

Mercy Hospital  
PGY1 and PGY2  
Pharmacy Practice  
Residency Manual

2018 - 2019



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## **PGY1 Program Purpose**

The postgraduate year one (PGY1) pharmacy residency program builds on PharmD education and outcomes to contribute to the development of a clinical pharmacist 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**

The postgraduate year two (PGY2) Health System Pharmacy Administrative Residency Program builds on doctor of pharmacy (PharmD) education and PGY1 pharmacy residency programs to contribute to the development of clinical pharmacists in a specialized area or pharmacy management. Individuals fulfilling the standards of the PGY2 Health System Pharmacy Administration Residency Program will be prepared to secure a leadership role and effectively lead pharmacy programs and services in a health-system setting.

## **Recruitment and Selection of Residents**

1. The pharmacy department shall participate in the Resident Matching Program of the American Society of Health-System Pharmacists (ASHP).
2. The pharmacy department shall participate in the Residency Program Showcase at both the Minnesota Society of Health-System Pharmacists (MSHP) and American Society of Health-System Pharmacists (ASHP) midyear meetings.
3. At the ASHP midyear clinical meeting, program representatives [e.g., the residency program director (RPD), current residents and preceptors] in attendance shall participate in the recruitment of candidates for both PGY1 and PGY2 residency programs. Additionally, for PGY2 recruitment, the representatives may participate in the Personnel Placement Service (PPS) at the ASHP Midyear Meeting
4. Those candidates who wish to be considered for an on-site interview shall submit an application, current curriculum vitae, college transcripts and three letters of recommendation or standardized recommendation forms via PhORCAS by January 8.
  - For PGY2, the program shall consider current Mercy Hospital PGY1 residents for early commitment. This process shall be in compliance with the ASHP early commitment guidelines.
  - In case of early commitment, the PGY2 program will not participate in the Match.
5. Only applicants who have/will have graduated from an Accreditation Council for Pharmacy Education (ACPE) program (or are in the process of becoming accredited) or who have a Foreign Pharmacy Graduate Equivalency Committee (FPGEC) certificate from the National Association of Boards of Pharmacy (NABP) will be considered.

6. The RPD and program preceptors will evaluate all applicants using a pre-interview scoring rubric to help determine which candidates are invited for an on-site interview.
7. A sufficient number of candidates shall be invited for an on-site interview.
8. The interview shall include meeting with preceptors from each site as well as the current program resident(s).
9. After the interview process is completed, the interviewers shall meet to discuss and evaluate each candidate. A post-interview scoring rubric is available for preceptor use and can aid in candidate discussion and ranking consideration.
10. The rank list will be determined based upon each candidate's post-interview score as well as discussion of the evaluating preceptors and RPD.
11. The RPD shall submit the approved rank list to ASHP Resident Matching Program.
12. If the program does not match all positions, they will participate in the second round of the match. The program will use resources of the National Matching Service to identify candidates. In the case of out-of-state candidates, interview by telephone or video-link is considered appropriate. The interview team will then rank candidates. The RPD will offer the position to the top candidate(s).

## General Information

1. The residency is a 12-month learning experience, starting in July.
2. The RPD shall serve as program advisor for each of the residents and will guide the resident in meeting the requirements for successful completion of the residency.
3. The resident shall meet with the RPD/residency coordinator(s) at the beginning of the program to evaluate his/her skills and knowledge and to develop an individualized plan based on the resident's previous preparation and professional practice goals.
  - a. The evaluation and planning process shall be documented in PharmAcademic™ in the Customized Training Plan form using the Resident Self-Assessment Form.
  - b. The resident and RPD will develop a customized residency program plan for each resident based on resident's goals, interests, strengths, weaknesses and opportunities available within Mercy Hospital.
  - c. The Resident Self-Assessment and Planning Form will be used to develop each resident's schedule of rotations.
  - d. Once residency rotations have been assigned, the resident may request a change in assigned rotations. Requests will be accommodated whenever possible and appropriate for his/her training plan.

4. PharmAcademic™ will be utilized for documentation of scheduled rotation evaluations (see below chart). Evaluations will be signed in PharmAcademic following a meeting between the preceptor and resident.
  - a. Preceptor to complete “Summative evaluation” within 7 days of the learning experience ending. This evaluation summarizes the resident’s performance throughout the learning experience. Specific comments should be included to provide the resident with information he or she can use to improve performance in subsequent learning experiences.
  - b. Resident to complete “Preceptor evaluation” and “Learning Experience evaluation” within 7 days of the learning experience ending.

PharmAcademic™ Rating Scale Definitions	
Rating	Definition
Needs Improvement (NI)	<ul style="list-style-type: none"> <li>● Deficient in knowledge/skills in this area</li> <li>● Often requires assistance to complete the objective</li> <li>● Unable to ask appropriate questions to supplement learning</li> </ul>
Satisfactory Progress (SP)	<ul style="list-style-type: none"> <li>● Adequate knowledge/skills in this area</li> <li>● Sometimes requires assistance to complete the objective</li> <li>● Able to ask appropriate questions to supplement learning</li> <li>● Requires skill development over more than one rotation</li> </ul>
Achieved (ACH)	<ul style="list-style-type: none"> <li>● Fully accomplished the ability to perform the objective</li> <li>● Rarely requires assistance to complete the objective; minimum supervision required</li> <li>● No further developmental work needed</li> </ul>
Achieved for Residency (ACHR)*	<ul style="list-style-type: none"> <li>● Resident consistently performs objective at Achieved level (as defined above) for the residency</li> <li>● Only the RPD will designate this rating</li> </ul>

5. A copy of the Residency Manual shall be provided electronically to each resident outlining the requirements of the residency program.
  - a. Residents shall make themselves knowledgeable of all program requirements.
  - b. Residents shall make themselves aware of important dates and deadlines set forth and identified in the program manual.

6. Orientation to the University of Minnesota Human Resources, Mercy Hospital and the Department of Pharmacy will take place during the first weeks of the program.
7. Residents are classified as regular, full-time, exempt employees of the University of Minnesota and are eligible for benefits as such.
8. Vacation Leave/Paid Time Off (PTO)
  - a. Residents receive 22 days of PTO and also receive 10 paid holidays as full-time exempt employees of the University of Minnesota. PTO may be used for vacation time, doctor appointments, job interviews and educational meetings that are **not** sponsored by the program. PTO remaining at the end of the residency may be paid out per University policy.
  - b. Vacation requests must be submitted in writing, via email, to the program director. The resident will first discuss the request with the affected rotation preceptor to ensure that rotation objectives can be met. After receiving preceptor approval, the resident will copy the consenting preceptor on the email to the program director. In addition, the resident will record all time away from work on the excel spreadsheet.
  - c. Residents requesting five or more consecutive days of vacation should request this within the first two weeks of the residency, as possible, to facilitate rotation scheduling.
  - d. To ensure quality rotation experiences, it is strongly recommended that vacation days are limited to a maximum of two days per rotation. If more time off is required, the RPD must be informed to ensure rotation objectives can be met. The rotation may need to be extended, possibly shortening an elective rotation, if rotation objectives cannot be met. This decision will be made by the RPD after discussion with the rotation preceptor(s).
  - e. All vacation days taken also need to be documented in the University of Minnesota's system per their HR procedures and on the Resident Rotation Schedule and Time Accountability log by clicking [here](#).
9. Holiday Staffing
  - a. PGY1 residents are required to staff at least three holidays during the year. PGY2 residents will staff at least two holidays. The holiday staffing may differ between the two sites.
  - b. The holidays covered by residents are Independence Day, Labor Day, Thanksgiving Day, Christmas Day, New Year's Day, Easter and Memorial Day; in addition to this, all residents are expected to staff Good Friday and the day after Thanksgiving.
  - c. Weekends around holidays may also be adjusted per each site's scheduling committees. The resident should discuss this with the RPD or the site coordinator at the beginning of the residency.

#### 10. Sick Leave/Other Leave of Absences (e.g., FMLA)

- a. When the resident is unable to work as a result of illness or other condition, either on his/her rotation assignment or staffing assignment, the resident shall immediately notify central pharmacy staff via telephone and rotation preceptor via email.
- b. The resident shall subsequently and additionally notify the RPD of the absence from rotation and submit documentation of the sick day per the University of Minnesota's HR procedures. The resident will further document the sick time on the Resident Rotation Schedule and Time Accountability log by clicking [here](#).
- c. Sick time in excess of five days per year may affect the duration of residency (i.e., the residency program may need to be extended).
- d. Any leave of absence is administered through the University of Minnesota. Applicable University of Minnesota policies and procedures can be found at <https://humanresources.umn.edu/benefits/vacations-and-leaves>. Unscheduled leave of absences greater than two weeks are considered excessive and may impact the resident's ability to successfully complete the residency program requirements. Such absences will be reviewed with the resident and a plan to address any deficiencies will be developed (see section below).

#### 11. Excessive absence during the program

- a. A preceptor, site coordinator or the RPD may decide that absences from the rotation or the program are excessive when there is concern about the resident meeting program expectations and/or completing program requirements. Excessive absence may be due to illness or other factors.
- b. When situations such as these occur, the resident must work closely with the preceptor, site coordinator and RPD to develop an action plan to ensure the resident meets program requirements.
- c. Despite all arrangements, a situation may arise where the resident has not completed the rotation experience and program requirements. This determination shall be made by the rotation preceptor in conjunction with the site coordinator and RPD. An alternate written plan will be developed to enable the resident to successfully complete the program requirements if possible. For example, extending the residency year may be considered.
- d. If the resident fails to complete the plan, disciplinary action will be considered. Residents unable to complete program requirements according to the written plan in the specified timeframe will not graduate from the program.

## 12. Disciplinary Action and Dismissal

Disciplinary action within the Mercy Pharmacy Residency Program will align with the University of Minnesota Corrective Action Policy. If disciplinary action is deemed necessary or if a resident fails to make satisfactory advancement in any aspect of the residency program, the following steps shall be taken:

- a. The resident will meet with the RPD and/or involved preceptor to discuss the identified issue(s).
- b. If the RPD is not involved in the initial discussion, he/she will be notified of the meeting and of the events that transpired.
- c. Together the RPD, site coordinator and rotation preceptor (if applicable), in conjunction with the resident, will determine an appropriate solution to rectify the behavior and/or deficiency. A corrective action plan with specific goals and a specified timeframe for re-evaluation and monitoring progress will be developed. These suggestions will be documented in the resident's personnel file by the RPD.
- d. The resident will be given a **second warning** if the resident has not improved within the determined time period set forth by the RPD.
- e. If the preceptor/RPD determines that the resident cannot complete the residency program in the designated timeframe, a plan to adequately complete the requirements shall be presented and reviewed with the resident. No action shall be taken against the resident until the director of Pharmacy Services reviews the report and recommendations concerning any final action to be taken. If the director of Pharmacy Services feels that the action recommended by the Preceptor/RPD is appropriate, the action will be implemented. Action may include, but is not limited to, remedial work or termination.
- f. When and if dismissal is recommended by the RPD, the director of Pharmacy Services will have a meeting with the resident to discuss the final decision.
- g. Certain violations may be grounds for immediate dismissal per University of Minnesota and/or hospital policies.
- h. Should dismissal occur, the RPD will notify ASHP of the concern and final decision.

## 13. Pharmacist Licensure in Minnesota

- a. All residents are required to be eligible to work in the United States and pass a background check prior to their first day of residency. It is strongly recommended that residents be licensed in the state of Minnesota to practice as a pharmacist by August 1. If the resident is not licensed by this date, the resident may be dismissed from the program. Each instance of non-licensure will be evaluated on a case-by-case basis by the RPD.
- b. To ensure the ASHP residency standard is met, such that the resident is licensed for two-thirds of the residency year, the resident will be dismissed from the program if they are not licensed by October 31 of the residency year.



## 14. Travel

### a. Professionalism

- i. Residents are expected to be involved and active members in professional societies on a local, state and national level. Professional societies are vital to developing a resident's network and achievement of professional and personal goals.
- ii. Residents are required to be involved and active members of the MSHP. Residents should attend meetings including midyear clinical (Fall), annual meeting (Spring), and special programs.
- iii. Residents are also required to join ASHP and attend the midyear clinical meeting.
- iv. Residents must appropriately represent the residency programs at all times. It is expected they act in a professional manner including attending multiple sessions at conferences and not leaving early.

### b. Reimbursement

- i. All travel requests must be pre-approved by RPD by assigned deadline.
- ii. Registration will be reimbursed at the member rate.
- iii. Flights are subject to RPD approval prior to booking.
- iv. Residents are expected to share a hotel with another resident or only be reimbursed half of the room cost.
- v. The program will not reimburse for any upgrades made to flights.
- vi. The program will only reimburse for lodging during the attended conference dates, any additional cost incurred outside these dates must be covered by resident and vacation days used per vacation policy.
- vii. Reimbursement may be forfeited if the educational program is not attended or resident professionalism is questioned.
  1. Travel reimbursement documentation must follow University of Minnesota policies found [here](#).
  2. Residents may access information about applying for reimbursement through the University of Minnesota [here](#).

## 15. Residency Program Certificate

- a. Upon successful completion of all program requirements and compliance with all conditions of the residency program, the resident shall be awarded a certificate indicating successful completion of the residency for the appropriate program. The language on the certificate will match ASHP's requirements for certification of graduation.
- b. Residents who fail to complete program requirements and comply with all conditions of the residency program shall not be awarded a certificate of completion of the residency program. Certificates will only be awarded to residents who have completed the following:
  - i. Completed 100% of their goals as achieved for residency (ACHR) within the patient care competency area (R1).

- ii. Completed 85% or more of their goals as ACHR and all other goals and objectives marked as “satisfactory progress” or “achieved” in PharmAcademic within all four competency areas. The presence of a “needs improvement” designation would prevent successful completion of the residency program.
- iii. Completed all required activities, projects and presentations for residency. See appendix A for the complete list of PGY1 and PGY2 requirements.
- iv. Turned in a formal written manuscript of their year-long project to the RPD and project mentor who deem the document acceptable for submission to a journal.
- v. Turned in a completed electronic e-portfolio of all their written projects, presentations, rotation overviews and readings as appropriate.

#### 16. Supervision, Work Ethic and Professionalism

- a. The resident is expected to achieve the objectives of the Residency Program related to both administrative and professional practice skills. The resident reports to and is supervised by the rotation preceptor and the RPD. During staffing, the resident is under the supervision of his/her primary staffing preceptor or the most senior pharmacist.
- b. Hours of practice vary according to the requirements set forth by the preceptor and director. The resident is expected to be present for all assigned activities of the service he/she is currently a part of, including clinical responsibilities, educational classes and administrative activities.
- c. It is not uncommon for the resident to be assigned duties that require early hours and work after-hours or that continue during days away from the hospital. Although these assignments may be frequent, they will not be beyond the expectations of other pharmacy professionals’ duties. An eight-hour day is a minimum requirement for physical presence on site during assigned work days.
- d. The work of the pharmacy department is the resident’s most important commitment. Working outside the residency program (moonlighting) is strongly discouraged, particularly at the beginning of the residency. During the residency year, residents may be considered for employment as a casual pharmacist employee of Mercy Hospital and pick up additional shifts as available. Moonlighting must be approved by the RPD, and hours worked will be reported on a monthly basis by each resident. The ASHP duty hour requirements are to be followed at all times. Duty hour link can be found here: [ASHP Duty Hours](#).
- e. The resident is expected to professionally represent pharmacy at all times and adhere to the Allina Health and pharmacy dress code policies.
- f. A designated resident workstation including computers will be provided at each site. It is acceptable to bring a “smart phone” or other electronic handheld device for use when away from the computer. If the use of the device becomes excessive or inappropriate as deemed by preceptor or violates Allina policy it will not be allowed.

## 17. Service Commitment

- a. The Mercy clinical managers are responsible for coordinating staffing requirements and scheduling with the resident. The RPD assures that the residency complies with the current duty hour standards of ASHP.
- b. PGY1: The resident will staff an average of four shifts a month starting in July and ending in June the following year. The shifts may be 8-12 hours in duration depending on the staffing needs of the pharmacy.
  - i. The resident will work every other weekend.
  - ii. The weekend shifts can be either day or evening shifts.
  - iii. The shifts may be either decentral or central and will be at Mercy and/or Unity campus based on resident's match site.
- c. PGY2: The resident will staff every 3<sup>rd</sup> weekend starting in July and ending in June the following year. The shifts may be 8-12 hours in duration depending on the staffing needs of the pharmacy.
  - i. The weekend shifts can be either day or evening shifts.
  - ii. The shifts may be either decentral or central and will be at Mercy campus.
- d. The resident can request a day off during the week before or after his/her scheduled weekend to work. The day off will count as a vacation day. The day off must be coordinated with the preceptor of the rotation and requested per the vacation policy.
- e. If the resident needs off on his/her weekend to work, it is the resident's responsibility to trade with another resident or staff pharmacist who can work the assigned shift to ensure adequate coverage.
- f. Casual and part-time staff may not be utilized to pick up the resident's shift(s) without a corresponding trade.
- g. The appropriate clinical manager along with the RPD and resident may mutually agree on changes to these requirements during the course of the residency.
- h. The resident will be involved in a teaching experience for a minimum of 24 hours. The experience will be coordinated by the University of Minnesota College of Pharmacy.

## 18. Resident Portfolios

- a. Each resident is responsible for maintaining his/her professional resident portfolio throughout the year.
- b. This portfolio will include all completed projects, presentations and write-ups the resident has completed during the year.
- c. Portfolios may be print outs or electronic copies in a shared drive.
- d. Portfolios should be kept continuously up to date will be reviewed at each quarterly evaluation.
- e. Portfolios will be retained by residency program to assist with future ASHP accreditation surveys.

## 19. Regional/National Posters and Presentations

### a. Posters

- i. Residents will need to make posters for display at both the ASHP midyear clinical meeting and the spring MSHP annual meeting.
- ii. It is expected that residents work with their project preceptor teams to develop and review the posters.
- iii. Once posters have content and preliminary formatting done, a ticket should be submitted to Allina Creative Services via ServiceNow. For a tip sheet on submitting a ticket request to create a poster, click [here](#). Resident may contact Allina Creative Services; John Grancorvitz – [John.grancorvitz@allina.com](mailto:John.grancorvitz@allina.com) is the main contact.
- iv. Residents are encouraged to verify the ASHP and MSHP poster requirements to ensure compliance.
- v. Printing costs will be covered through the pharmacy cost center.

### b. Presentation

- i. Residents will need to make a PowerPoint presentation for the annual Midwest Pharmacy Residents Conference (MPRC) in May of each year.
- ii. It is expected that residents will deliver a practice/CE presentation to staff prior to attending MPRC.

## Appendix A

### PGY1 RESIDENCY REQUIREMENT TRACKING FORM

RESIDENT: \_\_\_\_\_

Requirements	Date Completed (if applicable)	Title (if applicable)
Complete and turn in Initial Assessment of Competency during orientation		
Plan and coordinate activities for Pharmacy week		
Participate regularly in residency touchpoint meetings		
Complete a minimum of two (2) Medication Use Evaluations (MUEs), one of which must be a multisite evaluation:		
MUE #1 (multisite)		
MUE #2 (single or multisite)		
Develop or revise a policy and seek approval via appropriate committees		
Successfully complete all required rotations, including rotation projects, and achieve $\geq 85\%$ of all goals and objectives; 100% of all goals within patient care competency area (R1)		
Participate in Bariatrics, Cardiac Rehab and Heart Power as part of longitudinal patient education rotation		
Complete a minimum of three (3) continuing education presentations:		
Continuing education #1		
Continuing education #2		
Continuing education #3		
Complete a minimum of two (2) journal club presentations:		
Journal club presentation #1		
Journal club presentation #2		
Complete a minimum of two (2) health care professional in-services:		
Health care in-service #1		
Health care in-service #2		
Routinely participate in assigned Pharmacy & Therapeutics Committee duties including presentation (ISMP, projects, medication safety, system formulary agenda), minutes		
Fulfill staffing hours commitment		

Requirements	Date Completed (if applicable)	Title (if applicable)
Complete TA hours (24 hours required)		
Regularly attend and participate in multisite residency topics meetings, including leading one topic discussion		
Participate in quarterly Allina Pharmacy Residency forums		
Complete medication safety article submission		
ASHP poster submission and presentation		
MSHP research award submission		
MSHP research poster submission and presentation		
Submit abstract for Midwest Pharmacy Residency Conference (MPRC)		
Practice Capstone presentation to pharmacy staff		
Present at Midwest Pharmacy Residency Conference		
Present Capstone to P&T committee (or other key stakeholder groups)		
Complete manuscript		
Submit manuscript		
Complete all PharmAcademic evaluations, including final self-assessment and program evaluation with RPD		
Participate in Residency Program recruitment activities (ASHP and MSHP residency showcases; Allina Day; U of MN Career Fair; Residency interviews and candidate review		

## PGY2 RESIDENCY REQUIREMENT TRACKING FORM

RESIDENT: \_\_\_\_\_

Requirements	Date Completed (if applicable)	Title (if applicable)
Complete and turn in Initial Assessment of Competency during orientation		
Provide support to PGY1 residents in coordinating activities for Pharmacy week		
Lead residency touchpoint meetings (weekly)		
Complete a minimum of two (2) Medication Use Evaluations (MUEs), one of which must be a multisite evaluation:		
MUE #1 (multisite)		
MUE #2 (single or multisite)		
Work with managers and coordinator to revise a policies and seek approval via appropriate committees		
Successfully complete all required rotations, including rotation projects, and achieve ≥85% of all goals and objectives		
Complete a minimum of three (3) professional conferences (1 with leadership emphasis):		
Clinical conference #1		
Clinical conference #2		
Clinical conference #3		
Complete a minimum of two (2) journal club/ topic presentations (leadership emphasis):		
Presentation #1		
Presentation #2		
Routinely participate in assigned Pharmacy & Therapeutics Committee duties including presentation (ISMP, projects, medication safety, system formulary agenda), minutes		
Fulfill staffing hours commitment		
Complete TA hours (24 hours required)		
Regularly attend and participate in multisite residency topics meetings, including leading one topic discussion with PGY2 residents?		
Participate in quarterly Allina Pharmacy Residency forums		

Requirements	Date Completed (if applicable)	Title (if applicable)
Complete medication safety article submission		
ASHP poster submission and presentation		
MSHP research award submission		
MSHP research poster submission and presentation		
Submit abstract for Midwest Pharmacy Residency Conference (MPRC)		
Practice Capstone presentation by presenting to pharmacy staff		
Present PGY2 Capstone at Midwest Pharmacy Residency Conference		
Present Capstone to P&T committee (or other key stakeholder groups)		
Complete manuscript		
Submit manuscript		
Complete all PharmAcademic evaluations, including final self-assessment and program evaluation with RPD		
Participate in Residency Program recruitment activities (ASHP and MSHP residency showcases; Allina Day; U of MN Career Fair; Residency interviews and candidate review)		



## Appendix B: Mercy/Unity Residency Program: Sample Timeline

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

### July:

- Residency Program Orientation
- Review Residency Program Design and Conduct
- Initial self-assessment (entering resident goals and objectives)
- Establish Resident Portfolio
- Begin orientation
- Meet regularly with staffing preceptor to review issues and verify how training is going
- Review Early Core Rotation schedule/verify dates/timelines with preceptors
- Review / schedule longitudinal experiences (Management, Med Safety, Drug Information, etc.)
- Start working on MUE (plan for poster presentation at ASHP MYCM)
- Start working on proposed Capstone Residency Project
- PGY1: Establish Practice Management Goals/Activities (MUE, policy development, P&T/Med Safety, meetings with the DOP, Leadership activities, etc.)

### August:

- Project topic/preceptor confirmed
- Register for ASHP MYCM
- Establish deadlines for various projects and assignments (P&T minutes, newsletter articles, CE program for pharmacists, etc.)
- PGY1: Begin Clinical Rotations (ensure pre/post rotation goals/evaluations completed)
- Determine schedule for P&T participation, CE presentation and other
- Begin working on packet for prospective new residents (showcases start with MSHP in September)
- Start IRB training and submission

### September:

- Pre-travel registration due for MYCM
- Project Design/Methods write-up
- Project Proposal Summary and complete IRB application
- Begin working on abstract for ASHP poster application
- Begin working on plan for Pharmacy Week

### October:

- Submit project application to IRB if not already done
- ASHP MYCM poster abstract for residents **due TBD—Suggested October 1**
- Complete 1st Quarter Self-Evaluations
- Schedule 1st Quarter Evaluations with RPD

### November:

- Discuss CV preparation and interview opportunities in preparation for ASHP MYCM (at touchpoint meeting)
- Prepare poster for ASHP midyear presentation.
- Present poster draft to project committee for review
- Send poster to Allina design/printing
- Complete recruitment materials for ASHP Residency Showcase

**December:**

- Attend ASHP Midyear –Posters, showcase
- Determine 3rd Quarter Rotations (core and elective)
- Complete 2nd Quarter Self-Evaluations
- Schedule 2nd Quarter Evaluations with RPD
- Coordinate applications for new residents

**January:**

- Continue project work-data collection and analysis
- Determine medication safety activities, MUE and CE program for staff if not already planned
- Prepare abstract for Midwest Pharmacy Resident Conference(MPRC) - verify submission deadline
- Finalize remaining rotations
- Coordinate recruitment activities of new residents with RPD

**February:**

- Participate in interview activities of new residents with RPD
- Continue project work-data collection and analysis
- Make travel arrangements for MPRC

**March:**

- Finalize any outstanding project work
- Begin preparing PowerPoint presentation for MPRC
- Present project summary analysis to project committee
- Prepare and submit application and poster for MSHP Residency Research Award and Poster Session
- Review Residency Requirement List for outstanding projects to be completed
- Complete 3rd Quarter Self-Evaluations
- Schedule 3rd Quarter Evaluations with RPD

**April:**

- Pre-MPRC project presentation to staff
- Determine hospital committees/persons (key stakeholders) for project presentation

**May:**

- Attend MPRC
- Begin manuscript for final project
- Present poster of Capstone project to P&T meeting.

**June:**

- Submit manuscript for preceptor/committee review by **June 1**
- All Residency Requirements completed by **June 15**
- Residency Portfolio to RPD by June 15
- Complete 4th Quarter Self-Evaluations
- Schedule 4th Quarter Evaluations with RPD

## Appendix C: Onsite Preceptor Roster by Rotation: 2017-2018

<b>PGY1</b>			
<b>Rotation</b>	<b>Mercy</b>	<b>Unity</b>	<b>Duration</b>
Orientation* ‡	Ross Fishman, PharmD, BCPS	Venessa McConkey, PharmD, BCPS, CGP	6 weeks
Staffing*	MaKalya Swanson, PharmD, Sam Fish, PharmD (preceptor in training) Jena Torpin, PharmD (RAC resource)	Phat Tran, PharmD; Angel Helget, PharmD, BCPS; Andrea Woodford PharmD, BCPS (RAC resource)	Longitudinal
Medication Safety*	PGY-2 Resident		Longitudinal
Internal Medicine* ‡	Jena Torpin, PharmD Jesse Scheid, PharmD; Anna Miller, PharmD	Jeanine Asp, PharmD, BCPS; Jenny Chapeau, PharmD, BCPS	6 weeks
Cardiology*	Chris Davison, PharmD; Jena Torpin PharmD,	-	5 weeks
Critical Care*	Jeralyn Furst, PharmD, BCPS;	Andrea Woodford, PharmD, BCPS;	5 weeks
Infectious Disease*	Selam Melka, PharmD, Kevin Mogen PharmD (Preceptor in training)		4 weeks
Practice Management*	Jill Strykowski, RPh, MS, BCPS; Venessa McConkey, PharmD, BCPS, CGP; Ross Fishman, PharmD, BCPS; Dan Niznick, PharmD, BCPS, Ashley Philibert PharmD, BCPS		5 weeks
Emergency Medicine*	Kim Glasoe, PharmD; Jenna Paulson, PharmD; Jessica Tonder, PharmD, BCPS; Dan Paley, PharmD; Selam Melka, PharmD	Jennifer Gednalske, EMT-B, BS, PharmD, BCPS, BCACP, BCCCP; Jenna Phelps, PharmD, BCPS	5 weeks
Patient Education*	Gina Danielson, PharmD, Kevin Mogen PharmD (preceptor in training)	Andrea Woodford, PharmD, Toni McCain PharmD (preceptor in training)	Longitudinal

Precepting/Teaching*	Jena Torpin PharmD; Dan Paley, PharmD	Jenny Chapeau, PharmD, BCPS;	Longitudinal
	PGY-2 resident (preceptor in training)- TA evaluator		
System Formulary*	Kelly Ruziska, PharmD, BCPS		1 week
Project*	TBD based on project type		Longitudinal
Oncology	Debbie Hodel, PharmD, BCOP, Emily Kirkwold, PharmD, BCPS		2-4 weeks
Leadership	Jill Strykowski, RPh, MS, BCPS		1-2 weeks
Mental Health*		Jeanine Asp, PharmD, BCPS, Carisa Finke, PharmD, BCPP	5 weeks
Transitions of Care	Jena Torpin, PharmD		2-4 weeks
Pain	Justin, Hora, PharmD; Pain Team		1-2 weeks
Ambulatory	Mckaya Kastner; Jonica Thorson; Matt Kresl, PharmD, BCPS;		4 weeks
Pediatrics	Lisa Stay, PharmD, BCPPS, Teresa Mansur, PharmD, BCPPS, Paul Jenson, PharmD		4 weeks
Health System Administration	Anne Byre, PharmD		4 weeks
Toxicology	Stacey Bangh, PharmD		2-4 weeks
Hospice	Bill Axness, PharmD		1-4 weeks
Informatics	Kent Bridgeman, PharmD, MS		2-4 weeks
Rural Health	Dawn Hagen, RPh, Scott Skelton, RPh		2-4 weeks

\*Denotes Core Rotations

‡Pre-requisite for Core and Elective Rotations

PGY2			
Rotation	Mercy	Unity	Duration
Orientation*‡	Jessica Swearingen, PharmD, BCPS	Ross Fishman, PharmD, BCPS	2-6 weeks
Staffing*	Dan Paley, PharmD (preceptor-in-training); Ashley Philibert, PharmD	N/A	Longitudinal
Clinical Management	Jessica Swearingen, PharmD, BCPS	Ross Fishman, PharmD, BCPS	10 weeks
Operations Management	Brent Kosel, PharmD	Daniel Niznick, PharmD, BCPS	10 weeks
Site Administration Pharmacy Management	Jill Strykowski, MS, RPh, BCPS		10 weeks
System Administration Pharmacy Management	Ann Byre, PharmD; Kelly Ruziska, PharmD, BCPS; Margaret Schmidt, RPh, MS		4 weeks
Hospital Leadership	Mari Holt, RN, MSN, MBA, NE-BC; MariBeth Olson, RN; Ryan Else MD; Chief Medical Director; Sara Criger, Senior Vice President North Region and President, Mercy Hospital		4 weeks
Regional Pharmacy Management	Dawn Hagen (Buffalo) Scott Skelton (Cambridge)		4 weeks total
HR Management	Mercy Management Team		Longitudinal
Chief Resident	Mercy Management Team		Longitudinal
Project, MUE, Capstone	Mercy Management Team		Longitudinal
Purchasing and supply chain (elective)	Tony Collins-Kwong MBA		2-4 weeks

\*Denotes Core Rotations

‡Pre-requisite for Core and Elective Rotations