



PGY-1 Pharmacy Residency

RESIDENCY HANDBOOK

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Welcome!

Welcome to Kent Hospital, a community teaching hospital in Warwick, RI. We are pleased to welcome each of you to our pharmacy team. The pharmacy department at Kent prides itself on providing exceptional patient care, while maintaining strong interdisciplinary relationships throughout the hospital. With the patient as our first priority, we consistently work to improve our medication use process and clinical services through collaboration, education, and training.

Pharmacy residents play a critical role in this process, and our staff members are fully committed to supporting you throughout the year. We know there is a lot to learn, so please do not hesitate to ask when you have questions! Our pharmacy staff is highly experienced and can serve as a valuable resource.

We hope you will enjoy your residency year at Kent Hospital. We look forward to your many contributions to our program!

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2020-2021 Pharmacy Residents

Andrea Johnson, PharmD—MCPHS University – Worcester, 2020

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Kent Hospital

Kent Hospital is a 359-bed nonprofit acute care teaching hospital opened in 1951. As the second largest hospital in the state, Kent serves approximately 300,000 residents across central Rhode Island. Kent Hospital is a member of Care New England which is composed of Butler Hospital, Women and Infants Hospital, Care New England Wellness Center, Integra and VNA of Care New England.

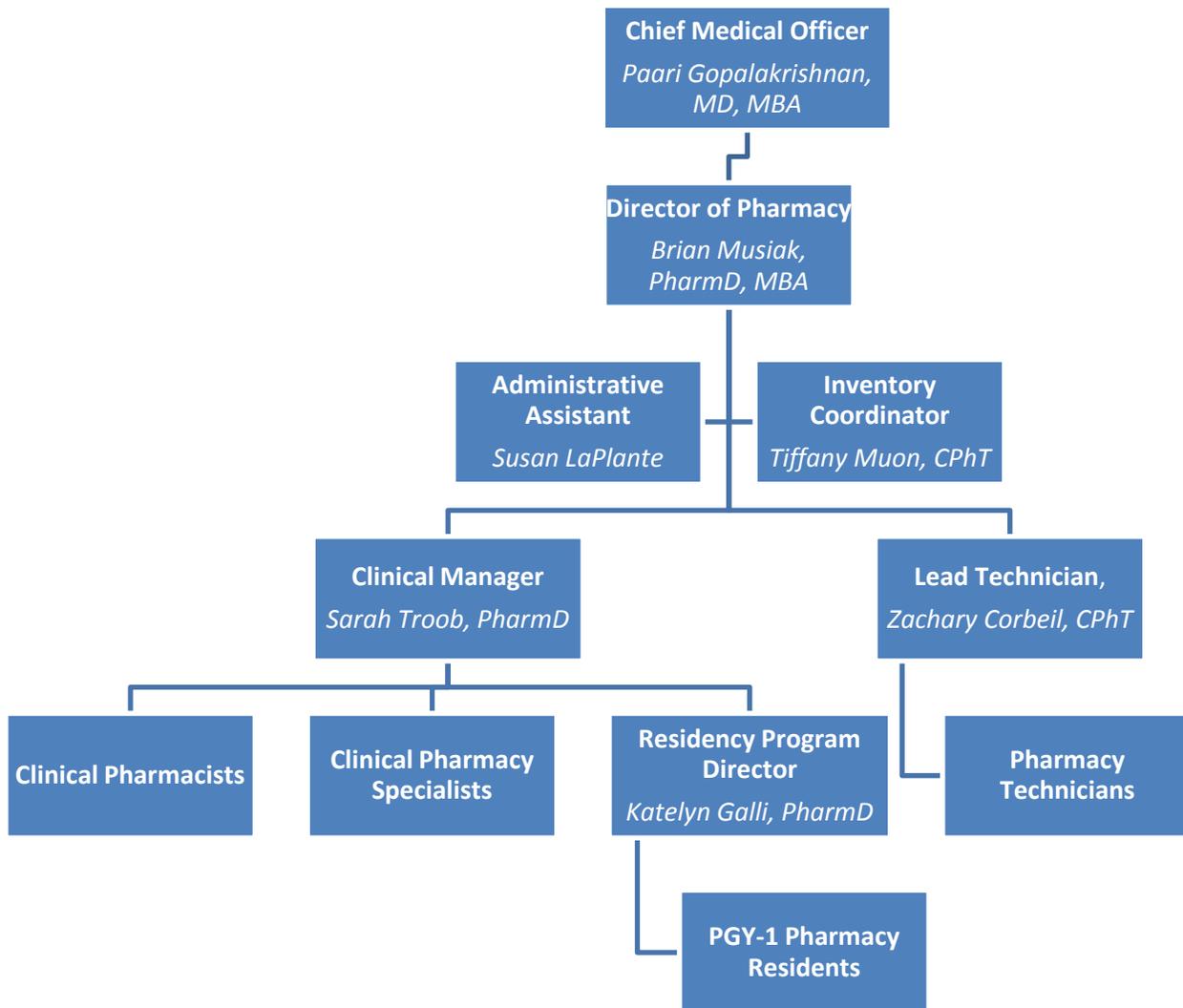
Kent Hospital embraces our core values ACT: Accountability, Caring and Teamwork. It is through employment of these values that we fulfill our vision and mission: To create a community of healthier people and be a partner in health.

Kent Hospital supports 3 medical residency programs; Family Medicine, Internal Medicine and Emergency Medicine through the University of New England and/or Brown University.

Pharmacy Services

Kent Hospital Pharmacy is open 24 hours a day, 7 days a week under the supervision of Brian Musiak, PharmD, MBA, Director of Pharmacy. Services provided include pharmaceutical care for patients, technical support, inventory support, education and research. The inpatient pharmacy utilizes a decentralized unit-dose service (Pyxis®), as well as centralized unit dose system, medication administration barcoding, IV additive services with Dose Edge technology, and smart infusion pump technology. All medication orders are placed through a computerized provider order entry (CPOE) system, with the exception of chemotherapy and TPN orders.

Department Organizational Chart



Kent Hospital Residency Program Overview

The Kent Hospital PGY-1 Pharmacy Residency program offers competency development in a broad area of pharmacy practice areas including: cardiology, critical care, infectious disease, internal medicine, emergency medicine, neonatology, psychiatry, outpatient oncology, practice management and ambulatory care. Residents may choose from a variety of elective rotations to complement their required rotations. Completion and presentation of a major longitudinal project is required.

The Residency Program Director will work with you directly to create a rotation schedule customized to your individual interests. Residents are required to attend the Midyear Clinical Meeting and Eastern States Conference, for which fees and travel expenses will be provided by Kent Hospital. As we are affiliated with the University of Rhode Island College of Pharmacy, we are also able to offer an elective Postgraduate Teaching Program.

Residency Purpose Statement

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

Residency Mission Statement

Our mission is to provide a comprehensive educational and clinical environment in order to facilitate the development of talented new pharmacists. At Kent Hospital we realize that the residency year is a critical time in a professional career, as you learn to apply your academic foundation to the practice of providing patient-centered pharmaceutical care. The residency program here is founded upon Kent Hospital's core values of accountability, caring, and teamwork, and is designed to challenge you to become the best pharmacist, leader and health care provider you can be.

Program Outcome

The PGY1 Pharmacy Residency Program at Kent Hospital is intended to be a broad based learning and practice experience. Upon completion, it is expected that the resident will be a confident and capable practitioner who will be able to function in a variety of practice settings. These settings include acute inpatient and ambulatory care as part of an interdisciplinary healthcare team. The program is designed to be broad in scope so as to allow the resident the opportunity to gain the skills necessary to function in these practice settings. The residency is also designed to allow the residents to develop strong communication skills that will allow them to educate other health care professionals, patients and the community. The acquisition of these skills should also afford the opportunity to further enhance their knowledge through specialized training in a PGY2 residency or fellowship.

Program Structure

Kent Hospital uses three types of learning experiences for the PGY1 residency program. The types of learning experiences include rotations both core (required) and elective as well as longitudinal experiences. *Specifically, the residency year will be built with six (6) required rotations and four (4) elective rotations.*

Required rotation months include:

- Orientation/Training
- Internal Medicine
- Intensive Care
- Infectious Diseases
- Administration
- Ambulatory Care (Anticoagulation Clinic or Primary Care)

Residents must participate in Department of Pharmacy Orientation prior to participating in any elective rotation.

Elective rotation months include:

- Emergency Department
- Palliative Care
- Neonatal ICU (*Women and Infants Hospital*)
- Psychiatry (*Butler Hospital*)
- Cardiology
- Precepting (Any rotation with a student)
- Geriatrics
- Transitions of Care
- Anticoagulation Clinic
- Oncology
- Specialty Pharmacy

Elective rotations are available in a variety of patient care settings. This program will be flexible to accommodate each resident's area of interest. Every effort will be made to meet the interests of the residents when scheduling elective rotations. Electives at other institutions may be available but are not guaranteed. Additional months' of required rotations may be completed as an elective block.

Required Longitudinal

- Clinical Administration
- Central Pharmacy Staffing
- Research Project
- Teaching and Education

Required and elective months will be 5 weeks in duration. The required longitudinal rotations will occur throughout the residency year, starting in August and continued to the completion of the residency.

Selection and Qualification of Residents

Pharmacy residency program applicants must be licensed (or be eligible for licensure in RI and prepared to complete it by September 1st), be a U.S. citizen (naturalized citizens must provide proof of naturalization), or hold a visa allowing for completion of your residency year (Kent Hospital cannot sponsor your visa). Residents are required to hold a Doctor of Pharmacy degree from an ACPE-accredited School of Pharmacy, and are expected to adhere to the rules of the resident matching program (RMP). Our pharmacy residency program is selective, and we are seeking highly motivated pharmacists who desire advanced education and training in order to achieve a greater level of professionalism and expertise.

Application materials must include: an official transcript from your School of Pharmacy, three letters of recommendation, a letter of intent, and your curriculum vitae. Applications must be received via PhORCAS (Pharmacy Online Residency Centralized Application Service) no later than the January application deadline (on or before the second Friday in January) to be considered for the residency program beginning July 1st. Residents for the PGY1 program are selected by the National Matching Service.

Members of the Residency Advisory Committee (RAC) review applications and rank applicants according to a pre-defined process. Then, qualifying applicants will be invited for an on-site 1-day interview at their own expense. Following the completion of the interview process, the RAC will reconvene to discuss and rank the prospective candidates. They will then submit their selection(s) to the RMP.

For further details, please refer to the *Selection of PGY1 Pharmacy Residents Policy*.

Administration of the Residency

Residency Program Director

The Residency Program Director (RPD) is appointed by the Director of Pharmacy; however, the RPD has ultimate responsibility for the program. The RPD has demonstrated sustained contribution and commitment to pharmacy practice, has distinguished his/herself in the field, maintains high professional ideals, and has the desire and aptitude to teach. The RPD meets all eligibility requirements outlined by the ASHP Accreditation Standard for PGY1 Pharmacy Residency Programs.

The RPD is responsible for overseeing all aspects of the residency program. Program goals, objectives and requirements will be the responsibility of the RPD. The RPD appoints preceptors and establishes their functions and responsibilities. Preceptor appointments and qualifications are evaluated at least biannually. The RPD coordinates with preceptors to coordinate schedules, rotations and to track the resident's progress and to resolve any pertinent issues. In addition, the RPD is responsible for ensuring that:

1. Residents are adequately oriented to the residency and Pharmacy Services
2. Overall program goals and specific learning objectives are met
3. Training schedules are maintained
4. Appropriate preceptorship for each rotation is provided
5. Resident evaluations based on the pre-established learning objectives are routinely conducted

6. The residency program meets all standards set by the American Society of Health-Systems Pharmacists (ASHP)
7. Communication with residents is maintained throughout the program to ensure an optimal experience and to resolve problems or difficulties
8. All resident requirements are completed prior to recommendation for certification

Rotation Preceptors

Each rotation is assigned a qualified pharmacist preceptor. Preceptors are selected based on demonstrated competence in their respective area of practice, professional education and experience, and desire and aptitude for teaching. Preceptors have completed residency programs and a Doctor of Pharmacy degree or have obtained equivalent qualifications and experience.

The rotation preceptor is responsible for scheduling the resident's activities, assuring the resident's progress toward meeting the objectives of the rotation, and identifying potential problems with the resident's competencies or the residency objectives.

Responsibilities of the Preceptors

- Introduce resident to the unit/clinic, team members and staff area
- Discuss the clinical activities/responsibilities of the clinical pharmacist in area
- Attend rounds with the resident, if applicable
- Instruct resident how to verify orders, review profiles, identify and make interventions

For further details, please refer to the *Resident Preceptor Policy*.

Research Project Preceptor/Advisor

The Residency Advisory Committee (RAC) will select a research project advisor, who is a content expert in the subject matter of the specific project. The project advisor/preceptor assumes the primary responsibility to guide the resident in completing the required research project. The research preceptor will be assigned as the primary co-investigator. The preceptor assists the resident in selection, planning and implementation of the project to ensure successful outcomes. The project advisor/preceptor will review all protocols, abstracts and posters prior to submission.

The research preceptor/advisor will be given preference for attendance at the Eastern States Residency Conference.

Residency Advisory Committee

The Residency Advisory Committee (RAC) is a standing committee of the Department of Pharmacy, designed to support the residency program's goals and align the program with the ASHP Accreditation Standards. It is chaired by the RPD, and includes residency preceptors and the Director of Pharmacy. The committee meets monthly in order to:

- Establish residency applicants' requirements, applicant procedures, and formal review process for evaluation and selection of the residents.

- Review incoming residents’ interests, strengths, and professional/personal goals to ensure the individualized plan for residency, training schedule, and learning objectives are appropriate.
- Discuss residents’ performance on assigned learning experiences and address any goals and objectives with a “needs improvement”.
- Review goals and objectives for “achieved for the residency” status on a quarterly basis. The RPD will document completion in PharmAcademic. Review the residents’ individualized plan quarterly to assess the residents’ progress in the residency.
- Discuss identified issues/events pertaining to residents as well as the appropriate outcomes, corrective action plans and/or dismissal from the program.
- Annually reviews preceptor development initiatives.
- Assures that overall residency program goals and specific learning objectives are met, training schedules are maintained, appropriate preceptorship for each training period (rotation) is provided, and resident evaluations are conducted.
- Continuously evaluate curriculum, goals and objectives for the program. Review, maintain and update the educational and experiential learning experiences of the residency program and ensure adherence to current ASHP guidelines.
- Review, maintain and assure that the residency program is in compliance with the current ASHP Accreditation Standard.
- Review residency projects from conception to completion, monitoring progress on a regular basis
- Maintain, review and approve the annual Residency Program Handbook

Residency Requirements Overview

Pharmacist Licensure Verification

Participation in the Kent Hospital Residency Program is contingent on securing and maintaining a license without restriction in the state of Rhode Island. It is the expectation that the resident will complete these licensure requirements by September 1st of the residency year, per the Licensure of PGY-1 Pharmacy Residents Policy. The resident will provide the Program Director confirmation that:

- He/she has already taken the NAPLEX and the RI pharmacy law exam, or
- He/she will take the RI law exam upon successful transfer of NAPLEX scores from another state, or
- He/she already has a valid RI pharmacy license
- Upon notification of successful completion of the NAPLEX and/or law exam the resident will provide documentation of licensure to the Residency Program Director.

If the resident does not obtain licensure by day 60 of the residency year, a one-time extension to 90 days may be granted. Such instances will be reviewed on a case-by-case basis. All residents must be licensed by day 90 from the start of the residency year to meet the requirements of this program. In order to be in compliance with ASHP standards, residents must be licensed for 2/3 of the residency year. Failure to obtain licensure by day 90 will result in dismissal from the program.

For further details, please refer to the *Resident Licensure Policy*.

Service Requirements

In order for residents to achieve the full benefit of their residency at Kent Hospital, they must participate in a staffing component of the program. Residents must be fully licensed prior to beginning the staffing stage of their residency, and are required to work *at least* one weekend shift per month consisting of an 8-hour shift on Saturday and Sunday, every 4th weekend, as well as one weekday shift every other week.

For further details, please refer to the *PGY1 Pharmacy Residents Staffing Policy*.

Satisfactory Completion of Rotations

To successfully complete each rotation, the resident must be present during the entire experience. **Residents cannot miss more than 5 days in any learning experience** (due to vacation, sick, or unauthorized leave; excluding hospital recognized holidays). Also, to successfully complete each learning experience, rotation objectives must be achieved and signed off by both the preceptor and resident. If, in the opinion of the preceptor, the resident has not successfully completed the assigned rotational or staffing experiences, justification for failure to do so will be provided by the preceptor, which will be immediately reviewed by the Residency Advisory Committee. Unsatisfactory completion of any required rotation will result in repeat of the rotation during the resident's elective rotation. All resident evaluations will be reviewed quarterly by the RAC.

Satisfactory Completion of all Evaluations

Residents must complete all required evaluations for the residency program prior to successful completion of the program. Residents must solicit constructive verbal and documented feedback (e.g. evaluations) from their preceptor prior to the completion of each rotation. Resident must make active use of constructive feedback provided by their preceptors and the RPD. Residents must provide rotation and preceptor evaluations at the completion of each assigned rotation. Residents are also required to complete self-evaluations associated with all learning experiences.

Residency Program Functions and Responsibilities

Rotation Schedule

Rotations are determined by the resident's interests, and personal and professional goals for completing their residency program along with availability of preceptors and departmental coverage. Each rotation has its own goals, objectives and schedule, all determined by the preceptor.

Residents are expected to function independently and demonstrate proficiency throughout the rotation. Preceptors are responsible for ensuring rotation and program goals are met, provide mentorship and teach principals of pharmacy practice by incorporating the four teaching models. The preceptor is responsible for establishing a schedule and providing ongoing feedback and timely summative evaluations.

The resident is expected to contact the preceptor prior to the start of the rotation to discuss rotation schedule, expectations and rotation specific goals. The resident is responsible for

communicating any schedule conflicts, absences or issues concerning the rotation directly with the preceptor in a timely fashion.

The resident and the RPD will meet within the first month to establish the rotation schedule and develop a customized training plan. Any schedule changes will be documented in the customized training plan and communicated to program preceptors. The resident schedule will be reviewed and approved by the Residency Advisory Committee.

Customization of Residency Program

ASHP requires that the resident's development plan must be customized based on their entering interests, skills and experiences. Progress toward achieving program outcomes and requirements should be assessed quarterly by the RPD. Additionally, the customized development plan will be evaluated quarterly by the RPD and RAC to ensure the resident's interests and personal goals are consistent with program goals and objectives.

In the event the resident's program goals change, the resident may request a schedule change. The RPD will make every attempt to adjust the schedule to accommodate both resident and program preceptors.

Residents will identify a number of areas where improvement is desired and the RPD will develop a plan to address those areas to achieve professional and personal goals.

Resident Development Plan

As previously mentioned, the RPD and resident will work together to create a development plan for the residency year. The resident's Standard Entering Interest Form will serve as the foundation for the plan, which will include a baseline assessment of the resident with respect to licensure, experience with patient care, practice management, research and computer program knowledge. It will also outline the resident's initial program goals and objectives, as well as any opportunities for improvement and corresponding action plans. In addition, the Self-Assessment Form will be considered in the development plan. The plans will be reviewed and approved by the RAC and re-evaluated continuously throughout the year.

During the quarterly review, the RPD will determine which goals the resident has achieved for the residency program, and ensures they relate to the initial training plan. The written plan should include comments on the residents' progress, suggestions for improvement as well as any changes to the plan from the previous quarter. This training plan will be discussed with the resident and must be signed by both the RPD and resident to ensure both parties are in agreement with the statements in the plan. This will be submitted via PharmAcademic®.

Monitoring Plan for Residents' Progress

An evaluation of the residents' progress in achieving program's goals and objectives will be completed quarterly in conjunction with the Customized Training Plan. The RAC will meet and review the residents' progress on a quarterly basis or more often if deemed necessary. The RPD will determine if program outcomes and goals have been achieved through discussion with preceptors, RAC recommendations as well as resident self-evaluations.

The RPD will review the quarterly evaluation with the resident at the end of each quarter. Residents should perform a self-assessment on their progress before reviewing preceptor or RPD's assessment.

Documentation of progress towards achieving the goals and objectives of the program will be done in PharmAcademic®.

Education/Teaching Opportunities

Education and teaching are essential components of the residency program. Kent Hospital is a community teaching hospital that focuses on patient care and education to improve patient outcomes and advance the practice of medicine. Pharmacy practice residents, like other health professionals, are expected to educate patients, health care providers and students.

The residency program has an elective teaching certificate program offered through the University of Rhode Island College of Pharmacy. This provides the resident with additional opportunities to become competent and effective in teaching and training other health care professionals and students. ASHP accredited residency programs incorporate teaching requirements to fulfill specific program goals and objectives for residency training.

Goal 1: Provide medication and practice-related education/training

Goal 2: Effectively employ appropriate preceptors' roles when engaged in teaching.

Teaching opportunities will vary from resident to resident based on individual training plans and rotation schedules.

Teaching at the University of Rhode Island

An elective teaching certificate is offered through the University of Rhode Island College of Pharmacy, it is not required as part of the residency program.

Requirements of the teaching program include:

- Monthly teaching sessions (3rd Tuesday of the month, from 4-6 pm)
- Completion of a teaching philosophy
- Completion of a teaching portfolio
- Hands-on teaching in class and experientially
 - Facilitate an Interactive Learning (IAL) session
 - Develop and teach a lecture or lab
 - Preceptor for a P4 APPE student (go-to preceptor, not preceptor of record)

See Appendix

Resident Responsibilities

Professional Commitment

The resident's primary professional commitment must be to our residency program. The resident must be committed to:

1. The values and mission of Kent Hospital and the residency program

2. Completing the goals and objectives for training established for our residency program
3. Making active use of the constructive feedback provided by our residency program preceptors and to active seek constructive verbal and documented feedback that directs their learning

Time and Attendance

1. Residents are expected to be in attendance on-site for no less than 40 hours per week.
2. Residents are required to log their hours in New Innovations, for tracking of hours worked and to ensure compliance with duty hours.

Tardy/Sick Calls

1. In the event of illness, or if the resident is going to be late, it is expected that the resident will:
 - a. Call the Residency Program Director (RPD) at 401-737-7010, ext 31294
 - b. Call the main pharmacy at 401-737-7000, ext 31365, AND
 - c. Notify their respective preceptor via telephone or email
 - i. It is the responsibility of the resident to discuss the preferred contact method with his/her preceptor.

Leave: Residents (Exempt Status)

1. Residents will receive a total of 10 personal days during the residency year that may be reserved for interviews, sickness, or limited time off.
2. Requests for time off are to be submitted via e-mail. They must first be cleared with the rotation-specific preceptor, before submitting request to the RPD. All requests must be approved by the rotation preceptor and the RPD.
 - a. Note: If a change to the rotation schedule occurs, the resident must discuss any previously scheduled time off with the new preceptor prior to the start of the rotation to ensure approval.
 - b. July and December requests should be submitted directly to the RPD.
3. Requests for vacation days should be submitted at least 4 weeks in advance for priority consideration. Requests made after the 4 week cut-off will be handled on a case-by-case basis in order to ensure appropriate staffing.
4. Once approved, the department scheduler will be notified by the RPD so the request can be placed on the master schedule.
5. Vacation may not be taken during recruiting events, ASHP Midyear Meeting, Eastern States Conference or scheduled holidays/weekends in the staffing component of the residency.
6. Residents may not be absent for more than 2 days from any rotation experience (sick/personal/vacation). Any absence greater than 2 days may require additional work as corresponded with preceptor to make up for time lost.
7. Unused personal days will not be paid out upon completion of the residency program.

Leave/Extended Absence Policy

The residency program is a minimum of 52 weeks in duration. Failure to complete the required 52 weeks of the residency year due to extended leave may result in dismissal from the residency program.

Residents may use the sum total of their sick and vacation days allotted for the entire residency year in the event of any serious medical or personal condition requiring a leave of absence and will still be able to complete the residency program on schedule. Additional time off beyond the sum total sick and vacation days allotted may require an extension of the program, and will be reviewed on a case-by-case basis by the RPD and RAC, as needed.

In the event that an extended leave is required, the RPD will propose a plan for the individual resident that assures all residency requirements are successfully met and that both the individual and his/her fellow residents are treated fairly. The RPD will work in conjunction with the Residency Advisory Committee (RAC) when developing the plan and will make every effort to accommodate special circumstances. However, in some situations an extended leave of absence may result in the individual extending his/her residency program in order to meet program requirements. If the program is extended, the resident will participate in Pharmacy Practice Experience and other assignments just as any other resident at the time.

Extensions may not exceed 8 weeks in length. A leave of absence that exceeds 8 weeks in duration will result in dismissal from the program due to inability to complete the aforementioned required length of the pharmacy residency program.

It is important to note that while efforts will be made to work with the individual resident to resolve issues in completing the program in a timely manner, there is the potential that the request will not be able to be granted; this is dependent upon the regulation of the organization. If such efforts are not able to be done, the resident may be dismissed from the program if they are not able to complete the required length of the residency year.

The Family Medical Leave Act (FMLA) will be administered in accordance with organizational policy and state law in cases where this act would apply.

Temporary Caregiver Insurance (TCI):

Rhode Island's TCI program provides up to four weeks of paid leave benefits per 12 month period to eligible RI workers who are caring for a seriously ill: child, spouse, parent, parent in-law, grandparent, domestic partner, or who are bonding with a newborn child, adopted child or foster child within the first 12 months of parenting.

Maternity/Paternity Leave:

Care New England will allow employees who have completed their probationary period to take an unpaid Maternity/Parental leave of up to 13 weeks regardless of FMLA/RIPFMLA eligibility. A one-time extension of no more than 7 weeks may be granted, based upon departmental needs and with manager and HR approval. The extension cannot exceed a total of twenty (20) weeks of Leave measured backwards 12 months from the date of delivery. If an employee experiences a

pregnancy-related disability, such leave shall be in addition to any parental leave up to a combined maximum of twenty (20) weeks in the 12 month period.

Miscellaneous/Personal Leave:

Employees who have completed their probationary periods and given at least a 30-day notice, or as much as circumstances allow, may be eligible for a personal leave for justifiable reasons other than Medical/Family, such as for a family member not covered by federal or state laws, up to six (6) weeks.

Refer to the *PGY1 Pharmacy Residents Extended Leave Policy and Disciplinary and Dismissal Policy* for further details.

Duty Hours

The pharmacy residency program complies with the ASHP duty-hour minimum standards. These standards have been established for the benefit of patient safety, provision of fair labor practices and minimization of risks of sleep deprivation. Pharmacy resident duty hours are limited to 80 hours per week, averaged over a four-week period, inclusive of moonlighting. Pharmacy residents have one day (i.e. 24 continuous hours) of seven days free from all educational, clinical and administrative responsibilities, averaged over a four-week period and inclusive of on-call shifts. Duty hours do not include reading and preparation time spent away from the duty site. Residents will be required to document hours spent in their residency program in an effort to assure that ASHP requirements are met.

<http://www.ashp.org/DocLibrary/Residents/Pharmacy-Specific-Duty-Hours.aspx>

Tracking Attendance

Residents are required to track attendance through the New Innovations software. The resident will keep track of arrival and departure each day, as well as hours worked. This will be entered into New Innovations for tracking. Moonlighting shifts will also be recorded. The New Innovations software will be utilized to assure compliance with the ACGME Duty Hours policy. The RPD will monitor the hours via New Innovations reports. Hours will be reviewed and signed-off by the resident at the beginning of each month.

Professional Conduct

It is our expectation that all residents participating in the Kent Hospital residency will maintain the highest degree of professional conduct at all times. Residents will display the utmost professionalism in all aspects of his/her daily practice.

Professional Dress

All residents are expected to dress in an appropriate professional manner whenever they are within the hospital, participating in or attending any function as a representative of Kent Hospital. Residents are required to wear a clean, pressed white lab coat at all times in patient care areas. A detailed dress policy is found in the Kent Hospital Pharmacy Policies and Procedures (*Dress Code for Pharmacy Personnel 7070-141*).

Employee Badges

Kent Hospital requires all personnel to wear an identification badge at all times when they are on hospital grounds. Residents may obtain their badges from the Kent Hospital security office during orientation. In the event that your employee badge is lost, you must report the loss immediately to security and request a new copy. Badges must be worn above the waist and be clearly visible. They must not be defaced in any way.

Patient Confidentiality

Patient confidentiality is extremely important for all healthcare professionals, which is why HIPPA training will take place during hospital orientation. Residents are expected to maintain the highest level of patient confidentiality at all times. Residents must not:

- discuss patient-specific information with other patients, family members or any individual not directly involved in the care of the patient
- discuss patients in front of other patients or in areas where they may be overheard
- leave confidential documents (profiles, charts, etc.) in public areas
- use patient information or hospital identifiers in context to patient data on social media

Any inappropriate conduct (e.g. breach of confidentiality) may result in disciplinary action.

Electronic Communications

1. Residents are expected to regularly check their Kent Hospital sanctioned email. This email address should be utilized for all residency/hospital related matters.
 - a. Residents are expected to follow KH institutional and human resources policies concerning using and disclosing patient identifying information in e-mails.
 - i. Any e-mails to recipients outside CNE that include any PHI must include “[PHI] or [encrypt]” in the subject line.
2. Residents are expected to utilize CareThreads for electronic communication. It is the expectation that residents are “available” on CareThreads during all rotation and staffing hours.
3. The use of personal cellular phones shall not interfere with clinical responsibilities or communications with other hospital staff members.
4. Any use of a USB flash drive must be in compliance with hospital policies IS 14 P and IS 14 S. Residents will be issued a hospital supplied encrypted USB flash drive for use.

Residency Project

The residency program requires the resident to participate in a research project with the goal to educate the resident on the many phases involved within scientific research and quality improvement and leadership. The resident will learn about formulating a question, conducting a literature search, developing a project proposal, IRB submission, collecting data, interpreting the data, and presenting their findings accordingly. This project is intended to take a year to complete and culminates in the final presentation being given at the Eastern States Conference.

Each resident is required to complete a research project and write a manuscript that is suitable for publication. The resident may decide to do original research, identify a process improvement or establish a new service. The research will involve the collection and analysis of either prospective or retrospective patient data. Literature reviews alone will not be acceptable. Resident research projects require review by the Institutional Review Board (IRB).

Preceptors and residents will collaborate to identify a research topic, create a project proposal and establish a timeline to ensure success.

Project Topics

A list of project topics will be generated from the RPD, Pharmacy Director, Research Coordinator, and preceptor suggestions. Each idea will require the following information to proceed:

1. Project advisor/team
2. Title/Idea of project

Project Selection

Based on the resident's interests and professional goals, the resident will select from the list of topics or propose an idea of their own. If the resident develops their own project it must be approved by the RPD and RAC. Residents should select projects with topics or patient populations of interest to them as well as the department to ensure a successful outcome.

Once the project is selected and approved by the RPD, the resident must meet with their project advisor to begin outlining specifics about how to begin their research.

Research Proposal

The resident will be responsible to develop a formal research proposal which is reviewed and approved by the project advisor. The proposal should outline project goals, objectives and methods used to analyze the data once collected. The proposal should include the following sections:

1. Research question.
 - a. Should be well defined and feasible to answer in the defined period of time
2. Objectives
 - a. Should be specific. May include both primary and secondary objectives
3. Background
 - a. Literature review of the question
4. Methods
 - a. What is the study design? What are you going to measure?
5. Data analysis
 - a. How are the results going to be analyzed?
6. References

Project Timeline

Project management is a significant component of the Residency Project. The following timeline will serve as a general template for the resident to prepare his/her own individual timeline and project deadlines.

Project Idea: July
Project Proposal: August- September
IRB submission: September-October
Poster for Midyear: November-December
Eastern States Preliminary Slides for review: March-April
Eastern States: April/May
Manuscript: June

Resident Participation in Conferences and Committees

Professional Meeting Attendance

Residents are allotted conference days to attend the ASHP Midyear Clinical Meeting and the Eastern States Residency Conference. PTO is not used for these conference days. Any other meeting travel must be approved by the RPD and Director of Pharmacy prior to conference registration.

All residents will attend the conference in its entirety unless specified otherwise by the RPD. All residents and RPD/preceptor (if attending) will be expected to attend the presentations of all other KH residents, specifically at the Eastern States Residency Conference.

Reimbursement for Travel

Expenses incurred during hospital-sanctioned travel -- including lodging, meals, parking, airfare, transportation (taxi), etc. -- are reimbursable per CNE guidelines. Expenses are pre-approved by the Director of Pharmacy and CNO and must be within the budgeted conference allowance. Itemized receipts for all expenses should be individualized, saved and submitted along with the appropriate Kent Travel/Meeting Expense Settlement document to the Department Administrative Assistant for reimbursement. The resident shall make copies of all documents submitted, including receipts.

Hospital-sanctioned travel includes events to present residency research projects as well as residency recruitment events and includes the ASHP Midyear Clinical Meeting and the Eastern States Residency Conference.

Committee Meetings

To broaden the residency experience, residents are requested to attend a variety of meetings throughout the year. These may be departmental, administrative staff meetings, committee or clinical meetings. Preceptors, pharmacy administration, or the RPD may request attendance to other specific meetings to broaden the residents educational experience or assist with the development of a project.

Required Attendance

1. Department Huddles (at least once daily)
2. Monthly Clinical Staff Meetings

3. CNE Pharmacy and Therapeutics—must attend all meetings held at Kent Hospital. In addition, the resident may be asked to attend off-site meetings if their work is being presented.
4. Residency Advisory Committee
 - a. Residents may not be required to attend the entire meeting
5. Residency Research Series
6. Monthly Residency Meetings
 - a. Held with the RPD to discuss upcoming residency related events, issues, rotations, and general residency progress as well as sign off on hours

Professional Society Involvement

Residents at Kent Hospital 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.

Expectations:

1. The Department of Pharmacy will maintain professional memberships for the residents during their program year for the American Society of Health-System Pharmacists (ASHP).
2. Residents are required to join ASHP and attend the Midyear Clinical Meeting
3. Residents are strongly encouraged to become members of RISHP.

Resident Education Presentations

Continuing Education Presentations

Residents will complete at least one ACPE or CME accredited Continuing Education (CE) Program. These will typically be delivered through the Rhode Island Society of Health-System Pharmacists (RISHP) or via URI CME program.

In-service Education Presentations

Residents will complete at least one in-service education presentation for pharmacy, nursing and/or medical staff. Residents may be asked to complete additional in-services as needed or as required per specific rotations.

Residency Program Portfolio

Each resident shall maintain an electronic Residency Portfolio which will be a complete record of the resident's program activities. Residents are responsible for updating and maintaining these portfolios throughout the year, and for submitting the portfolio to the Residency Program Director at the conclusion of the training program. Completion of the electronic portfolio is a requirement for graduation from the program.

The residency program portfolio shall include the following items:

1. Completed Resident Self-Evaluation and Planning Form
2. Documentation of activities, projects, presentations, including edited documents
3. Any/all evaluations of the preceptors, rotations and/or resident that are not posted on PharmAcademic®

4. A record of all in-services, presentations and seminars given by resident, including handouts developed
5. Residency Project
 - a. RAC and IRB- approved proposals
 - b. Grant/funding proposals (if applicable)
 - c. Final manuscript
6. Calendar listing of all seminars/meetings attended
 - a. Clinical/staff meetings
 - b. Committee meetings
 - c. Educational presentations (i.e. grand rounds)
 - d. State/local continuing education
 - e. Regional/national meetings
7. Current Curriculum Vitae
8. Staffing/PTO records

An electronic file will be kept for each resident and will contain planning forms, presentations and projects. The resident will maintain the file throughout the residency year. After completion of the residency year, the RPD will maintain the document as per ASHP accreditation standards.

Residency Competency Areas, Goals and Objectives

The competency areas, goals and objectives are for use with the ASHP Accreditation Standard for the Postgraduate Year One (PGY1) Pharmacy Residency Programs. The first four competency areas are required; the rest are elective.

The required competency areas, and all of the goals and objectives included therein, must be included in all programs. Programs may add one or more additional competency areas. Programs selecting an additional competency area are not required to include all of the goals and objectives in that competency area. In addition to the potential additional competency areas contained in this document, programs are free to create their own additional competency areas with associated goals and objectives. Each of the goals falling under the program's selection of program competency areas (required and additional) must be evaluated at least once during the residency year. Furthermore, elective competency areas may be selected for specific residents who wish to pursue a certain skill or aspect of pharmacy.

Each of the document's objectives has been classified according to educational taxonomy (cognitive, affective or psychomotor) and level of learning. An explanation of the taxonomies is available elsewhere¹.

Competency Area: Categories of the residency graduates' capabilities.

Competency areas fall into one of three categories:

Required: Four competency areas are required (all programs must include them and all their associated goals and objectives).

Additional: Competency area(s) other than the four areas required for all programs, which programs may select to add as required for their specific residency program.

Elective: Competency areas(s) selected optionally for specific resident(s).

Educational Goals (Goal): Broad statement of abilities.

Educational Objective: Observable, measurable statement describing what residents will be able to do as a result of participating in the residency program.

Criteria: Examples intended to help preceptors and residents identify specific areas of successful skill development or needed improvement in residents' work.

Required Competency Areas:

- 1) Patient Care
- 2) Advancing Practice and Improving Patient Care
- 3) Leadership and Management
- 4) Teaching, Education and Dissemination of Knowledge

Review the *Required Competency Areas, Goals and Objectives for Postgraduate Year One (PGY1) Pharmacy Residencies* document (Appendix A).

Residents are required to review this document in full.

1. Nimmo, CM. Developing training materials and programs: creating educational objectives and assessing their attainment. In: Nimmo CM, Greene SA, Taylor JT, eds. Staff development for pharmacy practice. Bethesda, MD: ASHP; 2000.

Learning Experiences

Required Months	Elective Months	Required Longitudinal
<ul style="list-style-type: none"> • Orientation/Training • Internal Medicine • Intensive Care • Infectious Disease • Administration • Ambulatory Care (Anticoagulation Clinic, Primary Care) 	<ul style="list-style-type: none"> • Emergency Medicine • Palliative Care • NICU (WIH) • Psychiatry (Butler) • Cardiology • Student Precepting (Required for teaching certificate) • Oncology • Geriatrics • Transitions of Care • Anticoagulation Clinic 	<ul style="list-style-type: none"> • Clinical Administration (formulary reviews, committee involvement, etc.) • Centralized and Decentralized Staffing • Research • <i>Transitions of Care</i>

Preceptor Roster

Required Rotations

Rotation	Preceptor(s)
Orientation	Katelyn Galli, PharmD, BCPS, BCCP
Internal Medicine	Melinda Martland, PharmD, MBA, BCPS
Intensive Care	Andrea Cone, PharmD, BCCCP
Infectious Disease and Antimicrobial Stewardship	Monica Dorobisz, PharmD, BCIDP
Practice Management (Administration)	Brian Musiak, PharmD, MBA, Sarah Troob, PharmD
Primary Care (Ambulatory Care)	Stacey Ranucci, PharmD, CDOE
Anticoagulation Clinic (Ambulatory Care)	Laura Clarke, PharmD, CDOE; Brennan Luke, PharmD, BCPS; Jordan O'Leary, PharmD
Practice Management (Research Project)	Monica Dorobisz, PharmD; Project Advisors as applicable
Pharmacy Service (Staffing)	Jessica Damon, PharmD
Transitions of Care	Shannon Levesque, PharmD

Elective Rotations

Rotation	Preceptor(s)
Behavioral Health at Butler Hospital	Chloe Morgan, PharmD, BCPS, BCPP
Cardiology	Katelyn Galli, PharmD, BCPS, BCCP
Emergency Department	Alicia ZuWallack, PharmD, BCPS, Rany Cover, PharmD
Precepting	<i>Rotation Specific</i>
Neonatal ICU at Women and Infants	Michael Muller, PharmD
Outpatient Oncology	Heather McCarthy, PharmD, BCOP
Palliative Care	Britny Rogala, PharmD, BCOP
Geriatrics	Shannon Levesque, PharmD
Specialty/Outpatient	M. Ross Casey, PharmD, CDOE, CVDOE

Required Rotations

Orientation: All residents have a one month orientation in July, where they will be trained and exposed to the integral operations necessary for the entire year.

Internal Medicine / Intensive Care Unit: These required core rotations will provide the residents with experience with our main patient populations where pharmacists are providing care. Residents will experience patient care with a teaching service as well as an interdisciplinary care team.

Infectious Disease: This rotation will provide the resident with experience in working with an antimicrobial stewardship program while enhancing his/her infectious disease pharmacotherapy skills.

Administration: This rotation will provide the resident with an appreciation for and experience with the elements of successful pharmacy practice management and the issues facing pharmacy directors and managers in an inpatient setting.

Ambulatory Care: The resident may choose from several options for ambulatory care, including anticoagulation clinic, primary care, and palliative care clinic. This rotation will provide residents with the opportunity to work as an independent clinician one on one with the patient to care for chronic disease states.

Elective Rotations

Emergency Medicine: During the emergency medicine rotation, the resident will be an active member of the emergency department team under the preceptorship of emergency pharmacists. The resident will gain and apply knowledge of the treatment of emergency disease states, and will oversee medication list collection by the pharmacy technician.

Informatics: Pharmacy Informatics is responsible for implementing and maintaining the pharmacy technology systems in the hospital. The resident will assist the IT pharmacist in any build, maintenance or optimization projects.

NICU: The focus of this rotation is the provision of complete pharmaceutical care services to the NICU population. The resident will be exposed to this high-risk population and enhance their knowledge in the pharmacotherapy of neonates.

Psychiatry: This rotation will provide the resident with experience working with an inpatient psychiatric population while enhancing his/her psychiatry pharmacotherapy knowledge.

Cardiology: This rotation will provide the resident with experience in working with the Brigham and Womens cardiology consult service line while enhancing his/her knowledge on cardiovascular topics.

Precepting: The resident will act as the go-to preceptor (not preceptor of record) for P4 APPE students on their specific rotation. The resident will facilitate topic discussions and case presentations for the student.

Oncology (Ambulatory): The adult ambulatory oncology rotation will focus on drug therapy of patients at the WIH/Kent infusion Center. The resident will be working directly with the preceptor in the clinic to manage drug therapy and provide ongoing education to patients. This experience offers the opportunity to be involved in developing and dynamic practices of outpatient oncology pharmacy.

Palliative Care: Residents will learn to provide pharmaceutical care to patients with acute pain, chronic cancer, and chronic non-cancer pain. Additionally, residents will be prepared to meet the

specialized pharmaceutical care needs of patients with advanced and terminal illnesses, including pain and non-pain symptom management.

Geriatrics: The resident will be introduced to the complexities of the care of the elderly and provide the resident with exposure to the multitude of services available for elderly patients in our community. Emphasis will be placed upon performing a comprehensive geriatric assessment, implementation of preventive care strategies including recognition and management of geriatric syndromes, and the development of pharmacotherapeutic skills in the prevention, identification, and resolution of drug therapy problems in the elderly.

Required Longitudinal Rotations

Transitions of Care: This longitudinal experience will incorporate all rotations to ensure that coordination of safe and accurate transitions between levels of care. Residents will develop and refine skills in identifying patient barriers and providing effective patient education.

Research Project: The residents will each be required to participate in a year-long research project which will consist of presenting the initial design, the finalized protocol, interim data and final results to their project coordinator. Ideas for projects will be finalized early on in the residency year, and will arise from identified needs for enhanced pharmacy practice at this institution. The residents will follow the process of seeking approval from the Institutional Review Board or Quality Improvement as necessary. Each December will be a dedicated time for the residents to work on this project, and presentation of the project at the ASHP Midyear Clinical Meeting and the Eastern States Pharmacy Residency Conference is required.

Clinical administration: The residents will work longitudinally with the Clinical Manager on projects to enhance the education and knowledge base of the pharmacy, nursing and medical staff. The residents will be required to participate in the CNE Pharmacy and Therapeutics Committee meetings throughout the year. The residents will compile and present the Adverse Drug Reactions report quarterly, as well as present on other projects they have worked on which require P&T approval.

Staff Pharmacist Shifts: The residents will be required to fulfill pharmacy practice responsibilities. The activities of the clinical staff pharmacists include but are not limited to verifying patient-specific orders and medications, answering drug information questions, attending rapid response calls, providing patient education and solving other pharmacotherapy situations as they may arise. These activities will average approximately 32 hours / month and will be divided into 8 hour staff pharmacist shifts (one weekend and 2 weekday shifts / month), but may vary based on the needs of the department. The residents will also be required to each work at least 1 major and 1 minor holiday during the year.

Refer to the *Pharmacy Residents Staffing Policy* for further details.

Please refer to PharmAcademic® and/or specific rotation binders available from the preceptor for all learning experience descriptions, learning objectives and activities, references, required readings, etc.

Residency Evaluation Process

The Kent Hospital residency program is dedicated to providing the best possible experience for its residents. Therefore, critical evaluation of our program, rotations, preceptors, and program director is required from each resident at the completion of each rotation and throughout the residency year. It is also important that residents receive valuable feedback on their performance from their preceptors and program director. Most importantly, residents need to learn to assess their own performance and monitor their progress in achieving their professional goals and objectives over the course of the residency year.

There are four types of required assessments for our PGY1 program to monitor resident's progress and program effectiveness. Residents will be evaluated by rotation preceptors, the program director, the Pharmacy Director and themselves.

Summative evaluation:

Performed by the resident halfway through each rotation and by the preceptor at the end of the rotation (see table below)

Quarterly evaluation: performed by the RPD each quarter. The RPD will determine if the resident has demonstrated consistency throughout their learning experiences and mark "achieved for residency" accordingly.

Preceptor evaluation: performed by the resident at the end of the rotation/experience. (see table below)

Formative feedback: performed by the preceptor on an as needed basis. Provides formal and informal feedback to the resident.

PharmAcademic® is the ASHP approved database used to manage our residency evaluations.

Evaluation Scale and Definitions:

	Assessment Description
Needs Improvement	<ul style="list-style-type: none"> Resident's performance is consistently below expectations, and/or he/she has failed to make reasonable progress toward agreed upon expectations and goals. Significant improvement is needed in most aspects of their performance. Resident displays inconsistency in the performance of the evaluated skill, ability, initiative or productivity review and performance frequently falls below acceptable levels. Frequent preceptor intervention is needed and development is required to meet expected performance level. A plan to improve performance with specified timelines must be outlined and monitored for improvement.
Satisfactory Progress	<ul style="list-style-type: none"> Resident displays an understanding of evaluated skill, ability, initiative or productivity, however he/she requires additional work to develop and sustain an effective level of performance. The resident is exceeding requirements in some areas, but not consistently or not without exception. Resident needs occasional preceptor intervention or is capable of independent performance the majority of the time with only minimal preceptor intervention. Skills are developing.
Achieved	<ul style="list-style-type: none"> Resident consistently demonstrates high level of performance for evaluated skill, ability initiative or productivity. All associated assignments/responsibilities are completed at or above the level of expectation.
Achieved for Residency	<ul style="list-style-type: none"> Resident demonstrates continued competency of the assessed goal. Resident can effectively model and/or teach goal to a new learner. Achieved for residency status is determined during the Residency Advisory Committee meetings, at least quarterly, with input from program preceptors.

Summative Evaluation

Preceptors complete summative evaluations as per the table below

Review with resident, any necessary changes are made in PharmAcademic®, then select 'Submit for Cosign'

Preceptors will give residents a verbal mid-point evaluation halfway through each rotation

Evaluations may be sent back by the RPD for the following:

- Significant misspellings
- Patient names utilized within the document
- Criteria-based qualitative feedback statements not utilized

Preceptor Evaluation Strategy

Type of Evaluation	Rotation Type	
	<i>Block</i>	<i>Longitudinal</i>
Verbal Midpoint	Half-way	None
Summative	End	Quarterly (4 total)

Resident Evaluation Strategy

Type of Evaluation	Rotation Type	
	<i>Block</i>	<i>Longitudinal</i>
Resident Self-Evaluation	Half-way	None
Preceptor	End	Quarterly (4 total)
Learning Experience	End	Quarterly (4 total)

Resident Self-evaluation

Each resident will self-evaluate any project or presentation and discuss with the rotation preceptor and/or RPD. Residents will also discuss progress with the RPD. These discussions will include, but are not limited to, preceptor feedback, ACHR status, and completed work. The self-evaluation will be the basis for discussion between the resident and the RPD at each quarterly meeting. Any opportunities for improvement and appropriate action plans identified during the quarterly review will be documented in the resident development plan.

Resident Evaluation of Rotation and Preceptor

At the end of each rotation the resident will evaluate their preceptor(s) and rotation. This evaluation is submitted to the preceptor and then to the RPD via PharmAcademic®.

Self-Assessment Form

Prior to the program start, the incoming residents will be given a self-assessment form to complete to assess their abilities, practice interests, skill level, experience and educational background. This assessment will be completed through PharmAcademic®. This information will be shared with the preceptors and RPD to assist in developing a customized training plan and schedule.

In addition, the residents will submit a self-assessment form on a quarterly basis to the RPD. This will be used to evaluate resident self-assessment skills as well as to update the resident development plan.

ASHP Entering Interests Form

The residency program at Kent uses the standard form created by ASHP to determine the residents' individual professional goals and objectives for their program year. This form is completed once during, or prior to, the resident orientation experience. It addresses career goals, current practice interests, strengths, weaknesses, and professional and personal goals. Residents are asked to identify their special interests within the program, as well as their future plans for continuing pharmacy education and involving themselves in professional organizations. These forms are then used to create customized training plans for the residents.

Residency Program Director, Research Preceptor, and Program Evaluation

At the end of the residency program, each resident will complete an evaluation of the Residency Program Director and program which will be reviewed by the RPD and/or RAC.

Resident evaluations completed by the preceptors during rotations will be available to other preceptors for viewing through PharmaAcademic®. The comments in these evaluations may be discussed among the preceptors at the monthly RAC meetings in order to ensure all preceptors are aware of each resident's progress. Sharing evaluations among preceptors will also help to provide better learning opportunities for each resident, knowing what activities they have performed well and what areas have been identified to improve upon in future rotations.

Signing Evaluations

Signing an evaluation (both residents and preceptors) indicates that the evaluation has been read and discussed. Evaluations not mutually agreed upon by both parties should still be signed, indicating that each party has read the evaluation.

Quarterly Tracking

Resident's goal progression will be evaluated monthly and quarterly at both the residency meetings and RAC meetings. Goals consistently scored as SP with progression to ACH (by more than one preceptor) on the summative scale throughout the year will be marked as "Achieved for Residency" by the RPD.

Graduation Requirements

Each resident is required to satisfactorily complete core objectives before the residency is considered complete.

Core objectives required for graduation

1. Licensure by September 1st of the residency program year.
2. Independent staffing by September
 - a. Operational staffing skills must be evaluated and declared competent by the Pharmacy Practice Preceptor(s)
3. Successful completion of all learning experiences
 - a. Completes all learning experiences
 - b. Achieves each patient care goal and objective at least once during residency program
 - c. Achieves 80% of program goals and objectives by end of program
 - i. To achieve for residency the resident must demonstrate ACH status at least twice for each patient care goal/objective in different learning experiences, or demonstrate ACH at least twice or once with RAC consensus for non-patient care goals/objectives.
4. Completion of evaluations
 - a. All evaluations are completed and signed via PharmAcademic®
5. Residency program portfolio completed electronically

- a. Organized by rotation
 - b. Includes all presentations, journal clubs, drug information questions and projects
6. All data for the ADR database is completed
7. Completion of medication information and policy development requirements
 - a. Clinical Administration Longitudinal Rotation requirements
8. Completion of residency project
 - a. Completion of research poster for presentation at ASHP Midyear Clinical Meeting
 - b. Presentation of residency project at Eastern States Residency Conference
 - c. Presentation of residency project to Pharmacy and Therapeutics Committee, or other appropriate committee, as determined by the RPD
 - d. Presentation of residency project to Kent pharmacy staff
 - e. Completion of residency project manuscript
9. Delivery of at least one ACPE or CME accredited CE program
10. All other assignments completed satisfactorily

If the resident anticipates that any of the above requirements will not be met at the completion of the residency, residents will be required to submit in writing to the RPD and RAC a timeline and plan to complete outstanding items within a reasonable timeframe, not to exceed 60 days past the last scheduled day of the residency program. Requests for the 60 day extension must be made as soon as the resident suspects they will not be able to complete any of the above requirements prior to the end of the program, but no later than June 15th to the RPD.

Failure to complete all of the above requirements by the end of the residency, or within 60 days of the last scheduled day with an approved extension, will result in an unsuccessful completion of the residency, and an inability of the program to award a final certificate.

Upon successful completion of all requirements of the residency program, the resident will be awarded a certification of completion. This certificate will attest that the resident has achieved competencies consistent with and in accordance with accreditation standards as set forth by ASHP.

Prior to receiving the certificate, residents must return identification badge, pagers, keys, etc. to the hospital.

Evaluations and Exit Interview

At the end of the residency program, each resident will complete an exit interview with the Residency Program Director. Evaluations of the RPD will be reviewed with the RPD and Director of Pharmacy at the end of the Residency Program. The resident will evaluate the research project and preceptor at the end of the residency program via PharmAcademic®.

Appendix

Appendix A: Acknowledgement and Agreement by Resident

Appendix B: Requirements to Complete PGY1 Residency at Kent Hospital

Appendix C: Project Completion Sheet

APPENDIX A

Residency Handbook- Acknowledgement and Agreement

Kent Hospital Pharmacy

RESIDENCY HANDBOOK ACKNOWLEDGEMENT AND AGREEMENT

Pharmacy Resident
Name: *(Printed)* _____

Date of
Acknowledgement: _____

Residency Handbook Components	Reviewed
PHARMACY SERVICES	√
RESIDENCY PROGRAM OVERVIEW	
PURPOSE STATEMENT	
MISSION STATEMENT	
PROGRAM OUTCOME	
PROGRAM STRUCTURE	
SELECTION AND QUALIFICATION OF RESIDENTS	
ADMINISTRATION OF THE RESIDENCY	
RESIDENCY REQUIREMENTS OVERVIEW	
RESIDENCY PROGRAM FUNCTIONS AND RESPONSIBILITIES	
RESIDENT RESPONSIBILITIES	
DUTY HOURS	
RESIDENCY PROJECT	
PARTICIPATION IN CONFERENCES AND COMMITTEES	
RESIDENT EDUCATION PRESENTATION	
PROGRAM PORTFOLIO	
COMPETENCY AREAS, GOALS AND OBJECTIVES	
LEARNING EXPERIENCES	
EVALUATION PROCESS	
GRADUATION REQUIREMENTS	

I, _____, acknowledge that I have gone through the residency handbook in its entirety and understand my expectations as a pharmacy resident at Kent Hospital. I understand that my successful completion and graduation from this program is based off of my independent completion of the duties set forth for me and have addressed all pertinent questions and concerns as applicable with my residency program director.

Residency Program
Director Signature: _____

Date _____

APPENDIX B
Residency Handbook – Graduation Requirements

Requirements to Complete a PGY1 Residency Program at Kent Hospital

Requirement	Achieved ✓	Date Completed	Preceptor Sign-Off (Initials)
Successfully completes both hospital and department orientation programs			
Attendance and presentation of poster at ASHP Midyear Clinical Meeting			
Attendance and presentation of research presented at the Eastern States Residency Conference			
Presentation of project/research at organization based appropriate meeting			
Submission of a written manuscript to the RPD and project advisor by June 11, 2021			
Completion of at least one MUE			
Development and presentation of at least one CE or CME presentation			
Development and presentation of at least nine case presentations (1 per rotation)			
Completion and presentation of at least four journal clubs			
Prepares and presents at least one P&T formulary monograph			
Completes at least one ADR report and quarterly summary			
Prepares and presents a minimum of two presentations outside the department			
Maintains good standing within the department of pharmacy policies and procedures			
Completes required staffing hours			
Attends required department and interdisciplinary meetings			
Achievement of 80 % ASHP required educational competency areas and goals			
Successfully completes all learning experiences			
Completes all required evaluations in PharmAcademic			
Completes electronic portfolio prior to completion of the residency program			

Appendix C
Residency Handbook -- Project Completion Sheet

Resident: _____

Please refer to the Residency Research Series Timeline for specific deadline dates

Project Item	Date Completed	Project Advisor Sign-Off
Idea Submission to RAC, project advisor		
IRB and CITI Training		
IRB proposal		
Data Collection Spreadsheet		
IRB submission		
IRB approval		
ASHP Abstract		
ASHP Poster		
Print ASHP poster		
ESC Abstract		
ESC Presentation Slides		
Pharmacy Department Presentation		
Kent/Care New England Presentation		
Final Manuscript		