North Kansas City Hospital

PHARMACY RESIDENT HANDBOOK

Human Resources, Benefits, Orientation, and Policies

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PGY1 Program Purpose

PGY1 pharmacy residency programs build on Doctor of Pharmacy (PharmD) 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.

PGY2 Program Purpose

PGY2 pharmacy residency programs build on Doctor of Pharmacy (PharmD) education and PGY1 pharmacy residency programs to contribute to the development of clinical pharmacists in specialized areas of practice. PGY2 residencies provide residents with opportunities to function independently as practitioners by conceptualizing and integrating accumulated experience and knowledge and incorporating both into the provision of patient care or other advanced practice settings. Residents who successfully complete an accredited PGY2 pharmacy residency are prepared for advanced patient care, academic, or other specialized positions, along with board certification, if available

Pharmacy

Mission

We deliver quality pharmaceutical care and safe medication management outcomes by serving as a trusted resource for North Kansas City Hospital (NKCH) and our partners in providing hope and healing to every life we touch.

Vision

Together, we will become a community leader in medication use standards and services committed to enhancing patient care through drug therapy.

Values

The values of our pharmacy department parallel the values of our hospital: compassion, teamwork, respect, accountability, quality, and community.

Scope of Services

The NKCH Pharmacy Department delivers pharmaceutical care to patients of all age groups, diagnosis, and levels of acuity at NKCH. All services are conducted in accordance with accepted ethical and professional standards of practice and meet all legal requirements.

The duty of our pharmacists is to help patients, families, and providers make the best use of medications. Therefore, pharmacists will be concerned with not only the provision of but also the outcomes of pharmacy services. The elements of pharmacy services that are critical to safe, effective, and cost-conscious medication use in our hospital include (1) practice management, (2) medication use policy development, (3) optimizing medication therapy, (4) product procurement and inventory management, (5) preparing, packaging, and labeling medications, (6) medication delivery, (7) monitoring medication use, (8) evaluating the effectiveness of the medication use system, and (9) clinical practice-based research.

A complete automated IV admixture and unit dose system provides medications in the most ready-to- use form and is supplemented by decentralized automated dispensing cabinets providing controlled, ready access to medications. These systems and resources equip the pharmacy to meet the complex treatment and support required of patients and providers at NKCH.

Decentralized clinical pharmacy specialists provide comprehensive services to our patients in all critical care and general medicine areas including:

- Ambulatory Care (Meritas Health North Kansas City & Meritas Health Briarcliff)
- Antimicrobial Stewardship and Infectious Diseases
- Cardiovascular Intensive Care
- Cardiothoracic Surgery
- Emergency Medicine
- Hematology & Oncology
- Internal Medicine (Adult)
- Neonatal Intensive Care
- Neuro/Trauma Intensive Care
- Obstetrics
- Progressive Care
- Renal & Dialysis
- Surgery (General/Orthopedic)

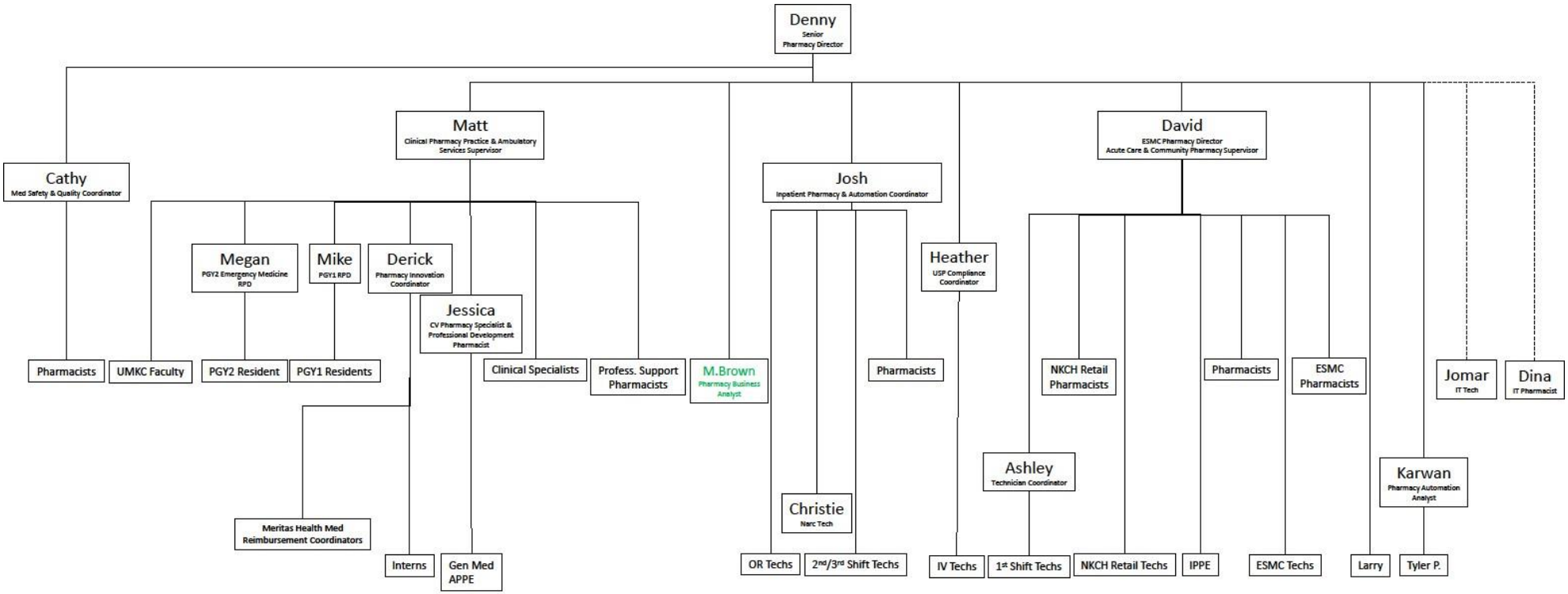
Major groups of our hospital staff with whom pharmacy collaborates to provide effective and safe pharmaceutical care include medical staff, nursing staff, social services, respiratory care, radiology, quality and performance improvement, laboratory and clinical dieticians. In addition, pharmacy may collaborate with many other staff members to expedite patient care delivery.

Availability and appropriateness of staff and services provided: Inpatient Pharmacy: 24 hours a day, 7 days a week, 365 days a year Ambulatory Practice(s): Hours vary according to clinic and patient needs
Closed-door Outpatient Pharmacy (Employee): Monday – Friday, 0700 to 1700

Type of practitioners/staffing providing pharmaceutical care may include:

- Licensed and Residency Trained Pharmacists
- Residency Trained and/or Board-Certified Clinical Pharmacy Specialists
- Pharmacy Residents
- Pharmacy Interns
- Pharmacy Students
- Certified and/or Registered Pharmacy Technicians
- Pharmacy Technician Trainees
- Administrative Support Personnel
- Hospital Volunteers

Organizational Chart



Cathy Inpatient Pharmacists
Chelsea Lor
Alex
Nadiya
Anna T
Ana P
Julie
Sung
Travis
Jeremy
Janna C
Amanda

UMKC Faculty
Kathryn

MH
Jennifer V – Clinic
Nicci – Neurology
Marla – Neurology

PGY2 Resident
Anna
Douglas

PGY1 Residents
Mike B
Beck
Andi
Allison J
Jessica B
Riley

PGY1 Resident Non-Traditional
Ali

Interns
Alina
Brooke
Elly
Mark
Madeleine
Gage
Kelly
Brendan
Madeline
Gabriella
Haley
Marissa

Clinical Specialists
Mikayla
Monika
Hieu
Haleigh
Sara
Bassett
Hickey
Chelsea Holley

PS PharmD
Lanny

Josh Inpatient Pharmacists
Adam
Teresa
Len
DTran
Kelsi

OR Tech
Tiffany
Allison
Esma
Rocio

2nd/3rd Shift Techs
Makala
(open)
Tyler Reikofski
Dylan
Lindsay
Derek Adler
Seth
Mason
Dyamond

IV Tech
Ciara
Mary
George
Maddie

1st Shift Techs
Shannon
Lisa
Kyla
Brian
Parzhin
Michelle
Gemma
Caitlyn
Nicole
Katelyn
Camron
Cali
Robin (buyer)

Retail Pharmacists
Stacia
Whitney

Retail Tech
Gabby
Kaden
Jennifer
(open)

David Inpatient Pharmacists
Lauren
Kyle
Heather Buehrer

ESMC Pharmacists
Jana B
Nancy

ESMC Techs
Gail - Inpatient
Rose – Outpatient
Mindy
Brandi

------Indirect Supervision

Updated 3/28/2022
Changes effective summer 2022

Residency Program Director (RPD)

The program will be overseen by an individual meeting the requirements set forth in the in the American Society of Health-System Pharmacists (ASHP) accreditation standard for a PGY1 or PGY2 residency.

PGY1 Residency Program Design

Structure

Each resident will undergo an Orientation and Training experience that focuses on operational functions, which are the backbone of pharmacy services.

Following the Orientation and Training experience, residents will complete six required and 3 elective experiences. Each experience will last 5 weeks, except for NICU which is 3 weeks long and required ambulatory which is 4 weeks. The experience sequence is determined by each resident's interests and career goals. For residents interested in completing a PGY2 residency program, the focus will be on aligning pertinent experiences prior to the ASHP Midyear Clinical Meeting.

Required Learning Experiences

- Orientation and Training
- Cardiovascular Intensive Care or Neurotrauma Intensive Care (1 of 2 required)
- Internal medicine – Cardiology, Oncology, Orthopedics or Cardiac Progressive Care (2 of 4 required)
- Antimicrobial Stewardship
- Neonatal Intensive Care Unit
- Ambulatory: Anticoagulation Clinic or Population Health (1 of 2 required)

Elective Learning Experiences

- Ambulatory Care
- Cardiovascular Intensive Care
- Emergency Medicine I & II
- Hematology and Oncology
- Internal medicine – Renal and Dialysis
- Management
- Pain Management & Palliative Care
- Population Health
- Resident may opt to repeat a required experience

Longitudinal

- Learning and Education (12 months)
    - Teaching certificate program
- Health Systems Administration Longitudinal Experience (10 months)
- Research (12 months)
- Staffing (12 months)

Staffing

Residents will be required to staff the pharmacy every third weekend and a 5-hour evening shift per week. Residents will receive one compensation day the following week. Unless arranged otherwise the compensation day will be the Monday following the weekend worked. The compensation day may be moved following discussion with the preceptor for the staffing learning experience, current learning experience, and the RPD on a case-by-case basis. PGY1 residents will work one major holiday to be determined early in the residency year. It is the responsibility of the resident to maintain adherence to the Duty Hour requirements (see Appendix I) for pharmacy residents.

Travel

Attendance and participation in to the ASHP Midyear Clinical Meeting, the Missouri Society of Health System Pharmacists Annual Meeting, and the Midwest Regional Residency Conference will be expected. Expenses for travel and attendance will be provided; however, the resident will be responsible for travel arrangements.

Projects/Activities

Over the course of the residency year the resident will be expected to complete the projects listed below. Projects will be coordinated with learning experiences when possible.

- Case Presentation
- Medication Safety Presentation
- Journal Club
- Medication Use Evaluation with result presentation at a multidisciplinary meeting
- Drug Monograph for a medication under formulary consideration
- Research Project
    - Summation report presented in a format suitable for submission as a manuscript
    - Oral presentation of research project to an external audience at local, state, regional or national level
- Seminar Presentation for CE

Non-Traditional Residency

A non-traditional residency at NKCH will require the resident to meet all the requirements of the PGY-1 residency spread over 2 years. If the resident does not require orientation experience they will add another elective experience. The resident will alternate staffing and residency learning experiences approximately every 5 weeks. Weekend staffing will be two out of six weekends throughout the 2 years, resident weekday staffing will only occur during the residency component. The non-traditional resident will make a salary of $78,000 annually and will attend each meeting one time during their residency.

PGY2 Residency Program Design

Structure

The PGY-2 Emergency Medicine Pharmacy Residency Program builds on doctor of pharmacy education and PGY-1 pharmacy residency program education. It contributes to the development of clinical pharmacists in the specialized area of emergency medicine. The PGY-2 residency provides residents with opportunities to function independently as practitioners by conceptualizing and integrating accumulated experience and knowledge and incorporating both into patient care or other advanced practice settings. Residents who successfully complete an accredited PGY-2 pharmacy residency are prepared for advanced patient care, academic or other specialized positions, and board certification.

Residents will complete training in pharmacy operations, required core rotations, and elective rotations during the 12-month residency program. The required rotations comply with ASHP standards and ensure residents acquire the necessary clinical skills to become effective practitioners.

Residents are encouraged to select elective rotations that match their individual preferences and build upon past experiences. Required rotations and elective rotations are outlined below.

Required Learning Experiences

- Orientation (2 or 4 weeks)
- Emergency Medicine Introduction (5 weeks)
- Emergency Medicine Fast Track (6 weeks)
- Emergency Medicine Quality (6 weeks)
- Emergency Medicine Trauma and Pulmonology (6 weeks)
- Neurotrauma Intensive Care Unit (4 weeks)
- Cardiovascular Intensive Care Unit (4 weeks)
- Toxicology/Poison Control (4 weeks)

Elective Learning Experiences

- Hematological/Oncological (3 weeks)
- Pediatric Emergency Medicine (4 weeks)
- Repeat Required Rotation (4 weeks)

Longitudinal

- Antimicrobial Stewardship (16 weeks)
- Practice Management and Medication Safety (11 months)
    - Pre-Hospital/EMS
    - Multidisciplinary Committees (2)
    - Code Stroke, Trauma, STEMI and Blue Response and Scheduling
- Research (12 months)
    - Includes written summation of results and oral presentation of project to an external audience
- Teaching and Education (12 months)
    - Teaching Certificate (if not already obtained)
    - Seminar and Toxicology CE Presentation
    - Required Lecture for UMKC School of Pharmacy Critical Care Elective
- Staffing (12 months)

Staffing

Residents will be required to staff every third weekend and two minor holidays. Residents will receive one compensation day the following week after their weekend shift. Unless otherwise arranged the compensation day will be the Monday following the weekend worked. The compensation day may be moved following discussion with the preceptor for the staffing learning experience, current learning experience, and the RPD on a case-by-case basis. It is the responsibility of the resident to maintain adherence to the Duty Hour requirements (see Appendix I) set forth for pharmacy residents.

Travel

Attendance and participation in to the ASHP Midyear Clinical Meeting, the Midwest Regional Residency Conference and another professional meeting to be decided upon by the resident and preceptor in the area of practice will be expected. Expenses for travel and attendance will be provided; however, the resident will be responsible for travel arrangements.

Projects/Activities

Over the course of the residency year the resident will be expected to complete the projects and/or activities listed below for successful completion of the residency. Projects will be coordinated with learning experiences when possible.

- Seminar Presentation for CE
- Completion of hospital and pharmacy department onboarding requirements
- Medication Safety, Quality Improvement, or ED Administration and Practice Management Project
  - Project results presented at a multidisciplinary meeting
- Medication use evaluation with results including presentation at a multidisciplinary meeting.
- Development or update of an order set or protocol including presentation at a multidisciplinary meeting.
- Lecture for UMKC School of Pharmacy Introduction to Critical Care Elective
  - Includes development of exam questions
- Research Project
  - Residency research project with a summation report presented in a format suitable for submission as a manuscript.
  - Oral presentation of research project to an external audience at local, state, regional or national level
- Toxicology CE/CNE Presentation
- Completion of Emergency Medicine Pharmacy Outcomes Goals Objectives PGY2 Residency Appendix required topics
- Participation on multidisciplinary committees (2)
- Code Stroke, Trauma, STEMI and Blue response and scheduling
- Completion of ED newsletter for nursing (4/year)
- Complete all PharmAcademic evaluations within 7 days of due date
- Participate in the PGY2 residency recruitment/interview process
- Successful attainment of BLS, ACLS, Hazmat or AHLS, and PALS certification
  - Including completion of quarterly RQI requirements for BLS, ACLS, and PALS
- Journal Club (2)

PGY1 and PGY2 General Information

Residency Advisory Committee

The Residency Advisory Committee (RAC) will assist with achieving and maintaining an ASHP accredited residency program. The RAC will provide a forum for discussion related to the resident progression, residency program structure/content, preceptor development, and other resident/residency related topics, as needed.

Evaluation During Residency

Residents will be evaluated throughout the year on each learning experience. Each of the objectives will be evaluated at least once during a required learning experience with additional evaluations occurring during the elective experiences.

Evaluations will have four possible ranks as outlined below:

Needs improvement (NI): Resident displays ≥ 1 of the following characteristics:

- Requires direct & repeated supervision/guidance/intervention/prompting
- Makes questionable/unsafe/not evidence-based decisions
- Fails to incorporate feedback
- Fails to complete tasks in an appropriate manner of time
- Acts unprofessionally

Each area for improvement must include detailed examples of how the resident should improve to receive satisfactory progress.

Satisfactory progress: Resident is performing and progressing at a level that should eventually lead to mastery of the goal/objective. Incorporates feedback and requires little prompting and guidance to complete tasks appropriately

Achieved (ACH): Resident displays all of the following characteristics:

- Independently and competently completes assigned tasks
- Consistently demonstrates ownership of actions and consequences
- Accurately reflects on performance and can create a sound plan for improvement
- Appropriately seeks out guidance when needed

Achieved for residency (ACHR): Resident can perform associated activities independently across the scope of pharmacy practice

- Group decision in residency advisory committee requiring a 75% acceptance vote

Requirements for Graduation

- Completion of each learning experience to the satisfaction of each individual preceptor.
  - PGY1: This is defined as less than two Needs Improvement (NI) in a given learning experience as voted and approved by the PGY1 RAC.
    - If a resident has ≥ 2 NI for a learning experience, discussion with current preceptor, all previous preceptors, and RPD to develop action plan. Once action plan completed, this will satisfactorily complete the experience.
    - Action plan may include:
      - Repeat learning experience
      - Completion of a similar learning experience and previous NI objectives will be evaluated
      - Add NI objectives to upcoming learning experience to monitor progression
  - PGY2: This is defined as no Needs Improvement (NI) in a given learning experience as voted and approved by the PGY2 RAC.
    - If a resident has ≥ 1 NI for a learning experience, discussion with current preceptor, all previous preceptors, and RPD to develop action plan. Once action plan completed, this will satisfactorily complete the experience.
    - Action plan may include:
      - Repeat learning experience
      - Completion of a similar learning experience and previous NI objectives will be evaluated
      - Add NI objectives to upcoming learning experience to monitor progression
- Complete 75% of objectives marked as achieved for residency with the remaining marked as satisfactory or achieved
- Completion of all projects or presentations as listed under Projects/Activities
- Completion of UMKC teaching certificate (PGY1 only)
- Adherence to the behavioral expectation standards set forth in the NKCH employee handbook.

PGY1 and PGY2 Policies and Procedures

Licensure

PGY1 Residents must be licensed to practice as a pharmacist in Missouri with Medication Therapy services certificate (additional application found https://pr.mo.gov/boards/pharmacy/IMTSAPP.pdf) within 90 days of start date of residency program. If licensure is not obtained within 90 days, the resident will be suspended without pay. The resident will have 45 more days to become licensed or be dismissed from the program. The residency year may be extended by the number of days on suspension with pay to ensure that 12 months in the experience are completed with at least 2/3 as a licensed pharmacist. This will align with the ASHP Residency Standard statement that a minimum of 2/3 of residency must be completed as a licensed pharmacist.

PGY2 resident must be licensed as a pharmacist in the state of Missouri and obtain a medication therapy services certificate (additional application found https://pr.mo.gov/boards/pharmacy/IMTSAPP.pdf) within 30 days of residency commencement. In addition, the resident must also be licensed in the state of Kansas within 30 days from commencement. If licensures and/or a medication therapy services certificate are not obtained within 30 days, the resident will be suspended without pay. The resident will have 45 more days to become licensed including attainment of the medication therapy services certificate or will be dismissed from the program. Failure to obtain Missouri & Kansas licensure along with the medication therapy services certificate in Missouri within 75 days of residency commencement will result in immediate dismissal from the residency program.

Resident Dismissal

Residents are expected to conduct themselves in a professional manner and to follow all hospital and departmental policy and procedures.

A resident may be dismissed from the residency if he/she:

- fails to present themselves in a professional manner
- fails to follow residency or hospital policy and procedures
- fails to perform at a level consistent with residency program expectations (i.e., consistent poor evaluations without evidence of improvement)

If any of the above situations occur, the appropriate disciplinary actions will be taken. The normal steps in a disciplinary action process are as follows:

Residents will be given verbal counseling by the primary preceptor or RPD if they fail to meet the above requirements for the first time. They will be counseled on the actions necessary to rectify the situation involved. The remedy or disciplinary actions will be decided solely by the involved primary preceptor or RPD. This verbal counseling will also be documented and saved in the RPDs personal network drive(s). The RPD must be informed of the action if they are not directly involved.

If a resident fails to correct his/her behavior, the RPD will meet with involved preceptors and possibly with the RAC to jointly decide an appropriate action (such as an additional project, removing from certain activities or working after normal hours, etc.). An action plan with timeline will be documented, signed by all involved parties, saved in the RPDs personal drive(s), and will be immediately communicated to the Senior Pharmacy Director. No approval is required from the RAC if the disciplinary action does not affect Hospital Services.

If a resident still fails to correct his/her behavior or meet the specific action plan objectives, the RPD may recommend the resident be withdrawn from the program. This action will require the approval of the Senior Pharmacy Director.

Resident Selection Policy

Phase I Process

1. Selection of candidates for interview
    a. The NKCH PGY2 program does not offer early commitment to NKCH PGY1 residents interested in a NKCH PGY2 Program. Interested applicants will go through the same application process required of external applicants.
    b. Residency candidate applications will be screened by the RPD along with a minimum of one other pharmacist involved with the program
        i. A predetermined screening tool will be applied by each reviewer to each application to determine an initial interview rank based on average score
        ii. Number of candidates to be interviewed will be established prior to the initial interview rank
            1. The number may be increased or decreased at the discretion of the RPD
        iii. Discussion amongst reviewers will take place regarding suitability of applicants with potential movement of candidates in interview rank order based on perception of quality of candidate
2. Determination of onsite* interviews
    a. All candidates selected will be contacted for an interview, those not selected in the initial review will be moved to the waiting list in rank order
        i. In the event a candidate is not available to interview, the first candidate on the waiting list will be contacted for an onsite* interview
3. Onsite* Interview
    a. All candidates will be interviewed using the same preceptors and members of the management as availability allows
        i. Evaluation criteria and scoring tool will be determined by Residency Advisory Committee prior to interviews and used by all involved in interview process
        ii. Each interviewer will score the candidates individually
        iii. Scores will be averaged allowing for an initial ranking of candidates prior to the final rank meeting

*Onsite interview may be moved to virtual at discretion of RPD

4. Rank Meeting
    a. Will include all interviewers available to determine the final rank order list for submission
    b. Candidates will be discussed individually beginning with the highest interview average
    c. Candidates will be moved within the list as different aspects of fit are determined or other information is made available during open discussion
        i. Any potential movement will be based on a majority vote
            1. Any movement will be documented for rationale of candidate rank selection
        ii. The RPD will only vote in the event a tie breaking vote is necessary
        iii. PGY1 resident's vote will count as 1 or 2 votes to make an even number of voters
        iv. Excluding the RPD
            1. PGY1 resident votes can be split if they have 2 votes, 1 for each
    d. All candidates will be ranked unless there is a request from an interviewer either written or verbal to not rank a candidate

i. The individual requesting must voice their rationale with subsequent discussion
ii. A vote will take place to determine the decision to rank or not rank, if 25% of voting interviewers are against ranking, the candidate will not be ranked
1. Any candidate not being ranked will have rationale documented

e. Once the entire list of candidates has been reviewed, a period of open discussion regarding final rank list will occur to determine if any additional movement of candidates is required
i. Any potential movement will be based on majority vote
ii. The RPD will only vote in the event a tie breaking vote is necessary

5. Final Rank Submission
a. Final rank list, resulting from the rank meeting, will be subject to adjustment by the RPD based on perceived needs of the program, information previously unavailable obtained between rank meeting and final submission, and/or extenuating circumstances occur.
i. Residency Advisory Committee will be notified of any modifications

Phase II Process

1. Selection of candidates for interview
a. Residency candidate applications will be screened by the RPD along with a minimum of one other pharmacist involved with the program
i. A predetermined Phase II selection rubric will be applied by each reviewer to each application to determine an initial interview rank based on average score
ii. Number of candidates to be interviewed will be established prior to the initial interview rank
iii. Discussion amongst reviewers will take place regarding suitability of applicants with potential movement of candidates in interview rank order based on perception of quality of candidate
2. Determination of interviews
a. All candidates selected will be contacted for an interview, those not selected in the initial review will be moved to the waiting list in rank order
b. All interviewees will be offered the ability of a virtual interview
i. In the event a candidate is not available to interview, the first candidate on the waiting list will be contacted
3. Interview
a. All candidates will be interviewed using the same interviewers
i. RPD, management team (maximum of 2), and preceptor team (maximum of 2)
4. Rank Meeting will follow same format as initial rank meeting

Post-Match Process

1. Upon completion of both Phase I and II, if any NKCH residency program has one or more positions left unfilled, applications will be reviewed using Phase II selection rubric and interviews will be completed by RPD and one other pharmacist involved with the program
2. Extension of an offer will be based on the consensus of the interviewer group
3. Prior to making offers to fill open positions, the RPD will verify with applicants, to the best of their ability, that the applicants have neither been matched previously to other programs nor accepted other offers.
4. Within 30 days of acceptance of the offer by the applicant, the program will contact the candidate in writing and will provide the residency manual, general information on the hiring process including pre-employment requirements. The program will request that the candidate confirm

their acceptance of the offer by return correspondence by a date determined by the program but prior to the start of the residency program.

Residency Preceptor Requirements

Preceptors will be appointed and reappointed by the RPD's and preceptor's direct supervisor for the PGY1 and PGY2 program. Preceptor selection and criteria is built into the clinical specialist job description and is evaluated annually by the preceptor's direct supervisor in conjunction with feedback from the RPDs to determine if the preceptor is still meeting requirements outlined below. Primary preceptors are those that are designated to complete the evaluations

1. Meet ASHP preceptor requirements based on ASHP's Academic Professional Record
2. Preceptors shall be licensed pharmacists who meet one of the following:
    a. PGY1 Program (Practical experience must be relevant to learning experience):
        i. Have completed an ASHP-accredited PGY1 residency followed by a minimum of one-year practical experience
        ii. Have completed an ASHP-accredited PGY1 and PGY2 residency followed by a minimum of six months practical experience
        iii. Have three or more years of pharmacy practice experience, comparable to one who has completed a residency accompanied by practical experience
    b. PGY2 Program (Practical experience must be relevant to learning experience):
        i. Have completed an ASHP-accredited PGY2 followed by a minimum of one year of pharmacy practice in the advanced practice area
        ii. If haven't completed an ASHP-accredited PGY2 residency, have three or more years of practice in the advanced area
3. Preceptors' responsibilities
    a. Provide a learning experience in accordance with PGY1 and/or PGY2 purpose
    b. Submit evaluations in PharmAcademic utilizing criteria-based feedback at least within the designated timeframe designated by ASHP
    c. Participate actively in the residency program's (PGY1 and/or PGY2) continuous quality improvement processes
    d. Attendance (minimum 75%) to residency advisory committee (RAC)
        i. RPD can excuse attendance per their discretion
    e. Adhere to residency program(s) and department policies pertaining to the residents and services
    f. Demonstrate commitment to advancing the residency program(s) and pharmacy services by participating in any of the following at least once every 3 years
        i. Medication use evaluation
        ii. Seminar
        iii. Residency project
        iv. Clinical timeline
    g. Completion of 75% of the preceptor developments offered in a residency year, if < 75% can supplement with proof of completion of CE on preceptor development topic approved by RPD
4. If someone is unable to meet the previous criteria for the PGY1 or PGY2 programs, they will be placed as a preceptor in training.
    a. Preceptors in training will be assigned an advisor by the RPD who is a qualified preceptor
        i. Advisor will co-sign summative evaluations of the residents
    b. Will have a documented development plan to meet the qualifications for becoming a

pharmacy preceptor within two years

5. Annually preceptors will re-apply for preceptorship by updating their ASHP Academic Professional Record
    a. Preceptors will be granted another year of preceptorship if they meet all criteria in sections 1-3 above
    b. If preceptors have not met all criteria in sections 1-3, they will have 3 months to complete their requirements. NOTE: activities completed in one academic year to meet the requirements of the prior academic year cannot be counted twice
    c. In the event the preceptor is not able to meet program selection criteria, the RPD will discuss with the preceptor's direct supervisor and the Senior Director of Pharmacy about the preceptors continued participation in residency training.

Preceptor Development Policy

NKCH will annually assess preceptor development needs at the culmination of each residency year. This assessment will be utilized over the course of the subsequent residency year to provide preceptor development. The PGY1 and PGY2 RPDs along with the RAC will be responsible for planning and conducting the development annually.

1. Assessment of Preceptor Development Needs
    a. Preceptors will be required to complete a survey annually by May 1st
    b. The RPDs will review residents' evaluations of preceptors and learning experiences annually to identify potential preceptor development needs
    c. Verbal feedback will be solicited from residents annually.
    d. As available any recommendations from residency accreditation site visits will be incorporated to the annual plan
2. Development Process for Annual Preceptor Development Plan
    a. Results of annual survey will be included as part of the June RAC meeting
        i. Results will be discussed in the PGY1 RAC meeting to meet the needs of both the PGY1 and PGY2 preceptors
    b. Group consensus will determine areas of focus for the coming year
    c. RPDs along with preceptor development subcommittee will develop a plan based on consensus which will be presented and discussed at the July PGY1 RAC meeting for approval
    d. If individual plans are necessary which are not met via the preceptor development plan these will be assigned by the RPD
3. Review of Effectiveness of Previous Years Plan
    a. At the end of each residency year at the June PGY1 RAC meeting the previous year plan will be assessed based on discussion with preceptors and reappearance of topics on the annual needs assessment
        i. Information from this discussion and needs assessment will assist in driving the development of the development plan for the next year concerning topics, format, and activities
4. Preceptors in Training (PIT)
    a. Development plans unique to each PIT will be developed based on discussions between, PIT, advisor overseeing the PIT plan and RPD
        i. PIT plans will be focused on meeting requirements identified in residency standard within two years
        ii. Advisor will be required to cosign any evaluations written by PIT during this period
5. Additional Information
    a. Opportunities for further development will be presented to preceptors as available

i. Local meetings offering development
ii. National Pharmacy Preceptors Conference
iii. Webinars or web-based programs

b. Those who attend meetings will be expected to share information at subsequent RAC meetings as needed
c. Developmental materials (e.g., The Effective Pharmacy Preceptor) will be purchased and made available to preceptors as requested at the discretion of the RPD

Continuous Residency Program Improvement Policy

NKCH will annually assess the residency programs near the culmination of each residency year. The assessment will be utilized to determine aspects considered successful or deficient related to the program. Input will be solicited from all pharmacists on staff. The RPDs, RAC, clinical pharmacy supervisor, and senior pharmacy director will be responsible for creating and implementing an annual improvement plan based on received recommendations.

1. Assessment of program
   a. Pharmacists will be sent a survey to provide input and suggestions on current programs
   b. The RPDs will review residents' evaluations of preceptors and learning experiences annually to identify potential preceptor development needs
   c. Verbal feedback will be solicited from residents annually.
   d. As available any recommendations from residency accreditation site visits will be incorporated to the annual plan
2. Development of annual improvement plan
   a. Results of assessment survey will be discussed at a special planning RAC meeting to be held in the last quarter of the current residency year
      i. Further opportunities for change will be discussed along with potential impact
   b. Annual improvement plan will be constructed by the RPDs with input from the pharmacy clinical supervisor and senior pharmacy director
   c. Annual improvement plan will be presented at the next RAC meeting for discussion/implementation
3. Review of effectiveness of previous years plan
   a. At a special planning RAC meeting the plan from the previous year will be assessed based on discussion and available data to determine effectiveness

Residency Advisory Committee Policy

1. Purpose: The Residency Advisory Committee (RAC) purpose is to assist with achieving and maintaining an American Society of Health Systems Pharmacy (ASHP) accredited residency program. The RAC will provide a forum for discussion related to the resident progression, residency program structure/content, and other resident/residency related topics as needed.
2. Membership: The RAC will consist of all preceptors participating in the program and will be chaired by the Residency Program Director (RPD)
3. Functions:
   a. Provide direction, structure, and leadership to residency program
   b. Monitor resident progress and address any problems/concerns related to residency program
      i. Initial review and quarterly updates for individual resident development plans
      ii. Goals identified as achieved for residency (ACHR) will be discussed
         1. ACHR must meet 75% approval from RAC, the RPD will not vote unless required for a tie breaker

c. Assist with program review and maintenance to remain in compliance with current ASHP accreditation standards including but not limited to:
    i. Oversight of interview process and evaluation criteria applied to applicants determined to be qualified for an onsite interview
    ii. Structure and content of learning experience descriptions including selected goals and objectives
    iii. Annual assessment of residency program needs for both preceptors and residents to ensure continuous program improvement
    iv. Review of appointment and reappointment of preceptors (will leave final decision to RPD)
    v. Subset of RAC members will make up the resident research team
    vi. Establish and maintain annual list of potential residency research projects and seminar topics

Meetings and Minutes: Meetings will be held monthly on a regular basis; ad hoc meetings will be added at the discretion of the RPDs. Meeting minutes will be documented and maintained by the RPD.

North Kansas City Hospital
Policies

-Italicized headings have NKCH policies associated, please refer to these for more information

The NKCH Pharmacy Residency Program is committed to providing each resident with a stable environment that is conducive to education. This includes considerations regarding resident well-being and patient safety. Residents are expected to abide by all NKCH policies and procedures and will be expected to review the employee handbook. Specific policies are included, and all policies are available on the NKCH Intranet through this link: https://nkch.policytech.com/

Salary

A salary will be paid to each resident every other Friday. If a pay date falls on an observed holiday, paychecks will be distributed on the day prior to the holiday. Residents are exempt employees and not eligible for shift differential pay. Salary payments are issued by the payroll office of NKCH and are distributed by electronic direct deposit. The residents' will be allowed to fill in extra shifts in the pharmacy at the current Pharmacist base rate of pay. Hours will need to be approved by the RPD.

Paid Time Off

Each resident accrues PTO at the rate of 4.4 hours per two week pay period. PTO may be used for vacation, personal illness, or other personal business. Leave without pay for illness is possible contingent upon recommendation and approval by the RPD.

Guidelines for Paid Leave

- PTO requests shall be submitted by email and approved by both the Preceptor and RPD with appropriate lead time of six to eight weeks (exceptions may be considered due to extenuating circumstances).
- Resident experience responsibilities must be covered by appropriate personnel during the resident's absence for PTO, Educational, and Interview Leave. This should be documented within the email requesting approval for leave.
- A resident may not be absent from a single experience for more than five (5) days, except during educational leave, without prior approval from the Preceptor, RPD, and RAC.
- There is a legitimate need to limit the number of residents who are absent at any one time and to otherwise assure continuity of quality patient care; therefore, leave for multiple residents simultaneously may not be feasible.
- Early planning for leave (e.g., at the beginning of the residency year) between Residents, RPD, and Preceptors is encouraged so that leave is distributed appropriately throughout the residency year.
- Residents are expected to be present during the final week of the residency. Exceptions may be considered due to extenuating circumstances on a case-by-case basis, but approval of leave during this time is not guaranteed.
- Upon successful completion of the program, and resignation from NKCH, any accrued but unused PTO hours are paid out to the resident/employee. PTO hours will not be paid out for residents who were terminated from NKCH or unable to complete the residency requirements for graduation.

Excessive Absences

Pharmacy follows Attendance Plan C, see policy on intranet for more details. Under this, each reported absence counts as 4 points, an absence with no call, no show is 6 points. After 3 consecutive no call no shows, voluntary resignation occurs. Within the rolling year, consequences are as below following accrual of points:

16 points	Written counseling memo
24 points	Written warning
32 points	One-day suspension/reverse suspension
36 points	Termination

Independent of the policy, a preceptor or the RPD may make the determination that excessive absences have impaired the skill development of a learning experience which will impact the resident's ability to complete expectations. In the event this occurs, the resident must collaborate with the preceptor and RPD to formulate a plan to meet requirements.

In the event this cannot be completed before the end of the learning experience, the resident will collaborate with the preceptor and the RPD to make an alternate plan to successfully meet the requirements. The residency year may be extended (by a max of one paid experience, unless extended absence, described further below) to allow requirements to be completed in some circumstances at the discretion of the RPD. If absences require extension beyond one experience, extension for one additional experience will be unpaid (maximum extension 2 experiences total). If resident needs further extension, then the resident will be dismissed from the program.

Leave of Absence

NKCH complies with the Family Medical Leave Act (FMLA) and the resident may be eligible. Any FMLA request should be submitted at least six (6) weeks prior to the requested leave date. If a resident must take an extended leave of absence beyond the allotted amount of paid leave, the resident will be expected to complete the missed time so that the total of 12 months of training is completed, as well as the program's established requirements for demonstrated competence and completed work (research project, drug information projects, quality improvement projects, etc.). This extended leave cannot be more than 90 days and the program will be extended with pay by the amount of days missing work.

Those requiring >90 days leave beyond paid leave, will not be able to complete the program and will be dismissed from the program

Holidays

Residents will be required to work holiday(s) per year. If the holiday falls on a weekend, it will be observed on Friday/Monday. Holiday pay does not come out of the PTO bank and is paid automatically. Please review program specific sections to determine required holidays for the residency year.

Interview Leave

Residents may request leave for interviewing purposes. The request should be submitted at least two weeks prior to the requested leave date, and approval is granted solely at the discretion of the RPD. A maximum of 4 days of interview leave time per residency year may be granted without counting

against the resident's PTO days. If the maximum 4 days is exceeded, the additional days will require additional RPD approval and be deducted from the resident's PTO. There is no travel reimbursement for interview leave.

Insurance

Residents are eligible to enroll in Health Benefits within 30 days of the start of their program. If enrolled within the first 30 days of beginning the program, coverage begins the first of the month following 30 days of the beginning of the program. If you do not enroll within your first 30 days of employment, you will be given the opportunity to enroll every November, with coverage to begin January 1.

If additional family members are to be covered, the resident will pay the cost of the additional coverage.

Our health plan is designed to encourage the use of NKCH for any inpatient, outpatient and/or emergency procedures. The cost for using NKCH as a provider is significantly less than another in network provider.

Notification of the ability to enroll in the health plan will be sent to the resident's NKCH email address provided at the beginning of the program. Additional information regarding benefits may be found at Login (bswift.com) or contact Human Resources at 816-691-2062, or email Human.Resources@nkch.org.

Parking

Parking is provided for residents at no cost. Residents will register their vehicle(s) and will be provided with parking decal(s) by Human Resources. Residents are expected to abide by all rules regarding parking registration, decals, etc.

Orientation/Training

Residents will be required to attend Human Resources Orientation prior to beginning the Residency Program.

The general orientation will be scheduled, arranged, coordinated, and documented by Human Resources. The following subject matter will be covered in the general orientation:

- Compliance/ Code of Conduct
- Benefits
- Risk Management
- Infection Control
- Information Technology – Security
- Lifting Technique/Body Basics
- Confidentiality/HIPAA
- Patient Rights/Behavior Expectations
- Abuse and Neglect
- Patients/Disabilities/NPSG, CMS
- Diversity
- Security/Safety
- Documentation of attendance at general orientation is retained in the resident's personnel file in

Human Resources.
- Documentation of departmental orientation will be the responsibility of the department director.

Health History Screenings

All Residents of the Pharmacy program at NKCH must receive an employee health history screening before their program start date.

Employee Health Screening includes:

- Health history review by Employee Health Nurse
- TB skin test/questionnaire – 2-step method or IGRA (Interferon Gamma Release Assays) TB test; Questionnaire for those that have tested TB positive (See Tuberculin Testing and Exposure Protocol on intranet)
- Immunity and Vaccination, Hepatitis A Vaccine, Varicella Immunity and Vaccination and Tetanus, Diphtheria, Acellular Pertussis/Tetanus-Diphtheria) Measles, Mumps and Rubella IgG testing if documentation of 2 MMR vaccinations or previous positive IgG results for all 3 diseases are not available
- Varicella antibody testing if previous positive Varicella Antibody or documentation of 2 Varicella vaccinations are not available
- Color and vision screening, if applicable (See Color Vision Screening policy on the intranet)
- A TB mask fit test is required for all employees who have potential for exposure to Tuberculosis/COVID-19
    - All residents have potential exposure to COVID-19 and require fit testing
- Latex sensitivity screening
- Drug screening (See EH policy, Drug Screening)
- Flu vaccination – beginning date to be determined each year through March 31 of the following year
- COVID vaccination

Dress Code

Residents are required to dress appropriately for the work situation. NKCH provides each employee with a picture identification (ID) card. The ID cards are for the benefit of patients and visitors of the Hospital and provide a security measure to identify personnel within the Hospital. Employees are expected to wear this ID on their upper right or left lapel with their picture facing outward while on duty at the Hospital. Use of lanyards or any other type of apparatus around the neck for display of ID cards is not considered safe or acceptable. Badge holders (badge clips) must be issued by NKCH or by a professional healthcare membership or donor organization (such as “AHA” or “MTN”) or list a credential or emblem from such an organization (such as “CCRN” or a colored cancer ribbon).

Otherwise, badge holders with the logos or insignia of other organizations are not allowed.
Clothing should fit properly, be clean, and neatly pressed. Clothing must also meet Infection Control standards accepted as common standard throughout the health care industry and be accepted by Hospital management. Pharmacy dress code is business casual or pharmacy specific scrub color (blank pants, light grey top). Employees should check with their supervisor for questions about the appropriate attire for the department.

Drug Free Workplace

NKCH prohibits the use, sale, transfer, or possession of illegal drugs and/or alcoholic beverages, or the

misuse of legal drugs on its premises by employees. This policy also applies to the off-premises use of illegal drugs, or the off-premises misuse of legal drugs and/or alcoholic beverages which impairs an employee's ability to perform his/her job and/or is a threat to the safety of the employee or others.

Employee Assistance Program

NKCH utilizes an employee assistance program which can be found in the HR section of the intranet, at intranet.nkch.org. Employees can get free confidential help from a licensed, master's level counselor to address our challenges and strengthen our lives at work and at home. Funding is provided by NKCH with no cost to you or your dependents.

Equal Employment Opportunity

It is NKCH's policy to provide equal opportunity to all employees and applicants for employment. No person will be discriminated against in employment because of race, color, religion, national origin, genetic information, disability, sex, and age, status as a veteran, sexual orientation, gender identity or expression or for any other reason forbidden by applicable law. This policy also applies to the use of all facilities and participation in all hospital-related employee activities.

Grievance Procedure

NKCH employees are provided an opportunity to present concerns to management through a formal Grievance Procedure. Ideally, employee concerns can be resolved before they become grievances.

The grievance process should be viewed as a final step toward resolution of differences. The written grievance statement should briefly state the facts that caused the employee to file the grievance and also include the employee's suggested solution to the complaint.

Harassment/Discrimination

NKCH is committed to maintaining a work environment that is free from discrimination and harassment, and where employees at all levels are able to devote their full attention and best efforts to the job. Discrimination and harassment, either intentional or unintentional, have no place in the work environment. Accordingly, NKCH does not authorize and will not tolerate any form of discrimination or harassment of or by any employee, supervisory or nonsupervisory, or any other person, based on race, sex, religion, color, national origin, age, genetic information, disability, or any other factor protected by law.

Patient Health Information Use and Disclosure Policy

NKCH patients' individually identifiable health information and medical records are strictly confidential. NKCH and its employees shall respect a patient's right to privacy of his/her health information or medical records by not discussing patient information in public or making unauthorized disclosures of information. Use and disclosure of any patient health information or medical records shall be made according to this policy and relevant state and federal laws.

Violations of this policy may result in disciplinary action.

Tobacco Use

Employees, non-employee providers and support personnel are prohibited from the use of tobacco products (including but not limited to cigarettes, cigars, chewing tobacco, snuff, pipes, etc.) and non-tobacco products that resemble other tobacco products (including but not limited to electronic

cigarettes, e-cigarettes, vapor cigarettes, similar cigar products, and other alternate products that emulate tobacco use) while within the boundaries of the NKCH campus. Tobacco Free areas also include motor vehicles owned by those listed above while such vehicles are on the NKCH campus, as well as any Hospital owned or leased vehicles regardless of their location.

Appendix I: Resident Duty Hours

(Adapted from ASHP requirements)

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, which 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 workday, beyond the normal workday, 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 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.

Personal and Professional Responsibility for Patient Safety

- 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.
- 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.

- 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.
- 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.
- 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.

Maximum Hours of Work per Week and Duty-Free Times

- 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.
- Moonlighting (internal or external) must not interfere with the ability of the resident to achieve the educational goals and objectives of the residency program.
    - All moonlighting hours must be counted towards the 80-hour maximum weekly hour limit.
    - Programs that allow moonlighting must have a documented structured process to monitor moonlighting that includes at a minimum:
        - The type and number of moonlighting hours allowed by the program.
            - If the resident moonlights, preference is to be completed at NKCH
        - A reporting mechanism for residents to inform the residency program directors of their moonlighting hours.
            - A monthly evaluation will be assigned in PharmAcademic
        - 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.
            - RPD will monitor survey, when moonlighting documented RPD will check more with resident
            - RPD will assess during meetings
        - A plan for what to do if residents' participation in moonlighting affects their judgment while on scheduled duty hours.
            - If it is determined that moonlighting affects the resident’s judgment during scheduled hours, moonlighting will be restricted, initially with a 50% decrease in moonlighting, followed by further reduction, if necessary, as reviewed within 30 days
- 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.
- Residents should have 10 hours free of duty between scheduled duty and must have at a minimum 8 hours between scheduled duty periods.
- 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.

Maximum Duty-Period Length

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.

In-House Call Programs

- Residents must not be scheduled for in-house call more frequently than every third night (when averaged over a four-week period).
- Programs that have in-house call programs with continuous duty hours beyond 16 hours and up to 24 hours must have a well-documented structured process to oversee these programs to ensure patients' safety and residents' well-being, and to provide a supportive, educational environment. The well-documented, structured process must include at a minimum:
    - How the program will support strategic napping or other strategies for fatigue and sleep deprivation management for continuous duty beyond 16 hours.
    - A plan for monitoring and resolving issues that may arise with residents' performance due to sleep deprivation or fatigue to ensure patient care and learning are not affected negatively.

At-Home or Other Call Programs

- At-home call must not be so frequent or taxing as to preclude rest or reasonable personal time for each resident.
- Program directors must have a method for evaluating the impact on residents of the at-home or other call program to ensure there is not a negative effect on patient care or residents' learning due to sleep deprivation or serious fatigue.
- Program directors must define the level of supervision provided to residents during at home or other call.
- At-home or other call hours are not included in the 80 hours a week duty-hour calculation unless the resident is called into the hospital/organization.
- If a resident is called into the hospital/organization from at-home or other call program, the time spent in the hospital/organization by the resident must count towards the 80-hour maximum weekly hour limit.
- The frequency of at-home call must satisfy the requirement for one-day-in-seven free of duty, when averaged over four weeks. No at-home call can occur on the day free of duty.

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