident is able to perform with some assistance from the preceptor
□ Improvement is evident throughout the experience

• ***ACH: Achieved***
□ Resident has fully mastered the goal/skill based on their residency training
□ Resident has performed the skill consistently with little or no assistance from the preceptor

• ***Achieved for Residency: ACHR***
□ Residency Program Director will assess all goals and objectives on a quarterly basis.
□ When sufficient evidence is presented in the form of feedback from preceptors (summative evaluations, formative) including any pertinent deliverables (any documents uploaded) to indicate that a resident has achieved a residency goal, it will be marked as such in PharmAcademic™.

● Summative evaluations must be discussed with the Resident and both parties must co-sign and acknowledge any additional comments.
● All evaluations are delivered to the Residency Program Director for review and co-signature.
● At the 6-month midpoint, the Residency Program Director will communicate to the Resident status of goals and objectives marked as "satisfactory" and "achieved" thus far in the Residency program. It is the responsibility of the Resident to ensure their achievement in subsequent rotation learning experiences in the remaining identified goals and objectives by the end of the Residency year. Failure to do so may result in dismissal from the Residency Program (see "XIII: Resident Status, Probation and Dismissal" for further details).
● At the end of the residency year, the Residency Program Director will review the residents' progress and mark "achieved for residency" for at least 70% of the program's goals and objectives for the Resident's successful completion of the Residency Program.

B. Resident self-evaluation of attainment of the educational goals and objectives of training

Residents perform an initial assessment during their orientation experience.

● Residents will complete a self-assessment at least quarterly with any longitudinal learning experience and at the end of their Pharmacy Administration learning experience. These self-evaluations will be reviewed by the Residency Program Director and preceptor.

● Residents should review their progress during their learning experience and should compare the summative evaluation completed by the preceptor with their self-evaluation.

● For self-evaluations the Resident should identify their strengths, areas to improve on, and a plan to address them.

● Preceptors may discuss self-evaluation skills using formative feedback. Additionally, residents are encouraged to self-evaluate utilizing the formative feedback they have received from the above.

● At the end of the year, each resident should review their goals and objectives and self-evaluate their achievement.

C. Resident evaluation of the quality of the preceptor(s) and of the learning experience

Residents will complete this evaluation no later than fourteen (14) days after the learning experience has been completed.

● Completed evaluations will be discussed with the preceptor and signed by each.

● Completed and signed evaluations will be delivered to the Residency Program Director for review and co-signature.

All evaluation forms are documented in PharmAcademic™ which tracks status and completion of all evaluations.

XIII. Resident Status, Probation and Dismissal

As part of the agreement, the Resident agrees to fulfill the educational requirements of the Residency Program and to accept and comply with obligations and responsibilities as outlined in the Resident Handbook. Each resident must comply with the laws, regulations, and policies to which Swedish Medical Center employees and the Residency Program are subject, as well as the specific Residency Program Policies and Procedures. Provided that the Resident continues to make satisfactorily progress through the Residency Program as documented through summative evaluations and developmental (training) plans, Swedish Medical Center will continue the Resident's employment in the Program.

Each resident will provide pharmaceutical care to all patients assigned under the guidance and supervision of the preceptor. The preceptor will provide mentored training in their area of expertise to help the Resident develop proficient skills in pharmaceutical care. Because the Resident is a licensed pharmacist in the state of Washington, the preceptor does not assume liability for the Resident for his/her actions.

It is Swedish Medical Center's obligation to ensure a high quality residency training program and provide safe, effective, reliable and high quality health care through the Residency Program. At times, a resident may demonstrate a deficiency in skills or knowledge that prohibits the Resident to successfully complete the Residency Program. In such cases, the Residency Program will help the Resident to identify the area(s) of deficiency in an effort to improve the Resident's performance to a satisfactory level. Ultimately, the area(s) defined may demonstrate a deficiency that cannot be overcome with intense, focused mentored training, resulting in dismissal.

This policy defines the performance status of the Resident in the Residency Program. There are two (2) categories of status: "good standing" or "probation". Under the terms of "probation", corrective actions are outlined. In addition, this policy describes the criteria for dismissal from the program. All policies are meant to supplement Swedish Medical Center's policies on employee behavior, grievance procedure, progressive corrective action, resignation, and termination.

In Good Standing:
Residents should seek and received regular feedback of their performance through the Residency Program. The Residency Program Director will review all learning experience evaluations on a continued basis. In real times, the preceptors or staff members may bring up concerns about a resident in "good standing". The preceptor/staff member should discuss the concern with the Resident, attempt to develop a solution and then re-address to note if the concern has been resolved within the learning experience time frame. In most cases, mediation facilitates a satisfactory resolution through continued discussion. Alternatively, mediation may result in recommended changes to the learning experience, learning goals and objectives, or at the request of the Resident, a change in the Resident's curriculum. Changes in the learning experiences as a result of discussions must be approved by the Residency Program Director. If the preceptor-resident discussion and/or solution do not produce a satisfactory resolution of the concern, the Residency Program Director should become involved as a formal mediator.

The Residency Program Director may take up to two (2) weeks to obtain clarifying information to see if the concern requires further action. Concerns may include:

- unsatisfactory progress through a learning experience goal(s) and objective(s)
- unsatisfactory progress through an assigned project and/or presentation
- unsatisfactory progress through Service Commitment
- tardiness or unexcused absences
- patient or staff complaints
- preceptor concerns

The process of clarifying may include:

- informing the Resident of the concern
- assuring the person who brought up the concern that the issue is being investigated
- soliciting other feedback from other preceptors and staff members about the Resident

- obtaining information that clarifies the concern, both in nature and scope

During this time the Resident remains in "good standing". Most often, the period of clarification results in the concern being resolved and the Resident remains in "good standing". Depending upon the nature of the problem, the Residency Program Director may place the Resident on "probation" or initiate a period of *observation* if one or more of the following circumstances apply:

- the problem is a part of a pattern of deficit
- clarification cannot be achieved within the two (2) week period or with the resources provided
- the problem is unlikely to resolve without more intensive feedback to the Resident

Observation:

A resident on *observation* is considered to be in "good standing" with the Residency Program. The purpose of the *observation* is to produce more information for the Residency Program Director and the Resident, to avoid immediate "probation" in order to help resolve any discrepancy between preceptor and Resident, and to determine whether a problem exists. It is also an opportunity to fully clarify whether any existing problem is a matter for the Residency Program to address or one that is the Resident's prerogative (and should be left up the Resident to address on his/her own).

When a resident is placed on *observation*, the Residency Advisory Committee (Residency Program Director, Residency Program Coordinator, Director System-wide Clinical Pharmacy, Manager System-wide Clinical Pharmacy, pertinent Residency preceptors) will review the Resident's performance in a dedicated meeting. The Committee will review all information about the possible deficit, the terms of *observation,* and the instruments to measure performance in order to determine the next step. Steps may include:

- repeated feedback and/or revisions to project(s) and presentation(s) to demonstrate improvement
- repeated snapshots and verbal feedback to demonstrate progression through learning experience/goal or Service Commitment
- re-training and/or certification
- re-assignment to a different preceptor
- re-assignment to different training program and/or site

The Residency Program Director will then meet with the Resident and review the terms of the *observation*. Depending upon where the Resident is within the rotation learning experience or project, the period of *observation* can be anywhere between one (1) to four (4) weeks. The Resident should meet with the Residency Program Director at least every one (1) to two (2) weeks to review progress. In turn, the Residency Program Director will report in writing all findings to the Residency Advisory Committee on a bi-monthly basis. At the end of the review, the Residency Advisory Committee can recommend one of three steps:

- discontinue observation

- extend observation (for a certain period of time)
- place the Resident on probation

Probation:
A resident may be placed on "probation" immediately by the Residency Program Director with approval from the Residency Advisory Committee. Probation may eventually lead to dismissal from the Residency Program. Examples that require probation may include:

- failure to obtain pharmacist licensure in state of Washington prior to September 30th (without approved exceptions)
- failure to achieve satisfactorily completion of any of the required learning experience goals and objectives
- failure to achieve all required learning experiences within a twelve (12) month time frame (months may be non-consecutive as approved by the Residency Program Director and Director System-wide Clinical Pharmacy) without prior leave approval
- failure to meet any required deadline or satisfactorily complete a major residency project, assigned projects (including P&T and MUE), department orientation and training requirements, in-services, and work assignment specific clinical competencies training and assessments
- repeated demonstration of unprofessional behavior that does not improve after verbal notification of deficiency (which may include but not limited to tardiness, appearance, professional communication [timeliness and content], and courteousness towards other Swedish Medical Center employees, patients, public and customers)

Once the decision is made to place the Resident on "probation", the Resident is informed immediately by the Residency Program Director. A process similar to the *observation* cycle is initiated with every step documented on paper in the Resident's employee file. The Residency Advisory Committee will write a probationary letter containing the following:

- reason(s) for probation
- statement clarifying probationary status
- length of probation
- specific expectations necessary to meet probation requirements and the time frame within which improvement is expected
- assistance that will be available to meet those requirements
- mechanism(s) for measuring improvement
- consequences of failure to meet probationary requirements

Swedish Medical Center Department of Pharmacy will follow ***corrective action*** measures when addressing areas of deficient performance and/or behavior requiring improvement or termination of the Resident. It is intended to initiate action which is intended to assist the Resident in correcting problems and improving performance and behavior. When *corrective action* becomes necessary, it is the policy of the Residency Program to provide opportunities for performance improvement and may include:

- extension or repeat of the learning experience (or equivalent) at the expense of an elective learning experience or reduction of a core learning experience
- re-assignment to a new learning experience if there is a consensus that the new environment will assist the Resident's remediation (as chosen by the Residency Advisory Committee under advisement)
- extension of an assignment of no more than fourteen (14) days for the first occurrence with repeat offenses resulting in shorter or no probationary periods
- additional assignment of a new project within the same rotation or quarter to demonstrate satisfactory progression
- additional assignment of a new presentation within the same rotation or quarter to demonstrate satisfactory progression

The Resident will meet with the Residency Program Director and will review progress on a weekly basis. The Residency Advisory Committee will receive progress reports on the Resident on a monthly or bi-monthly basis and recommend, if any, the next step(s). At the end of the probation period, the Resident will either return to "good standing" (with or without observation), continue "probation" (partial improvement but unsuccessful completion of *corrective action* plan), or be terminated from the Residency Program. Failure to meet all standards and remedial goals outlined in the *corrective action* plan at the monthly review will be grounds for dismissal from the Residency Program.

Dismissal Policy:
Depending upon the seriousness of the problem, a performance improvement process or plan may not be effective because the Resident continues to demonstrate unacceptable performance then termination, or dismissal, of the Resident may result at any time during the probationary period. The following are grounds for immediate dismissal:

- failure to obtain pharmacist licensure by September 30th (without preapproval extension)
- failure to satisfactorily complete *corrective action plan* as outlined in the probationary period
- failure to satisfactorily complete 40% of learning experiences by 6-month midpoint residency program mark (resident must score 70% "achieved" by the end of the residency year)
- knowingly or due to negligence of action, places a patient, Swedish Medical Center employee or any other person in danger
- repeated tardiness or unexcused absences
- engages in professional misconduct or acts outside the workplace that jeopardizes their ability to perform their functions as resident and a licensed pharmacist
- found to be using alcohol, illegal substances or other recreational substances at any time during work and non-work hours with which use of these substances interferes with the ability to perform work duties in a professional, responsible, and safe fashion

In the event of a dismissal in any form, the Resident may appeal for reconsideration at the institutional level of the Residency Program. An appeal to a dismissal by probation must

be made in writing and submitted to the Director System-wide Clinical Pharmacy within ten (10) business days of notice of the disciplinary action. Failure to appeal within the time frame noted will constitute acceptance of the decision of the Residency Program Director. All correctly submitted appeals will be reviewed within 30 days by the Residency Advisory Committee and pertinent Residency preceptors. Once a final decision has been made to continue termination, there is no further appeal process.

XIV. Professional Activities outside the Residency Program

For residents who volunteer at events not endorsed by the Residency Program or Swedish Medical Center, it is the responsibility of the Resident to use good judgment in allowing sufficient rest time between work duties and volunteer duties. Professional liability insurance coverage does not extend to those volunteer activities outside the scope of the program.

XV. Duty-Hour Requirements for Pharmacy Residencies as adopted from ASHP Pharmacy Resident Specific Duty Hours

Definitions (defined by ASHP):

Duty Hours: Duty hours are defined as all scheduled clinical and academic activities related to the pharmacy residency program. This includes inpatient and outpatient care; in-house call; administrative duties; and scheduled and assigned activities, such as conferences, committee meetings, and health fairs that are required to meet the goals and objectives of the residency program.

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, Residency Program Coordinator, or a preceptor.

Duty hours must be reported on a bi-monthly basis to the Residency Program Coordinator for tracking and documentation.

Scheduled duty periods*:* Assigned duties, regardless of setting, that are required to meet the educational goals and objectives of the residency program. These duty periods are usually assigned by the Residency Program Director, Residency Program Coordinator, or preceptor and may encompass hours which may be within the normal work day, beyond the normal work day, or a combination of both.

Moonlighting*:* Voluntary, compensated, pharmacy-related work performed outside the organization (external), or within the organization where the Resident is in training (internal), or at any of its related participating sites. These are compensated hours beyond the Resident's salary and are not part of the scheduled duty periods of the residency program.

***Continuous Duty**:* Assigned duty periods without breaks for strategic napping or resting to reduce fatigue or sleep deprivation.
Strategic napping: Short sleep periods, taken as a component of fatigue management, which can mitigate the adverse effects of sleep loss.

DUTY-HOUR REQUIREMENTS:

Residents, Program Directors and preceptors have the professional responsibility to ensure residents are fit to provide services that promote patient safety. The Residency Program Director ensures 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 is planned, scheduled and balanced with concerns for patients' safety and residents' well-being by complying with the following duty-hour requirements:

I. Personal and Professional Responsibility for Patient Safety

A. Residency Program Director must educate residents and preceptors about the residents' professional responsibilities to be appropriately rested and fit for duty to provide services required by patients.

B. Residency Program Director must educate residents and preceptors to recognize signs of fatigue and sleep deprivation, and if noticed, will notify either Residency Program Director, Residency Program Coordinator and/or departmental manager to manage negative effects of fatigue and sleep deprivation to ensure safe patient care and successful learning.

C. Residents and preceptors must accept personal and professional responsibility for patient care that supersedes self-interest. At times, it may be in the best interest of patients to transition care to another qualified, rested provider.

D. Residency Program Director must ensure that residents participate in structured handoff processes when they complete their duty hours to facilitate information exchange to maintain continuity-of-care and patient safety.

II. Maximum Hours of Work per Week and Duty-Free Times

A. Duty hours must be limited to 80 hours per week, averaged over a four-week period, inclusive of all moonlighting.

B. Moonlighting (internal) must not interfere with the ability of the Resident to achieve the educational goals and objectives of the residency program (please see "VI: Service Commitment (Staffing)" for more details on definition of interference).

1. All internal moonlighting hours must be counted towards the 80-hour maximum weekly hour limit.
2. External moonlighting hours outside of the Swedish system is not permitted.
3. Residents must inform the Residency Program Director and/or Residency Program Coordinator of their potential moonlighting hours for pre-approval.
4. If any moonlighting affects the Resident's judgment or ability to achieve goals/objectives while on scheduled duty hours, the Resident will be asked to choose between continuing the PGY1 program or continuing moonlighting work.

C. Mandatory time free of duty: residents must have a minimum of one (1) day in seven (7) days free of duty (when averaged over four weeks). On-call cannot be assigned on these free days (see below for details about on-call).

D. Residents will have ten (10) hours free of duty between scheduled duties, and must have at a minimum eight (8) hours between scheduled duty periods.

III. Maximum Duty-Period Length

A. Continuous duty periods of residents should not exceed 16 hours. If the shifts require up to 16 hours, the Resident must ensure they take appropriate breaks to allow for rest.

B. Staff Pharmacist On-Call Program – the Resident may sign up for on-call shifts posted on the online pharmacist schedule. It may not interfere with their ability to achieve the educational goals and objectives of the residency program:

1. On-call is limited to weekday evening shifts (e.g. post-rotational hours) and/or non-service requirement weekends.
2. Resident must be qualified to work the requested on-call shift by having had satisfactorily passed rotation requirements in that area or worked the shift for weekend staffing.
3. The Resident must work the entire on-call shift to ensure both adequate patient care and departmental staffing needs.
4. On-call must not be so frequent or taxing as to preclude rest or reasonable personal time for each Resident.
5. Residency Program Director must ensure there is not a negative effect on patient care or residents' learning due to sleep deprivation or serious fatigue.
6. Because the Resident is called into the hospital for the on-call shift, the time spent in the hospital by the Resident must count towards the 80-hour maximum weekly hour limit.
7. The frequency of on-call shift must satisfy the requirement for one-day-in-seven free of duty, when averaged over four weeks. No on-call can occur on the day free of duty.

Please see "VI: Service Commitment (Staffing)" for more details.