



**RIVERSIDE COMMUNITY HOSPITAL
PGY-1 PHARMACY RESIDENCY PROGRAM
HANDBOOK**

2021-2022

RIVERSIDE COMMUNITY HOSPITAL HANDBOOK TABLE OF CONTENTS

PAGE

I.	Introduction	
	General Description and Background	3
	Pharmacy Services Mission Statement, Vision Statement, Values	3
	Key Philosophy Statements	
	Residency Program Purpose and Description	3-4
	Required Competency Areas for Residency Program	4
	Program Director and Program Coordinator	4
	Preceptors	5
II.	Training Site Description	
	Acute Care	6
III.	Resident Learning Program	
	Introduction	6
	Role of the Pharmacy Practice Resident	6-7
	Preceptor Expectations	7
	Learning Experiences	7-10
	Evaluation Process	10
	Service Commitments	11
	Additional Staffing (“Moonlighting”)	11-12
	Resident Meetings	12
	Additional Meetings	12
	Research Project	8-9
	Teaching Certificate	12
	Earning Residency Certificate	12-13
IV.	Residency Program Stipend and Benefits	13
V.	Attachment A – Goals and Objectives Evaluated during Residency Program	14-16
VI.	Attachment B – Moonlighting Policy	17
VII.	Attachment C – Disciplinary, Dismissal and Extension policy	18-19
VIII.	Attachment D – ASHP Duty-Hour Requirements	19-21
IX.	Attachment E – Staffing Policy	22
X.	Attachment F – Attendance and Paid Time Off Policy	23-24
XI.	Attachment G – Mental Wellness Policy	25
XII.	Attachment H – Requirements to Complete PGY-1 Pharmacy Residency	26

I. INTRODUCTION

General Description and Background Information

Riverside Community Hospital is 478 bed acute care facility serving the Southern California community for over 110 years. Riverside Community Hospital houses one of the largest emergency departments and Level 1 Trauma Centers in southern California. Additionally, the hospital is the largest STEMI (heart attack) receiving center and a fully accredited Chest Pain Center. Specialty services include the HeartCare Institute, which offers invasive and non-invasive cardiac procedures, the Center of Excellence for Surgical Weight Loss, the Transplant Program, the Cancer Center, and a Level III Neonatal Intensive Care Unit (NICU). Riverside Community Hospital has been recognized as a Top Performing Hospital on Key Quality Measures for three consecutive years in a row by The Joint Commission and is rated as a five-star orthopedic program by Healthgrades. In addition, the hospital recently received a Grade A rating for safety by Leapfrog and a national recognition for patient safety by Healthgrades.

Riverside Community Hospital is also committed to training the next generation of physicians through its Graduate Medical Education program in eleven specialties such as Internal medicine, family medicine, neurology, emergency medicine, general surgery, radiology, anesthesiology, cardiovascular fellowship.

RCH is a part of the Hospital Corporation of America (HCA) network of hospitals based in Nashville, Tennessee which is the nation's leading provider of healthcare services, composed of locally managed facilities that include more than 180 hospitals and 2000+ sites of care located in 21 states and the United Kingdom.

Riverside Community Pharmacy Services Mission, Vision, Values and Key Philosophy Statements

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

Hospital Vision Statement: To be the premier provider of exceptional care.

Values: iCARE: Integrity Compassion Attitude Respect Excellence

PGY1 Program Purpose

PGY1 Program Purpose: PGY1 pharmacy residency programs build 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.

Riverside Community Hospital Residency Program Description

The residency program is designed and conducted in a manner that supports residents in achieving the PGY1 program purpose and the required educational competency areas, goals, and objectives described in the remainder of the ASHP accreditation standards for PGY1 pharmacy residency programs. Pharmacists completing the PGY1 Residency program will be competent, confident, and compassionate pharmacy practitioners' serving patients, healthcare professionals, and the community. The resident will follow a personal philosophy of practice, be a self-directed learner, and exhibit a strong commitment to the advancement of the pharmacy profession. The training will equip residents with the knowledge and skills to meet the challenges of current and future pharmacy practice. The program will also provide experience in learning how to coordinate the provision of pharmaceutical care with the needs of the institution and foster the ability to conceptualize and implement new pharmacy services. This program is designed to provide training within a broad range of pharmacy practice settings, while remaining flexible enough to adapt to the needs and goals of the individual resident.

The Riverside Community Hospital post-graduate year one (PGY1) pharmacy residency program is a 52 week postgraduate curriculum where residents are mentored by preceptors in a decentralized practice model. Residents are given the opportunity to be trained in the largest hospital system, Hospital Corporation of America. Residents will have access to multiple drug information and practice resources. Residents will be extensively involved with the Pharmacy and Therapeutics process, facility and corporate committee meetings, will receive ACLS training to respond to Code Team activations and will participate in the clinical pharmacist services, including consult services for managing aminoglycoside, vancomycin, and warfarin.

Required Competency Areas for Residency Program

1. Patient Care
2. Advancing Practice and Improving Patient Care
3. Leadership and Management
4. Teaching, Education and Dissemination of Knowledge
5. Management of Medical Emergencies

*See Attachment A for a complete list of goals and objectives

Program Director and Program Coordinator

Praharsh Shah, Pharm.D., BCPS, MHA is the Residency Program Director (RPD). Falguni Patel, Pharm.D., BCPS, BCCCP, BCIDP is the Residency Program Coordinator. The Program Director is responsible for overseeing all aspects of the residency program including program goals, objectives and requirements. The Program Coordinator and Program Director work together to

ensure appropriate preceptorship with each learning experience, maintenance of training schedules and the continuous process of resident evaluation.

Preceptors

The RPD assigns a qualified pharmacist preceptor for each learning experience. The RPD may also serve as a preceptor. Preceptors are directly accountable to the program director regarding their resident training responsibilities and are responsible for working with the RPD to develop specific goals for each learning experience. They are selected based on their demonstrated competence in their respective area of practice, professional education and experience, and desire and aptitude for teaching. Formally, primary preceptors must fit one of the following criteria:

- 1 year of residency training + 1 year of practice in the rotation's field of practice
- 2 year of residency training + 6 months of practice in the rotation's field of practice
- 3 years of practice in the rotation's field of practice

Those that do not meet these criteria, or who wish to gain more experience before becoming primary preceptor may be a preceptor in training for a maximum of 2 academic years. Current on-site preceptors include:

- Arefeh Orouji, PharmD
- David Tran, PharmD
- Falguni Patel, PharmD, BCPS, BCCCP
- Jacob Hass, PharmD, BCCCP
- Monthira Lukes, PharmD, BCPS
- Paul Nguyen, PharmD, BCPS
- Praharsh Shah, PharmD, BCPS, MHA

II. TRAINING SITE DESCRIPTION

Acute Care

Riverside Community Hospital is primarily an acute care learning environment. Services provided include critical care, emergency medicine, oncology, surgery/neurosurgery, internal medicine, infectious disease, trauma, neonatology, obstetrics, transplant, and rehabilitation. Residents will be given the option to complete alternative site learning experiences mutually agreed upon by the resident and RPD. Off-site learning experiences shall not extend beyond 6 weeks and must have a qualified preceptor willing to participate in PharmAcademic™ evaluation process and follow expectations outlined in this handbook and our policies.

III. RESIDENT LEARNING PROGRAM

Introduction

Each resident will complete various learning experiences during their residency, a combination of rotational and longitudinal learning. Rotational learning is the traditional concentrated learning that takes place each day over an approximately four to six week period. Longitudinal learning occurs intermittently over a long period of time, which can be anywhere from three to twelve months. An example of longitudinal learning is the staffing experience. The duration of each training experience depends on the training needs of each resident, availability of preceptors, personal interests of the resident, and other scheduling parameters. The RPD schedules training experiences. During the first thirty days of residency, the resident will provide input into developing their training experiences.

The Role of the Pharmacy Practice Resident

Over a 52-week period, it is expected that each resident will

- Use preceptor teaching as well as their work experience to apply educational information and techniques learned to actual work situations
- Demonstrate learned clinical practice behaviors, apply learned concepts, and use the residency experience to develop the range of skills required for professional growth
- Integrate themselves into both the staff and management structure at Riverside Community Hospital and contribute to the achievement of department goals
- Work actively with the RPD and program preceptors to set goals and customize their residency training experience

- Maintain all applicable residency documentation and be compliant with all electronic evaluations in PharmAcademic™ within seven days of their scheduled due date

Preceptor Expectations

It is expected that each preceptor will

- Provide appropriate orientation to the learning experience
- Take part in the development of the goals, objectives, and activities prior to beginning of each learning experience
- Attempt to cover, through informal clinical discussions, each main area of clinical pharmacy practice associated with their specialty
- Attempt to focus on any of the resident's areas of interest and growth
- Allow the resident as much hands on experience as possible in dealing with patients, medical staff, and nursing staff.
- Provide ongoing feedback to the resident and complete a summative evaluation of the resident's performance at the end of each learning experience, and submit the document to the RPD.

Learning Experiences:

- A. Minimum required training experiences. (The actual sequence of training and the duration of each training experience may vary from the below sequence.)

Each resident is required to complete the following minimum experiences. The structure of the residency will allow for teaching and evaluation of all required ASHP-defined competency areas, goals and objectives for a PGY1 pharmacy residency, as well as the goal and objective defined by ASHP for the elective competency area of Management of Medical Emergencies. Refer to the grid contained in Attachment I: Goals and Objectives Taught/Taught and Evaluated in Learning Experiences for details.

Time periods quoted are approximate. Individual schedules will vary and be customized depending on baseline skills and career interests. For any days that are missed, the resident will make up the days on their own time. Residents must not miss more than 1 day per 2 weeks of each core learning experience. An absence such as this would need a proper excuse and approval from both the preceptor and RPD. If the absence were deemed unapproved or cannot be made up, the residency advisory committee will convene to vote and determine appropriate action (possibly repeating a learning experience, which may require a delay in graduation, or up to dismissal from the program).

1. Orientation (July)
 - Hospital and pharmacy mission and values
 - Human Resources training

- Pharmacy operations
 - PharmAcademic™
 - ACLS Certification (must be completed prior to first critical care learning experience)
 - Department competency training
 - Training on information systems (Meditech EMR, OnBase, VigiLanz CPW, Pyxis, Alaris, Doseedge)
2. The following learning experiences will be scheduled throughout the 52 weeks of residency, which aside from approved time off from the RPD, must be completed
- 6 weeks of orientation
 - 32 weeks of acute care
 - 6 weeks of internal medicine
 - 4 weeks of critical care, medical
 - 4 weeks of critical care, surgical
 - 6 weeks of emergency medicine
 - 6 weeks of infectious diseases
 - 6 weeks of central services
 - 6 weeks of administration/management
 - 8 weeks of elective learning
 - 26 two-day weekend shifts of acute care staffing throughout the 52 weeks
 - 52 weeks of Quality Improvement, Project Management and Professional Development, medication use evaluation, teaching certificate
3. Residency Research Project & Medication Use Evaluation

Within the longitudinal experience of Leadership, Project Management and Professional Development, the resident will complete at least one research project. The resident will receive a separate timeline provided for due dates along the way for which the resident will be held accountable. Under no circumstances will the deadline for the research project identification be extended beyond the last day of the 10th week. Work on the project will continue until completion, which is approximately around the end of April. Generally, the project is done outside of time dedicated to learning experiences or staffing. Depending on the project, time to complete the research project may be scheduled if deemed necessary by the RPD and RAC. A project mentor will be assigned to the resident. The resident will have the option to present at the poster session during the ASHP Midyear Clinical Meeting. The resident will present a slide-set presentation of the research project at a local or regional conference in the Spring or Summer. Other presentation opportunities, such as events held by local pharmacy organizations, facility

multi-disciplinary teams, or HCA corporate may become required as determined by the RPD. The resident will also create a final written report of the project, fit for publication.

The resident will also be expected to complete various longitudinal projects in addition to their research project, including at least one Medication Use Evaluation (MUE) and drug monograph/class review/protocol/guideline update. The MUE will be assigned within the orientation and expected to be started before the end of orientation. A preceptor advisor will be assigned for each MUE. MUEs at Riverside Community Hospital are expected to be concurrent, which means that the resident is reviewing in real-time (at least daily during the 5 day work-week). This is to see current practice and provide an opportunity for the resident to correct inappropriate practices in real-time and impact the care of those patients. The resident is also expected to make process changes or provide meaningful education to drive change based on findings from their MUE. It is the expectation that if the resident is not presenting their research project as a poster for ASHP Midyear, they would present a poster of the data and action plan from the first three months of their MUE.

It is unlikely that the resident will only have one item to update or create from the category of the following: drug monograph, class review, protocol, or guideline. Most likely the findings from their MUE will necessitate it, and assignments will occur throughout the year based on resident interest and development plan. For these assignments, it is the resident’s responsibility to work with all key stakeholders. The RPD will serve as advisor for these projects unless otherwise delegated.

B. Available training experiences

Core Acute Care	Duration (weeks)
Administration/Management	6 weeks
Central Services	4 weeks
Critical Care, Medical	6 weeks
Critical Care, Surgical	6 weeks
Emergency Medicine	6 weeks
Infectious Disease	6 weeks
Internal Medicine	6 weeks
Orientation	4 weeks

Core Longitudinal	Duration (weeks)
Quality Improvement, Project Management and Professional Development	52 weeks
Staffing	52 weeks
Teaching Certificate	52 weeks

Elective	Duration (weeks)
Solid Organ Transplant	4 weeks
Trauma	4 weeks
Medication Safety	4 weeks

*Other electives may be available based on the service, feasibility, preceptor availability and progression of the resident.

Evaluation Process

The resident, learning experience and preceptor evaluation process should be completed no later than seven days after the learning experience has been completed, or quarterly for longitudinal learning experiences.

1. The resident and preceptor will schedule a planning session at the start of each learning experience to review and customize the established goals and objectives to the resident's needs and to establish mutual expectations.
2. Residents will complete a self-assessment using PharmAcademic at the midpoint of each learning experience less than 12 weeks and at quarterly intervals for learning experiences lasting 12 or more weeks. This should assess their performance in completing the training experience goals and objectives and will be reviewed by the preceptor and RPD. This midpoint self-evaluation will serve to help the resident and preceptor identify any areas to work on in the remainder of the learning experience.
3. Residents will complete a preceptor evaluation and a learning experience evaluation using PharmAcademic at the end of each learning experience. Completed evaluations will be discussed with the preceptors and signed by each. Completed and signed evaluations will be forwarded to the residency program director for review.
4. The primary preceptor will write a summative evaluation of resident performance at the end of their learning experience. This includes an assessment of completion of training experiences, goals and objectives. Residents must review and sign the preceptor's evaluation and these evaluations are also sent to the RPD for review.
5. The RPD will complete quarterly evaluations and developmental plans for each resident. These will describe assignments during the quarter, activities/meetings attended, and a general assessment of the learning experience. The RPD or designee will complete the initial developmental plan before the end of orientation and quarterly thereafter. These developmental plans will be taken into consideration when determining the residents' learning experiences, activities, evaluations, and other changes to the program. On a quarterly basis, they will be updated to record the progress and determine if changes are necessary.

Service Commitments

Each resident is required to complete the following service commitments over the one year period. Variances that are in excess or below these minimums must be approved by the program director. Variances exceeding the minimums must also be acceptable to the resident. Duty hours will be tracked by each resident with a provided time sheet and signed off by the RPD or designee. The program and resident will comply with the ASHP duty-hour standards: <https://www.ashp.org/-/media/assets/professional-development/residencies/docs/duty-hour-requirements.ashx?la=en&hash=043E385A070E8C0F6F9C7325CBB2C03981D40B13>

- Average of sixteen hours of staffing every pay period, see Attachment F: Staffing Requirements for details
- Residents should have 10 hours (but must have at least eight hours) free of duty between scheduled duty periods, see Attachment E: ASHP Duty Hours for details. Notify RPD immediately if there is a situation where scheduling or patient needs are going to break this rule.
- Continuous duty periods of residents should not exceed 16 hours in duration. Notify RPD immediately if there is a situation where scheduling or patient needs are going to break this rule.
- Residents start off with 10 days of PTO to be used for illnesses, vacation, and personal days. Residents are asked to plan anticipated PTO at the beginning of the residency.
- Residents are highly encouraged to obtain California licensure prior to starting the residency or within the first thirty days of starting their residency. If the resident is not licensed in the State of California by October 5th, 2021, the resident will be dismissed from the program.
- A minimum of 2/3 of the residency must be completed as a pharmacist licensed to practice in the state of California. If the resident is not licensed for 2/3 of the program, the resident will be dismissed from the program.

Additional Staffing (“Moonlighting”)

- Must not interfere with the ability of the resident to achieve the goals and objectives of the residency program
- These compensated hours are not part of the scheduled duty periods of the residency program and must be counted towards the eighty-hour maximum weekly hour limit
- Internal moonlighting must be approved by the RPD and pharmacy administration and limited according to the aforementioned definitions/policies
- It is not anticipated that moonlighting will be available at Riverside Community Hospital unless staffing needs become excessive

- External moonlighting must be also be approved by RPD and pharmacy administration as well to ensure it does not interfere with the duty hour policy
- See Attachment C: Moonlighting Policy and Attachment E: ASHP Duty Hour Requirements for Pharmacy Residencies for more details

Resident Meetings

These meetings are intended to serve the needs of residents. The residents will be evaluated on performance during their learning experiences, review their training plan and discuss overall progress towards achieving program goals and objectives. The RPD and preceptors will meet with residents throughout the year which will be determined. Residents are required to attend.

Additional Meetings

Residents are expected to attend the Pharmacy and Therapeutics Committee, Pharmacy Department Meetings, and other multidisciplinary medical committees, as appropriate. Residents will be assigned to at least one committee throughout the year based on resident interest and facility needs.

Teaching Certificate

Available through Chapman University, the resident will be eligible to apply for a longitudinal Teaching Certificate learning experience. The learning experience is self-paced and includes readings and reflection papers followed by exposure to educational literature and a group facilitation experience. This process is the build-up to the development of learning materials for a real half-day teaching experience with P2 students. Structured feedback is available throughout the process and shadowing is available as an optional activity. The experience culminates with completion of a teaching philosophy statement. All the residents must apply for a teaching certificate through Chapman University and they must fully complete the program.

Completing the Residency and Earning Residency Certificate

The resident must have proper attendance and adhere to the policies and procedures of the hospital, department and residency program. In addition, the resident must demonstrate that they have “Achieved for the Residency” at least 70% of the goals and objectives (Attachment A). The residents, preceptors and program director assess these goals and objectives regularly using PharmAcademic. The checklist of requirements for completing the residency and earning the residency certificate can be found on Attachment H.

Standard R1 Patient Care contains the majority of clinical skills that are assessed on multiple learning experiences. Of these, for R1.1.1-R1.1.8 may only be considered “achieved for the residency” after they have been evaluated at least three times with either “satisfactory progress” or “achieved”, at which time a decision will be made by the preceptors feedback and the RPD whether the objective or goal is “achieved for the residency”. For the remainder of Standard R1, the resident must have a single “achieved” on a learning experience may be considered to be “achieved for the residency” at the discretion of the preceptors feedback and the RPD.

Standards R2 Advancing Practice and Improving Patient Care, R3 Leadership and Management, and R4 Teaching, Education and Dissemination of Knowledge, and R5 Management of Medical Emergencies are assessed on fewer learning experiences. A single “achieved” on a learning experience may be considered to be “achieved for the residency” at the discretion of the preceptors feedback and the RPD.

IV. RESIDENCY PROGRAM STIPEND AND BENEFITS

1. Stipend

Residents are considered 1.0 FTE staff and receive a stipend of approximately \$55,000 for the year. The residency year begins approximately on the first Monday of July.

2. Benefits

- a. Paid time off (PTO) – 10 days per year (see Attachment F for details)
- b. Medical/Dental/Vision Insurance
- c. Travel Expenses covered for ASHP Midyear Conference and a Regional or National Conference
- d. BLS certification
- e. ACLS certification
- f. Free Parking

V. Attachment A – Goals and Objectives Evaluated during Residency Program

R1 Patient Care

Goal: R1.1 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

R1.1.1 Interact effectively with health care teams to manage patients' medication therapy

R1.1.2 Interact effectively with patients, family members, and caregivers

R1.1.3 Collect information on which to base safe and effective medication therapy

R1.1.4 Analyze and assess information on which to base safe and effective medication therapy

R1.1.5 Design or redesign safe and effective patient-centered therapeutic regimens and monitoring plans (care plans)

R1.1.6 Ensure implementation of therapeutic regimens and monitoring plans (care plans) by taking appropriate follow-up actions

R1.1.7 Document direct patient care activities appropriately in the medical record or where appropriate

R1.1.8 Demonstrate responsibility to patients

Goal: R1.2 Ensure continuity of care during patient transitions between care settings

R1.2.1 Manage transitions of care effectively

Goal: R1.3 Prepare, dispense, and manage medications to support safe and effective drug therapy for patients

R1.3.1 Prepare and dispense medications following best practices and the organization's policies and procedures

R1.3.2 Manage aspects of the medication-use process related to formulary management

R1.3.3 Manage aspects of the medication-use process related to oversight of dispensing

R2 Advancing Practice and Improving Patient Care

R2.1 Demonstrate ability to manage formulary and medication-use processes, as applicable to the organization

R2.1.1 Prepare a drug class review, monograph, treatment guideline, or protocol

- R2.1.2 Participate in a medication-use evaluation
- R2.1.3 Identify opportunities for improvement of the medication-use system
- R2.1.4 Participate in medication event reporting and monitoring

R2.2 Demonstrate ability to evaluate and investigate practice, review data, and assimilate scientific evidence to improve patient care and/or the medication-use system

- R2.2.1 Identify changes needed to improve patient care and/or the medication-use system
- R2.2.2 Develop a plan to improve the patient care and/or the medication-use system
- R2.2.3 Implement changes to improve patient care and/or the medication-use system
- R2.2.4 Assess changes made to improve patient care or the medication-use system
- R2.2.5 Effectively develop and present, orally and in writing, a final project report

R3 Leadership and Management

R3.1 Demonstrate leadership skills

- R3.1.1 Demonstrate personal, interpersonal, and teamwork skills critical for effective leadership
- R3.1.2 Apply a process of on-going self-evaluation and personal performance improvement

R3.2 Demonstrate management skills

- R3.2.1 Explain factors that influence departmental planning
- R3.2.2 Explain the elements of the pharmacy enterprise and their relationship to the health care system
- R3.2.3 Contribute to departmental management
- R3.2.4 Manages one's own practice effectively

R4 Teaching, Education and Dissemination of Knowledge

R4.1 Provide effective medication and practice-related education to patients, caregivers, health care professionals, students, and the public (individuals and groups)

- R4.1.1 Design effective educational activities
- R4.1.2 Use effective presentation and teaching skills to deliver education
- R4.1.3 Use effective written communication to disseminate knowledge
- R4.1.4 Appropriately assess effectiveness of education

R4.2 Effectively employs appropriate preceptor roles when engaged in teaching students, pharmacy technicians or fellow health care professionals

- R4.2.1 When engaged in teaching, select a preceptor role that meets learners' educational needs
- R4.2.2 Effectively employ preceptor roles, as appropriate

E5: Management of Medical Emergencies

E5.1 Participate in the management of medical emergencies.

E5.1.1 (Applying) Exercise skill as a team member in the management of medical emergencies according to the organization's policies and procedures.

Criteria:

- Acts in accordance with the organization's policies and procedures for medical emergencies.
- Applies appropriate medication therapy in medical emergency situations.
- Accurately prepares medications and calculates doses during a medical emergency.
- Effectively anticipates needs during a medical emergency.
- Obtains certification in the American Heart Association Advanced Cardiac Life Support (ACLS).

VI. Attachment B – Moonlighting Policy

Moonlighting Policy

This policy applies to all Pharmacy Residents at Riverside Community Hospital.

- A. Moonlighting must not interfere with the ability of the resident to achieve the goals and objectives of the educational program.
- B. Time spent by residents in Internal and External Moonlighting must be counted towards the 80-hour maximum weekly hour limit
 - i. Internal Moonlighting - Voluntary, compensated, medically-related work (not related with training requirements) performed within the institution in which the resident is in training or at any of its related participating sites.
 - ii. External moonlighting - Voluntary, compensated, medically-related work performed outside the institution where the resident is in training or at any of its related participating sites.
- C. Residents may not engage in moonlighting **unless specifically approved in advance by the Program Director**. Such approval must be in writing and will be made a part of the resident's evaluation file and hours worked must be reported as such.
- D. Approval may be withdrawn if moonlighting activities are associated with a decline in the resident's performance.
- E. The hospital does not provide professional liability coverage for duties assumed outside of the hospital and, therefore, residents will obtain written verification of coverage and limits carried by the host institution or employer.
- F. Residents should have 10 hours (but must have at least eight hours) free of duty between scheduled duty periods
- G. Continuous duty periods of residents should not exceed 16 hours in duration

VII. Attachment C – Disciplinary, Dismissal and Extension Policy

Disciplinary, Dismissal and Extension Policy

1. Probationary period
 - a. Probationary period is in effect during the first ninety (90) days of employment and may be extended or reinstated for offenses and/or poor performance as described in this policy
2. Mandatory standards: Each resident must meet minimum standards to complete certain tasks in order to remain in the program. The following standards and skills must be met by applicable deadlines
 - a. California licensure received by October 5, 2021. If the resident does not obtain licensure within this timeframe, the resident will be dismissed from the program.
 - b. Completion of hospital and departmental orientation and all accompanying material by 30 days
3. Disciplinary policy: If it is determined through documentation that the resident is not meeting the program criteria, as evidenced by poor performance (I.E. missing deadlines, lack of engagement, etc.) or breaking policies (I.E. inappropriate behavior, tardiness, etc.) the following actions may be taken:
 - a. Written notification provided to the resident detailing the disciplinary issue against the resident
 - b. A meeting arranged with the Director of Pharmacy, Residency Program Director and the resident to discuss the issue
 - c. The Director of Pharmacy and Residency Program Director may consult with the Residency Advisory Committee for recommendations, although this is not required
 - d. Upon evaluation of the issue, an outcome will be decided which includes at least one of the following:
 - i. Dismissal of issue – no follow up is required
 - ii. Discipline, Counseling, or Corrective Action – See HR.ER.008 on www.HCAhrAnswers.com for details. Offenses or poor performance may result in escalating warnings and/or performance improvement plans.
 - iii. Probation – plan will be implemented which affords the resident an opportunity to demonstrate improvement. Benchmark(s) to demonstrate improvement will be provided to the resident in writing. At the end of probation the resident can continue the program after demonstrating satisfactory improvement or be dismissed from the program if satisfactory progress is not achieved.
 - iv. Dismissal from program – the resident can be immediately dismissed from the program by the Director of Pharmacy upon recommendation from the preceptor (if applicable) and Residency Program Director
4. Professional, family, sick and extended leave policy: The resident must complete all program requirements for a minimum of 52 weeks. If the resident requires to take an extended leave, the maximum approved extended leave is 12 weeks.
 - a. The resident will be required to extend their residency program for a period of up to 12 weeks.
 - b. The resident will get paid for a total of 52 weeks

- c. The final decision in regards to program completion will be made under the discretion of both the pharmacy director and residency program director.

VIII. Attachment D – ASHP Duty-Hour Requirement

Duty-Hour Requirements for Pharmacy Residencies

Definitions:

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 must be addressed by a well-documented, structured process.

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.

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 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 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. Therefore, programs must comply with the following duty-hour requirements:

I. Personal and Professional Responsibility for Patient Safety

- A. Residency program directors must educate residents and preceptors about their professional responsibilities to be appropriately rested and fit for duty to provide services required by patients.
- B. Residency program directors must educate residents and preceptors to recognize signs of fatigue and sleep deprivation, and adopt processes 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. There is no on-call program. If the program implements any type of on-call program, there must be a written description that includes:
 - The level of supervision a resident will be provided based on the level of training and competency of the resident and the learning experiences expected during the on-call period; and,
 - Identification of a backup system if the resident needs assistance to complete the responsibilities required of the on-call program.
- E. The 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 in-house call activities and all moonlighting.
- B. Moonlighting (internal or external) must not interfere with the ability of the resident to achieve the educational goals and objectives of the residency program.
 1. All moonlighting hours must be counted towards the 80-hour maximum weekly hour limit.
 2. Programs that allow moonlighting must have a documented structured process to monitor moonlighting that includes at a minimum:
 - a. The type and number of moonlighting hours allowed by the program.
 - b. A reporting mechanism for residents to inform the residency program directors of their moonlighting hours.
 - c. A mechanism for evaluating residents' overall performance or residents' judgment while on scheduled duty periods and affect their ability to achieve the educational goals and objectives of their residency program and provide safe patient care.
 - d. A plan for what to do if residents' participation in moonlighting affects their judgment while on scheduled duty hours.
- C. Mandatory time free of duty: residents must have a minimum of one day in seven days free of duty (when averaged over four weeks). At-home call cannot be assigned on these free days.

- D. Residents should have 10 hours free of duty between scheduled duty, and must have at a minimum 8 hours between scheduled duty periods.
- E. If a program has a 24-hour in-house call program, residents must have at least 14 hours free of duty after the 24 hours of in-house duty.

III. Maximum Duty-Period Length

- A. Continuous duty periods of residents should not exceed 16 hours. The maximum allowable duty assignment must not exceed 24 hours even with built in strategic napping or other strategies to reduce fatigue and sleep deprivation, with an additional period of up to two hours permitted for transitions of care or educational activities.

IV. Tracking of Duty Hours

- A. Residents must track their duty hours monthly in Pharmacademic evaluations specific for tracking of duty hours. If a resident chooses to moonlight, the hours that they spend moonlighting must be included in their weekly hour count. It will be reviewed weekly by the Residency Program Director or Designee.

Approved by the ASHP Commission on Credentialing on March 4, 2012 and the ASHP Board of Directors on April 13, 2012. Updated with new ASHP logo, title, and minor editing on March 4, 2015.

IX. Attachment E – Staffing Policy

Staffing Policy

This policy applies to all Pharmacy Residents at Riverside Community Hospital.

- A. Residents are members of the professional staff of the Pharmacy Department and are expected to complete the following service commitments over the 52-week. Variances that are in excess or below these minimums must be approved by the program director. Variances exceeding the minimums must also be acceptable to the resident.
 - i. The resident will staff acute care activities every other weekend, two shifts of 8 hours each day (Saturday and Sunday)
 - ii. Residents should have 10 hours (but must have at least eight hours) free of duty between scheduled duty periods
 - iii. Continuous duty periods of residents should not exceed 16 hours in duration
 - iv. Residents have PTO to be used for illnesses, vacation, and personal days

- B. The program and resident will comply with the ASHP duty-hour standards:
<https://www.ashp.org/-/media/assets/professional-development/residencies/docs/duty-hour-requirements.ashx?la=en&hash=043E385A070E8C0F6F9C7325CBB2C03981D40B13>

- C. Resident staffing days and hours are flexible and will be determined based on departmental needs

X. Attachment F – Attendance and Paid Time Off Policy

Attendance and Paid Time Off Policy

Attendance is required for the minimum required training experiences as defined in the residency program handbook.

- Residents are expected to be at the hospital for a minimum of 8 hours each scheduled day. Any deviation from this would require approval from the preceptor, residency program director (RPD), or a designee.
- Residents may be asked to stay longer by the preceptor, residency program director, or a designee for a learning experience or staffing depending on patient care needs, completion of assignments, required meetings, or other learning opportunities. Refer to the Duty Hour
- The starting time for a learning experience is defined by the preceptor and may be modified at any point by the preceptor as long as that information is relayed to the resident.
- The starting time for a staffing shift is defined in Facility Scheduler and the Pharmacist Workflow (located in the Pharmacy Share-Drive).
- Residents must not miss more than 1 day per 2 weeks of each core learning experience, without scheduled make-up time as determined by RPD and preceptor
- An absence needs to be excused by both the preceptor and RPD
- Making up any missed days will be under the discretion of the preceptor and/or RPD.
- If the absence were deemed unapproved or cannot be made up, the residency advisory committee will convene to vote and determine appropriate action.

PTO: Residents accrue PTO at the normal rate for Riverside Community Hospital (see policy HR.TR.007 “Paid Time Off” on www.HCAhrAnswers.com) to be used for illnesses, vacation, and personal days. In an effort to ensure residents get the most of all learning experiences, the residents are further constrained on PTO utilization

- PTO will be limited to 10 days throughout the year.
- PTO days must comply with all other attendance requirements.
- PTO cannot be taken during the probationary period, unless explicitly approved by the RPD.
- PTO will not be granted during the last week of the residency year.
- If the requested PTO day falls on a staffing day, the resident must make accommodations to make up the time if it falls outside the allotted attendance requirements.
- Illnesses or injuries are handled on a case by case basis by preceptors and RPD. The resident should notify the appropriate parties as soon as possible.
- Planned PTO must be submitted for approval at least 6 weeks before the requested date.
- Residents are urged to plan vacation days at the beginning of the residency year to allow for accommodations to be made in advance.

Holidays: Each resident is required to staff two major holidays per year as defined in the service commitments. These holiday currently include the following:

- Thanksgiving & the day after

- Christmas Eve & Christmas Day
- New Year's Eve and New Year's Day

Excused, Unexcused Absences, & Tardiness

- All absences must be excused. Unexcused absences will result in disciplinary action.
- Examples of excused absences include: residency interviews, religious holidays, scheduled exams (NAPLEX/CPJE), academic events, and civic responsibilities (i.e. Election Day, jury duty). These should be arranged with the preceptor before the training experience begins. It is up to the discretion of the preceptor and/or the RPD to make up excused absences.
- Other planned absences may be excused if submitted to the RPD/director at least 6 weeks before the requested date and the RPD/preceptor deems it will not interfere with required activities.
- Unplanned absences and tardiness must be reported 2 hours before the shift.
- All tardiness and unplanned absences will be reported to the RPD on each occasion. The RPD generally follows the Riverside Community Hospital HR Attendance and Tardiness Policy (See www.HCAhrAnswers.com) for when to escalate to disciplinary action, however, residents are not hourly employees that clock in and out, and not subject to the same policies. The six minute rule is subjectively determined by the preceptor and the resident is held to the expectations of 8 hour shift . The resident is subject to disciplinary action and/or performance improvement plans based on severity and frequency of delinquency regarding attendance.
- Additional measures compared to standard Riverside Community Hospital HR Attendance and Tardiness Policy:
 - Any resident reaching 2 occurrences as outlined in the Riverside Community Hospital HR Attendance and Tardiness Policy in one learning experience
 - Tardiness of greater than 30 min will result in a half-occurrence.
 - Late return (6 min or greater) from lunch results in a tardiness
 - Late or no-show for scheduled events result in a tardiness (unless corroborated patient care needs dictated the violation)

XI. Attachment G – Mental Wellness Policy

Mental Wellness Policy

At Riverside Community Hospital, we realize the importance of resident wellness in both performance and career satisfaction. The purpose of this policy is to support and encourage Pharmacy Residents access to Preventive Health Care. The resident is highly encouraged to let the RPD or any staff member know if they feel that they need any type of support for mental health. The following are various mental support options that we provide our residents with:

A. Residency Mentors

- i. All residents are assigned to a pharmacist mentor. Pharmacist mentors are available for the resident to talk to confidentially. They are expected to check in with the resident periodically to see how they are doing on a personal and professional level.
- ii. The pharmacy resident will choose their own mentor after spending some time in the department.

B. Employee Assistance Program (EAP)

- i. HCA has an Employee Assistance Program which offers confidential support for work and life. The program provides resources, referral and support services for personal success such as:
 - Work/life balance
 - Achieving personal goals
 - Healthy living
 - Managing life events
 - Recovery
 - Financial stability
 - Fulfilling relationships
- ii. The brochure for the EAP is given out during hospital orientation
- iii. The phone number to call for confidential support or information any time, day or night is 1-800-434-5100
- iv. The website for EAP is www.HCArewards.com

C. Personal Space

- i. The pharmacy residents will be provided with their own personal office. The office will have a door that is able to be locked.

XII. Attachment H – Requirements to Complete PGY1 Pharmacy Residency

**Requirements to Complete PGY1 Pharmacy Residency Program at
Riverside Community Hospital**

Requirement	Achieved: Place \checkmark in box below (RPD or Pharmacy Director)
Successfully completes both hospital and departmental orientation programs	
Successfully obtains licensure to practice by October 5, 2021	
Achievement of ASHP/Riverside Community Hospital required educational outcomes and goals:	
• Completes all learning experiences	
• Completes all required evaluation tools	
• Required to attain "Achieved for the Residency" (ACHR) designation of 70% of program goals by end of program (7 of 10 total)	
• Required to attain "Achieved for the Residency" (ACHR) designation of 70% of program objectives by end of program (24 of 34 total)	
Attend ASHP Midyear Clinical Meeting	
Completion of research project presented at the Local residency conference or other assigned conference	
Successfully completes a medication use evaluation	
Minimum of 8 presentations evaluated by a preceptor	
Maintains good standing with department of pharmacy with adherence to departmental policies and procedures	
Completes required service/staffing hours and hospital required HealthStream competencies	
Completes a drug monograph, drug class review or creates a departmental protocol/guideline	
Receives acceptable performance evaluation as outlined in job description	
Completes PharmAcademic requirements/documentation	
Attends required department and interdisciplinary meetings	
Attends quarterly meetings with program director	
Attends and participates in a minimum of 5 code blue alerts and is deemed competent by preceptor feedback/RPD	

All requirements must be met and deemed satisfactory by the program director and director of pharmacy by a predetermined date. Once completion of requirements have been documented, an ASHP approved program certificate will be awarded to the residents.

Resident: _____

Date: _____

Residency Program Director: _____

Date: _____

