

	<h2 style="color: #D4AF37;">Pharmacy Residency Programs</h2>	Dept:	Pharmacy
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Signature: Signature on file		Date:	3/22/17

1) General Policy Statement:

The Pharmacy Residency Programs at WFBMC will establish and maintain consistent selection, employment and performance processes. The purpose of this guideline is to define expectations associated with key employment processes for pharmacy residents and outline the process for selecting residency preceptors.

- a) **Scope:** This policy applies to Pharmacy Residents, Residency Program Directors and Preceptors.
- b) **Responsible Department/Party/Parties:**
 - i. Procedure owner: Director of Pharmacy
 - ii. Procedure: Residency Program Directors
 - iii. Supervision: Residency Program Directors
 - iv. Implementation: Residency Program Directors, Preceptors and Residents

2) Definitions:

- a) **Guideline:** A process or method for accomplishing a specific task or objective. All guidelines must comply with applicable WFBMC policies and procedures.

3) Policy Guidelines:

A. Resident Selection Process

1. Selection for Onsite Interview

- a. A subcommittee will review applications to select applicants for onsite interviews (the members of the subcommittee, the form used to evaluate applicants, and number of applicants chosen for interviews will be decided for each individual program).
- b. Applicants will be evaluated for:
 - Quality of training/experience
 - Letters of recommendation
 - Interpersonal skills (if interaction with candidate has taken place)
 - Writing skills
 - Research
 - Publications,

- Presentations
- Leadership

2. Interviews

- a. During the interview, the applicant will meet with representatives from the selection committee for the specific residency.
- b. The applicant will be offered a tour of the facility.
- c. At the discretion of the Residency Program Director (RPD), applicants to certain residencies may be required to give a presentation as part of the interview process.
- d. Selection committee members who interview applicants will complete an evaluation form upon completion of the interview.
- e. At a minimum, applicants will be evaluated on the following:

Interpersonal
skills
Clinical
skills
Presentation skills (if
applicable)
Interest in
residency
“Fit” of applicant’s professional & personal goals and learning
style with program
Letters of
recommendation
Leadership experience

3. Ranking

- a. Members of the residency’s selection committee will meet to decide the rank order of the applicants based on the criteria stated previously.
- b. Although a numerical score may be calculated based on individual evaluation forms, this score is only meant as a starting place for applicant ranking and does not dictate the final rank order.

- c. The RPD is responsible for submitting the final rank order list to the National Matching Service (NMS).

B. Early Commitment (see commitment letter in Appendix 1)

1. The process will adhere to the guidelines set forth by the American Society of Health-System Pharmacists (ASHP) and NMS.
2. During orientation, all PGY1 residents will be informed of the PGY2 residencies available at WFBH and the early commitment process.
3. Only PGY1 residents in good standing will be considered for Early Commitment. Good standing is indicated by the following:
 - a. The majority of the resident's preceptor evaluations demonstrate that the PGY1 resident is making Satisfactory Progress (SP) and is anticipated to be able to successfully complete the PGY1 residency program requirements by the conclusion of the training program.
 - b. There are no violations of the Medical Center's Code of Conduct.
4. Procedure for Application/Selection
 - a. Based on each year's ASHP Midyear deadlines, a date in October will be selected by which residents who are interested in early committing to a specific PGY2 residency must submit a letter of intent to the PGY2 RPD. This letter states that the resident will accept the PGY2 residency if offered; however, it does not commit WFBMC to offer the PGY2 residency to the resident.
 - b. The PGY2 RPD will use direct observation, discussion with the resident, rotation evaluations, and inquiries of other preceptors to assess the resident's appropriateness for the PGY2 residency. The PGY2 RPD may choose to offer an interview with members of the PGY2 RAC. Residents will be evaluated on the following:
 - Interpersonal skills
 - Clinical skills
 - Presentation skill
 - Interest in specialty area
 - c. Prior to the deadline for early commitment established by ASHP and NMS, the PGY2 RPD will decide whether or not an interested resident is selected for early commitment to the PGY2 residency. All residents applying to the PGY2 residency will be notified of the decision by the RPD prior to the deadline for submission to the Match.
 - d. The exact date when the selection is made is at the discretion of the individual RPD. Based on the timing of this decision, it may be in the resident's best interest to participate in the ASHP Personnel Placement Service (PPS). If the RPD makes the decision to recruit through PPS for an external candidate, the resident is no longer

obligated to accept a position as stated in their letter of intent. A few possible scenarios are offered as examples:

A resident is interested in a specific PGY2 program and completes the letter of intent. The number of residents interested in this particular PGY2 program is less than or equal to the number of available positions. Based on the evaluation of the resident, the PGY2 RPD decides to offer early commitment prior to the ASHP Midyear Clinical Meeting and the resident does not go through PPS. The resident will be notified of this decision in writing.

A resident is interested in a specific PGY2 program and completes the letter of intent. The number of residents interested in this particular PGY2 program is less than or equal to the number of available positions. Based on limited interactions with the resident, the PGY2 RPD decides that a decision will not be made until December and advises the resident to go through PPS. The RPD also chooses to recruit at PPS (The RPD could later choose to either accept or reject the resident's request for early commitment, though the resident would be able to decline the offer at this point.)

The number of residents interested in a particular PGY2 program is greater than the number of available positions. These residents complete letters of intent. Based on an evaluation of the candidates, the RPD selects resident(s) for early commitment prior to the ASHP Midyear Clinical Meeting. The remaining candidate(s) go through PPS.

The number of residents interested in a particular PGY2 program is greater than the number of available positions. These residents complete letters of intent. Based on an evaluation of the candidates, the RPD decides that more information is needed and chooses to make a selection after the ASHP Midyear Clinical Meeting. All candidates are encouraged to participate in PPS. If the RPD chooses to recruit at PPS, the residents would be able to either decline or accept offers for early commitment at this point. If the RPD does not recruit at Midyear, the residents may go through PPS but would be bound to the statements in the letter of intent.

- e. The PGY2 RPD will notify NMS of the early commitment decision according to NMS policy.

C. Disciplinary Action/Dismissal

1. Code of Conduct/Failure to progress

- a. The resident will adhere to the Medical Center's [Ethical Behavior](#) policy which contains the Code of Conduct. The RPD will address any violation of the Code of Conduct with the individual resident, assign appropriate disciplinary action/remediation, and document the encounter in the resident's file. The violation will also be presented to the RAC.
- b. Failure to progress will be handled similarly to a violation of the Code of Conduct (discussion with the individual resident, assignment of appropriate disciplinary action/remediation, documentation of the encounter in the resident's file, and discussion at RAC).

- c. The response to repeated Code of Conduct violations/Failure to Progress warnings will be considered by the RAC, and appropriate disciplinary action (including possible dismissal) will be determined.

2. Licensure

- a. The resident is expected to be licensed as a Registered Pharmacist in the State of North Carolina by July 1st. If the resident is unable to gain licensure by July 1st, the RPD should be notified immediately and the resident will attempt to obtain licensure at the earliest possible date after July 1st. If the resident is not licensed by September 30th, the resident will be terminated from the program and employment at Wake Forest Baptist Health.

3. Leave of Absence and Benefit Time Off

- a) Pharmacy residents in their first year of employment do not qualify for FMLA.
- b) Pharmacy residents in their first year of employment could be granted a leave of absence for up to 30 days beyond their extended BTO. The program requirements must be completed by July 30th to receive a residency certificate for residents who are granted leave.
- c) Pharmacy residents who have worked at WFBMC for at least one year may qualify for FMLA and the residency program will follow the [Family Medical Leave](#) policy of WFBMC. The program requirements must be completed by July 30th to receive a residency certificate for residents taking FMLA.
- d) Although residents accrue Benefit Time Off at a rate similar to other employees, actually taking all accrued Benefit Time Off during their residency may not be compatible with a successful residency experience. Requests for Benefit Time Off will need to be approved by the RPD.

4. Requirements for Residency Certificate

- a) To be granted a certificate, the resident must:
 - 1) Achieve 85% assigned residency objectives
 - 2) Satisfactorily complete all rotations
 - 3) Satisfactorily complete all major assignments, projects, and presentations as outlined in the residency notebook/orientation materials
- b) Residents who take FMLA will be granted an additional month to complete their residency requirements. This experience will take place at the end of the residency year or upon return from FMLA, whichever comes last.

- c) The Residency Advisory Committee (RAC) may consider extenuating circumstances in deciding whether or not to grant a residency certificate to an individual.
- d) Residents who are terminated from employment due to disciplinary action will not receive a residency certificate.

D. Duty hours for residents

1. Personal and Professional Responsibility for Patient Safety

- a. Residents' first priority is the safety and care of their patients. Residents are expected to be rested and physically fit so they can properly care for patients. Residents are expected to order their spare time such that their ability to care for patients is not hindered.
- b. Fatigue and sleep deprivation can impede an individual's ability to care for patients and to learn. If residents feel that they are experiencing excessive fatigue and/or sleep deprivation, they are responsible to discuss this with their program director. If preceptors notice that fatigue and/or sleep deprivation is hindering a resident's ability to perform, the preceptor should discuss this with the resident and the RPD.

2. Maximum Hours of Work and Duty Free Times

- a. Duty hours must be limited to 80 hours per week, averaged over a four-week period, inclusive of all moonlighting (working for extra pay) experiences.
- b. Moonlighting at pharmacies not associated with WFBH is prohibited during the residency.
- c. Moonlighting must not interfere with the ability of the resident to achieve the educational goals and objectives of the residency program.
- d. All moonlighting hours will be counted towards the 80-hour maximum weekly hour limit.
- e. Residents will report all moonlighting hours to their program directors.
- f. Moonlighting experiences should not hinder the resident's performance. If it appears that moonlighting activities are influencing the resident's performance, the RPD will meet with the resident to determine what adjustment in the moonlighting activities are necessary to ensure that the resident can fulfill the primary responsibility to the residency program.
- g. Residents must have a minimum of one day in seven days free of duty (when averaged over four weeks).
- h. Residents will have a minimum of 8 hours between scheduled duty periods.
- i. Continuous duty periods for residents should not exceed 16 hours.

3. On Call Assignments

- a. On call assignments shall not be as frequent or taxing as to preclude rest or reasonable personal time for each resident.
- b. Program directors will evaluate the impact on residents of on call assignments to ensure there is not a negative effect on patient care or residents' learning due to sleep deprivation or serious fatigue.
- c. Program directors will define the level of supervision provided to residents during on call assignments.
- d. If a resident is called into the hospital as part of the on call assignment, the time spent in the hospital by the resident will count towards the 80-hour maximum weekly hour limit.
- e. The frequency of on call assignments will satisfy the requirement for a one-day-in-seven free of duty (see above). On call assignment cannot occur on the day free of duty.

E. Selection of preceptors

1. Qualifications

All preceptors and preceptors-in-training will meet the criteria stated in the ASHP resident standards for the corresponding program.

2. Preceptor selection process

- a. Pharmacist notifies RPD of desire to become a preceptor.

The RPD could also identify a potential preceptor and contact this individual's supervisor to discuss the possibility of this person becoming a residency preceptor.

- b. The RPD discusses the implications of the pharmacist becoming a preceptor with the pharmacist's supervisor and Practice Leader (if applicable).
 - 1) If the supervisor and/or practice leader do not think that residency precepting fits in with the pharmacist's other responsibilities and departmental needs, this is communicated by the RPD to the pharmacist.
 - 2) If the supervisor and practice leader are supportive of the pharmacist becoming a preceptor, the selection process continues.
- c. The RPD asks the potential preceptor to complete the Preceptor Academic and Professional Record and meets with the potential preceptor.
- d. The RPD considers the employee's candidacy in light of the residency standards' criteria for residency preceptors and decides whether or not to select the pharmacist to become a preceptor for the program. This decision may involve a discussion at the individual residency's RAC meeting.

The RPD communicates this decision to the pharmacist and their supervisor.

e. Appropriate preceptor development/training is scheduled.

3. Ongoing evaluation of preceptor qualifications

a. The ongoing assessment of a preceptor's qualifications to precept will be conducted during an employee's annual performance review.

b. Communication between the preceptor's supervisor and the RPD(s) concerning the employee's performance as a preceptor will occur as necessary.

4) Review/Revision/Implementation:

a) **Review Cycle:** This guideline shall be reviewed by the Department of Pharmacy every three (3) years from the effective date.

b) **Office of Record:** After authorization, the Department of Pharmacy shall house this guideline in a database and shall be the office of record for this policy.

5) Related Governing Policies:

[Ethical Behavior](#)

[Family Medical Leave](#)

6) References, National Professional Organizations, etc.:

American Society of Health-System Pharmacists (accrediting organization)

7) Attachments:

Letter of Intent for Early Commitment to PGY2 Residency (Appendix 1)

8) Revision Dates: 5/13, 9/14, 03/17, 08/19