



# BAPTIST HEALTH DEACONESS PHARMACY

Pharmacy Residency Manual

2023-24



Accredited

## Table of Contents

<b>Baptist Health Deaconess Overview.....</b>	<b>3</b>
<b>Community Partnerships .....</b>	<b>3</b>
<b>medical school graduates in rural practice.....</b>	<b>3</b>
<b>Vision, Mission, and Organizational Values .....</b>	<b>3</b>
<b>Purpose of Residency Manual.....</b>	<b>3</b>
<b>Purpose of Baptist Health Deaconess Madisonville (BHDM) PGY1 Pharmacy Residency.....</b>	<b>4</b>
<b>Program Description.....</b>	<b>4</b>
<b>Program Structure .....</b>	<b>4</b>
<b>BHDM Pharmacy Department Scope of Services .....</b>	<b>5</b>
<b>Residency Program Experience .....</b>	<b>6</b>
<b>Residency Program Position Descriptions.....</b>	<b>6</b>
<b>Expectations and Responsibilities of the Residents .....</b>	<b>7</b>
<b>Professional Conduct.....</b>	<b>7</b>
<b>Professional Dress .....</b>	<b>7</b>
<b>Employee Badge.....</b>	<b>7</b>
<b>Confidentiality .....</b>	<b>7</b>
<b>Attendance .....</b>	<b>7</b>
<b>Duty Hours.....</b>	<b>7</b>
<b>Moonlighting .....</b>	<b>8</b>
<b>General Residency Requirements .....</b>	<b>8</b>
<b>Residency Goals and Objectives.....</b>	<b>8</b>
<b>Participation in Residency Orientation Program .....</b>	<b>8</b>
<b>Completion of Practice-Related Project and Poster Presentation .....</b>	<b>8</b>
<b>Participation in ASHP Teaching Certificate for Pharmacists .....</b>	<b>8</b>
<b>Participation in Recruitment Efforts.....</b>	<b>8</b>
<b>Completion of Resident Portfolio.....</b>	<b>8</b>
<b>Entering Interests, Self-Assessment, and Development Plan.....</b>	<b>9</b>
<b>Residency Evaluation Procedures.....</b>	<b>9</b>
<b>Completion of Residency Program .....</b>	<b>9</b>
<b>General Information.....</b>	<b>10</b>
<b>Qualifications of Resident Applicants.....</b>	<b>10</b>
<b>Selection of Applications for On-Site Interviews .....</b>	<b>10</b>
<b>Interview, Evaluation, and Ranking of Candidates .....</b>	<b>10</b>
<b>Acceptance of Residency Position .....</b>	<b>10</b>
<b>Resident Benefits .....</b>	<b>10</b>

**Travel/Meeting Attendance.....10**  
**Residency Advisory Committee (RAC) .....10**  
**Critical Task List..... 11**  
**BHDM Pharmacy Residency Duty Hour Policy ..... 14**  
**Residency Applicant Review Form ..... Error! Bookmark not defined.**

## Baptist Health Deaconess Overview

Baptist Health Deaconess Madisonville, as part of a joint venture between Baptist Health and Deaconess Health systems, serves western Kentucky residents with 35 points of care to meet the needs of Kentuckians close to home.

As an integrated healthcare provider, Baptist Health Deaconess Madisonville includes more than 100 primary care and specialist physicians, a 410-bed hospital with an advanced 20-bed Critical Care unit, an Education division with a Family Medicine Residency program, award-winning Women's Health, advanced Cancer Care, and a progressive Heart & Vascular Center. The hospital is also designated Pathway to Excellence® for excellence in nursing services by the American Nursing Credentialing Center.

Guided by a values-based culture to deliver clinical and service excellence, Baptist Health Deaconess Madisonville strives for excellent care, every time.

## Community Partnerships

Baptist Health Deaconess Madisonville is very involved with the Western Kentucky community and Hopkins County, collaborating with over thirty area organizations. It is important to us to give back to the community that supports us and seeks care from us at important times in their lives. We also want to encourage our community to be as healthy as they can be through screenings, educational programs and our internal efforts.

Many of our strategic partnerships are listed below and are attributed directly to the community needs assessment for Hopkins County.

Baptist Health Deaconess Madisonville and the University of Louisville offers a family practice residency program that helps to bring new physicians to rural communities and was recently recognized as the rural program producing the second highest percentage of medical school graduates in rural practice.

## Vision, Mission, and Organizational Values

**Mission:** Rooted in tradition of Christian service, Baptist Health Deaconess Madisonville expands access to a high quality healthcare delivered with a nurturing and compassionate spirit to all.

**Vision:** Baptist Health Deaconess Madisonville seeks to be the trusted healthcare provider of choice for our region as we provide advanced medical services that focus on the wellness and dignity of the whole patient.

**Values:** CARES: Compassion, accountability, respect, excellence, and safety.

## Purpose of Residency Manual

The purpose of the residency manual is to provide information on policies, procedures, benefits and items that may impact a resident's completion of the Baptist Health Deaconess Madisonville PGY1 Pharmacy residency program. Please read the manual and keep it for future reference. The contents of this manual are not to be considered all-inclusive and are subject to change. You will be notified of any changes to this manual.

Questions regarding the application or contents of this manual should be addressed with the Residency Program Director or Pharmacy Director.

## Purpose of Baptist Health Deaconess Madisonville (BHDM) PGY1 Pharmacy Residency

The BHDM PGY1 residency programs build upon Doctor of Pharmacy (PharmD) education and outcomes to develop pharmacist practitioners with knowledge, skills, and abilities as defined in the educational competency areas, goals, and objectives. Residents who successfully complete this program will be skilled in diverse patient care, practice management, leadership, and education, and be prepared to provide patient care, seek board certification in pharmacotherapy (i.e., BCPS), and pursue advanced education and training opportunities including postgraduate year two (PGY2) residencies.

### Program Description

BHDM is a community hospital located in Madisonville, Kentucky. Unique to a hospital of this size, BHDM has a strong emphasis on teaching and provides a family medicine residency training program, the University of Louisville School of Medicine Trover Campus, Madisonville Community College Nursing and Allied Health professions, and Murray State CRNA and MSN Nursing programs. These affiliations provide pharmacy residents a variety of teaching opportunities while completing the Teaching Certificate for Pharmacists offered by the American Society of Health-System Pharmacists (ASHP). The program also offers the opportunity for pharmacy residents to assist with precepting students.

### Program Structure

All core and elective learning experiences are one calendar month long.

Orientation (required)	Core Rotations (required)	Electives (choose 2)
Hospital Orientation Computer Training Distributive Workflow Overview Review Policies & Procedures PK/Anticoagulation	Family Practice I Critical Care Administration/Med Safety Ambulatory Care Informatics Antimicrobial Stewardship Research (2 weeks) Endocrinology Psychiatry	Nephrology Cardiology Transitions of Care Women's Health Hospital Medicine Specialty Pharmacy Other requests as approved
Longitudinal Experiences		
Staffing SERC Residency Project ASHP Teaching Certificate for Pharmacists (includes precepting) Pharmacy Practice Advancement <ul style="list-style-type: none"> <li>• P &amp; T (local and system-wide)</li> <li>• Journal Clubs/Case Presentations/Topic Discussions</li> <li>• MUE/Category Reviews</li> <li>• Quality Initiatives/Committees</li> </ul>		

## BHDM Pharmacy Department Scope of Services

1. Pharmacy services are provided on site at Baptist Health Deaconess Madisonville 24 hours a day, 7 days a week. Pharmacy services are provided to patients of all ages, diagnoses, and complexities. Pharmacy distributive services include: unit dose medication system with a 24-hour medication cart exchange; IV admixture service with small and large volume parenterals; neonate, pediatric, and adult total parenteral nutrition solutions; and chemotherapy. Clinical services include, but are not limited to: pharmacokinetics, renal function monitoring and drug dosage adjustment, anticoagulation, drug information, patient medication regimen review, discharge medication counseling as requested, medication usage evaluation, medication reconciliation, medication variance tracking and analysis, antibiotic surveillance, and therapeutic interchange in approved categories.
2. BHDM Pharmacy provides additional distribution of medications and consultation for residents of the on-site long term acute care hospital operated by ContinueCARE.
3. BHDM Pharmacy procures limited, specific medications for Baptist Health Deaconess Medical Group locations.
4. Policies are based on standards developed by JCAHO, professional organizations such as the ASHP, state and federal regulations, and current medical practice as reflected in the literature and approved by the Baptist Health Deaconess Madisonville Medical Staff. Pharmacy Department policies and medication related policies are approved by the Pharmacy and Therapeutics Committee.
5. Baptist Health Deaconess Madisonville also has a separate retail pharmacy which is licensed to provide outpatient pharmacy services for the general public. The inpatient pharmacy is licensed to provide prescriptions for Emergency Department patients when an emergency and/or extenuating circumstance exists.
6. The Pharmacy Director works with the Residency Program Director to guide the Baptist Health Deaconess Madisonville Pharmacy Residency Program, which is a part of the Baptist Health Education and Research Division. The program has been approved to offer two positions.

## Residency Program Experience

### Residency Program Position Descriptions

Residency Program Director (RPD): the pharmacist responsible for direction, conduct, and oversight of the residency program.

- Maintain policies, procedures, and guidelines for residency training
- Arrange for the incoming residents' orientation
- Schedule the residents' rotations and assist in the development of a plan for special rotations/duties
- Continually monitor each rotation to ensure that the preceptors are maintaining a high level of education
- Assist in the resolution of problems or difficulties in which the resident incurs
- Keep the Director of Pharmacy informed of the activities and progress of the residents
- Confirm that the preceptor and the resident hold the end of rotation evaluation sessions and provide appropriate qualitative feedback in PharmAcademic
- Meet within the first month to develop an initial resident development plan and then quarterly to ensure appropriate progression and completion of residency program
- Coordinates all documentation pertinent for residency operation and accreditation

Residency Preceptor: an experienced and knowledgeable pharmacist who gives practical experience and training to a pharmacy resident. Preceptors have responsibility for providing appropriate learning opportunities and objectives and the evaluation of resident performance.

- Develop goals, objectives, and activities for the learning experience with the RPD
- Provides appropriate guidance and direction to residents in for them to meet the goals of their learning experience
- Keeps the RPD and resident's mentor apprised of any difficulties, or shortcomings a resident may have in a specific learning experience or in regards to the overall program
- Provides copious feedback during a learning experience and assists in providing formative evaluation as needed for select activities (presentation evaluation, PharmAcademic, etc.)

Residency Mentor: a preceptor chosen by residents during their first month of the program who assists in the personal and professional growth of the resident.

- Provide general guidance and support as needed to the resident
- Assist in development of resident's career goals
- Help plan elective learning experience schedule
- Meet at least quarterly with the resident to discuss and review the progress of the resident
- Coordinates with the RPD in development and documentation of the resident's development plan
- Assist in selection and development of research project
- To serve as a sounding board for problems and or frustrations with the residency program
- Ensure resident's timely completion of assigned projects
- Review critical task list monthly

# Expectations and Responsibilities of the Residents

## Professional Conduct

The residency program is committed to providing excellent patient care and teaching in an environment that is respectful of others, adaptive to change, and accountable for outcomes. The resident must understand that he/she is a representative of Baptist Health System and should conduct themselves in a professional manner at all times.

## Professional Dress

All residents are expected to dress in an appropriate professional manner when on duty or attending functions as a representative of the residency program. Scrubs are allowed, approved colors are Caribbean blue or dark gray.

## Employee Badge

The resident is required to wear his/her badge at all times when they are on duty. Badges must be worn on clothing on the right or left upper chest (wearing badge at waist level is not acceptable). If using an approved lanyard the badge must be worn at sternum level. The name badge must face forward at all times. Badges are issued upon employment. Replacement badges may be requested at resident's expense.

## Confidentiality

Residents may have access to confidential and proprietary information including, but not limited to, financial information about Baptist Health, patient information protected by HIPAA and other privacy laws, and proprietary Policies & Procedures related to patient care. All residents are expected to adhere to these standards and strictly maintain confidentiality.

## Attendance

Residents are expected to attend all functions as required by the RPD and/or preceptors. The resident is solely responsible for their assigned pharmacy duties and for assuring these service commitments are met in the event of an absence. All leave requests should be discussed in advance with assigned preceptor and RPD, as appropriate, to ensure service commitments can be met. Absence of more than 4 weeks from the program, which cannot be made up within the allocated training time of the residency, may result in an extension of training or removal from the program. Vacation and sick days both use time from PTO bank. Residents have a total of 14 PTO days in the bank for the residency year. An excused absence is defined as annual leave, professional leave, and/or sick leave discussed with and signed off by the site preceptor and program director.

Residents should not utilize more than 5 consecutive PTO days, and no more than 7 PTO days in one month as this restricts the amount of time dedicated to a learning experience. Requests will be approved at the discretion of the RPD and/or Director of Pharmacy.

ASHP requires that absences away from training do not exceed 37 days over 52 weeks. These days include conferences and professional meetings. If a resident was to exceed 37 days of absences the RPD will meet with the director to evaluate if the resident would qualify for an extension of the program. Extensions will be evaluated on a case by case basis and would require approval from human resources.

## Duty Hours

Duty hours must be limited to 80 hours per week averaged over a 4-week period, inclusive of moonlighting. Please refer to duty hour policy ([Pharmacy Residency Duty Hour Policy](#)).



## **Moonlighting**

*Moonlighting while a resident at Baptist Health Deaconess Madisonville is discouraged.* Should the resident participate in moonlighting activities, such activities may not interfere with the ability of the resident to achieve the educational goals and objectives of the residency program. Moonlighting is prohibited during resident duty hours. (see page 12)

## **General Residency Requirements**

Residents are required to perform or participate in a number of activities throughout the residency year. These activities are designed to assure competency with goals and objectives as outlined by the ASHP Residency Accreditation standards. Residents are expected to be licensed by the Kentucky Board of Pharmacy no later than September 30th. Please consider early licensure to assist with training and orientation activities. Unlicensed residents will not be able to fully participate in all orientation activities due to ineligibility to place and verify orders.

## **Residency Goals and Objectives**

In order to meet the accreditation standard, residents will need to achieve the goals and objectives for pharmacy residency programs. Standards can be found at:

<http://www.ashp.org/DocLibrary/Accreditation/Regulations-Standards/PGY1-Required-Competency-Areas.pdf>

## **Participation in Residency Orientation Program**

An orientation learning experience will take place in July. Each of the core learning experiences will be introduced during the orientation period. During the month, the resident will be oriented to the BHDM campus and will be provided system, local, and departmental policies which the resident is expected to review and familiarize themselves with. The orientation period will also introduce the resident to the pharmacy services at BHDM. During the orientation period the Resident Development Plan will be created using information from ASHP Entering Interests Form and the Entering Objective-Based Self-Evaluation.

## **Completion of Practice-Related Project and Poster/Research Presentation**

Each resident will complete a practice-related project and/or poster presentation during the residency year.

## **Participation in ASHP Teaching Certificate for Pharmacists**

The resident will participate in the ASHP Teaching Certificate Program for Pharmacists through completion of web based didactic lectures and activities along with a variety of onsite teaching experiences.

## **Participation in Recruitment Efforts**

The resident will assist in the recruitment efforts of the residency program. The resident is an important source of information and advice for potential candidates and time will be scheduled for residents to interact with candidates during residency showcases and interviews.

## **Completion of Resident Portfolio**

The resident will be responsible for organizing, compiling, and producing a portfolio containing a record of activities and requirements completed during the residency year in compliance with ASHP standards. Portfolio requirements are to be uploaded in PharmAcademic. Residents are expected to maintain a current portfolio as the year progresses. This expectation exists in an effort to minimize inadvertent omissions of content and comply with ASHP standards. Residents are encouraged to maintain a local copy of the portfolio if they would like to retain a personal copy. Please note a separate portfolio will be maintained as a requirement of the ASHP Teaching Certificate for Pharmacists.

## Entering Interests, Self-Assessment, and Development Plan

Residents will complete the ASHP Entering Interests Form and the Entering Objective-Based Self-Evaluation prior to starting the residency through PharmAcademic.

The RPD and/or designee will document the results of the above assessments and include them in the resident's development plan. This development plan will be utilized when determining the resident's learning experiences, learning activities, evaluations, and changes to the overall residency plan.

The development plan will be updated quarterly and as needed based on assessment of the resident's progress to date. Any changes to the development plan will be shared with all preceptors.

## Residency Evaluation Procedures

Evaluations are an essential component of resident growth and development. Evaluations also provide feedback between the resident and the preceptor. Evaluations will be completed online through PharmAcademic as follows:

1. Rotation Summative Evaluations: Due no later than 7 days after the end of the rotation. This is a written evaluation of the resident's performance in meeting the objectives of the rotation. Both the preceptor and the resident will review the evaluations. In addition, the resident will complete a preceptor and rotation evaluation and a self-evaluation.
2. Quarterly Evaluations (longitudinal rotations): Provide a written evaluation of the resident's performance on longitudinal rotations. Rotation and preceptor evaluations will also be completed on a quarterly basis.

Receiving "achieved" two or more times for an objective will qualify that objective as being "achieved for residency". Unless evaluated less than three times then it will be up to the preceptor's and/or RPD's discretion.

All evaluations will be reviewed and signed by the RPD in order to be finalized.

## Completion of Residency Program

The resident is expected to complete all requirements of the BHDM Pharmacy Residency Program. Only residents that successfully complete the requirements will receive a certificate of completion.

Successful completion of the Pharmacy Residency Program is defined by:

1. Achieving  $\geq 80\%$  of the program objectives with the remaining having no more than 5% "Needs Improvement" by June 30<sup>th</sup> of the residency year
2. Completion of the ASHP Teaching Certificate for Pharmacists
3. Presentation of practice-based project at Southeastern Pharmacy Residency Conference
4. Completion of 90% of activities listed in the Critical Task List

Assessment of resident's progress in completion of requirements will be completed quarterly and as needed based on resident performance and preceptor feedback, during which time the Resident Development Plan will be updated accordingly. RPD and preceptors will continually assess the ability of the resident to meet the requirements by scheduled deadlines and assist the resident in successful completion.

## General Information

### Qualifications of Resident Applicants

The applicant must be a highly motivated individual who desires to obtain advanced education and training leading to an enhanced level of professional practice. In addition, the following requirements must be met:

1. Must be enrolled in (or be a graduate of) an ACPE-accredited PharmD program
2. Must be able to obtain Kentucky Pharmacy license within 90 days of start of residency (by September 30<sup>th</sup>)
3. Must have completed PhORCAS application by specified deadline

### Selection of Applications for On-Site Interviews

Members of the Residency Advisory Committee (RAC) will review applicants based upon review of work experience, pharmacy program GPA, letter of intent, presentation/research experience, involvement in professional organizations, completion of clinical pharmacy rotations, as well as reference letters. A supplemental application is also required which can be found on the program's website. Candidates with incomplete applications will not be considered for on-site interviews.

### Interview, Evaluation, and Ranking of Candidates

On-site interviews will be conducted with RPD, preceptors, and current residents. All interviewers present for on-site interview will complete a post-interview assessment form of the applicant.

At the conclusion of all on-site interviews members of the Residency Advisory Committee will meet to discuss each candidate. Each person involved in the interview and evaluation process will submit a rank list. RPD will be responsible for submitting the final rank order list to the National Matching Service.

### Acceptance of Residency Position

Once match results are released, residents will be mailed an offer letter along with residency agreement. These documents must be signed and returned to BHDM RPD by May 31<sup>st</sup>. Residents will also need to complete application for employment with Baptist Health at this time using the directions provided in the acceptance letter.

### Resident Benefits

For information regarding benefits, please see the [Baptist Health Deaconess Madisonville Employee Handbook](#) (available on the Baptist Employee Network (BEN)).

### Travel/Meeting Attendance

Reimbursement is available for required meetings. Appropriate stewardship of funds should be practiced when making travel arrangements for meetings. Required meetings include KSHP Fall and Spring meetings, ASHP Midyear, and Regional Pharmacy Resident Conference. Other meetings may be required as necessary.

### Residency Advisory Committee (RAC)

The RAC governs the residency program. The committee is comprised of BHDM pharmacy preceptors and current residents. The Committee is chaired by the RPD and meets quarterly and as needed to review and discuss the progress of the residents, and provide preceptor development opportunities. The preceptors meet during the first half of the meeting and the residents attend the second half of the meeting. Residents are then given the opportunity to provide feedback. Interactive feedback within the committee is utilized to direct the resident in his/her current and upcoming residency activities. This feedback is also utilized to provide mentoring and guidance in the resident's daily practice. The

committee will recommend modifications to the residents' schedule as necessary. Each member of the RAC is expected to:

- Act as an advocate for the resident
- Provide expertise for the residency projects (when possible) or identify other appropriate resources
- Provide feedback and suggestions on improving current rotations, as well as identifying future potential rotations
- Provide feedback and suggestions on the current structure of the residency program and offer possibilities for future direction
- Discuss current residents' progress and offer guidance to ensure resident succeeds and graduates on time from the program
- Participate in opportunities for preceptor development
- Participate in new resident recruitment activities

## Critical Task List

The critical task list represents the minimum amount of special activities that are required for graduation from the program. Please note that residents may be assigned additional activities by their preceptor, RPD, or pharmacy director.

These activities must be logged electronically and certified for completion.

ACTIVITY	MINIMUM REQUIRED
Newsletter	2
BLS/ACLS Training	1
Monograph/Drug Class Review	1
Drug Information (DI) Question	4
Journal Club	2
Community Service	1
Teaching Certificate	1
In-Service (Non-Pharmacy Staff)	2
Medication Use Evaluation (MUE)	1
Patient/Family Medication Education	10
Pharmacist Consult Note	15
Regional Residency Conference Presentation	1
Grand Rounds (1hr)	1
Patient Case Presentation	2
Disease State Presentation	1
Lead a Pharmacy Meeting	1
Teaching Medical Residents Pharmacology	4
CE Presentation	1
Lead Topic Discussion	15

- Newsletter
  - Residents complete on alternating quarters
- Monograph/Drug Class Review
  - Can be completed at any point in there year as needed (presented to System P&T)

- DI Question
  - Resident must document question and EBM response
  - Can be completed at any point in the year
- Journal Club
  - Each resident is to complete 1 journal club quarterly
  - Residents may select article, but must be approved by preceptors/RPD
- Community Service
  - Residents should participate in a minimum of one community service activity over the course of the year affiliated with pharmacy and/or the hospital
- ASHP Teaching Certificate
  - Residents are expected to complete the ASHP Teaching Certificate Program prior to graduation
  - This is paid for by the BHDM residency program
- In-Service (Non-Pharmacy Staff)
  - Residents will be required to provide at least 2 in-services to other units
  - They will be assigned as needed over the course of the year
- MUE
  - Residents will need to complete at least 1 MUE
  - To be assigned by RPD and/or Director
- Medication Education
  - In addition to warfarin counseling, residents should complete and document at least 10 medication education/counseling to patients and/or family members
  - Can be completed over the course of the year
- Pharmacist Consult Note
  - 5 Warfarin
  - 5 Kinetics
  - 5 TPN (At least 2 should be new starts)
  - To be completed by the end of August
    - TPNs may take extra time depending on volume
- Pharmacology 101 Topic Presentations for Family Medicine Residency
  - Residents will rotate speaking every other month
  - Topics are to be general pharmacology that would be useful for the medical residents
  - Should be ~45 minutes in length
- Regional Pharmacy Residency Conference Presentation
  - Culmination of research project in an oral presentation at MSPRC
  - Topic to be determined by end of August
  - Optional manuscript development
- Grand Rounds
  - 1 hour AMA CE presentation for BHDM staff
  - Resident to choose to present on research project or another topic of choice approved by RPD
- Patient Case Presentation
  - 30 minute presentations
  - To be completed in either Ambulatory Care, Family Practice, Critical Care, or Antimicrobial Stewardship
- Disease State Presentation
  - 30-45 minute presentations

- To be completed in Antimicrobial Stewardship and Critical Care
- Lead/Facilitate a Pharmacy Staff Meeting
  - To be completed while on Admin or facilitated through Admin preceptor
  - Leads the discussion for planned topics of pharmacy staff meeting
- Teaching Medical Residents Pharmacology
  - Residents will provide monthly presentations
  - Topics are to be general pharmacology that would be useful for the medical residents
  - Should be ~45 minutes in length
- CE Presentation
  - Provide a ACPE accredited presentation to BH pharmacists virtually across the System
  - Topics determined from previous evaluations
  - Symposium normally in May
- Topic Discussion
  - Generally completed on rotations

<b>TITLE/SUBJECT</b>	Resident Moonlighting and Duty Hour Policy
----------------------	--

<b>PURPOSE</b>	To outline the conditions, approvals and documentation related to the hours worked by pharmacy residents in both resident job duties and moonlighting activities.
<b>SCOPE</b>	Baptist Health Deaconess Madisonville Pharmacy Residents
<b>AUTHORIZATION</b>	Pharmacy Director

<b>DEFINITIONS</b>
--------------------

<b>Duty Hours</b>	All hours spent on scheduled clinical and academic activities, regardless of setting, related to the pharmacy residency program that are required to meet the educational goals and objectives of the program.
<b>Moonlighting</b>	Any voluntary, compensated work performed outside the organization (external) or within the organization where the resident is training (internal). These are compensated hours beyond the resident’s salary and are not part of the scheduled duty periods of the residency program.
<b>8 Hour Rule</b>	Residents are required to have at minimum 8 hours outside the hospital between all scheduled shifts.
<b>Good judgment</b>	Appropriate pharmacist behavior in compliance with all policies and procedures of Baptist Health Deaconess Madisonville, state and federal regulations, and performance commensurate with reasonable clinical staff pharmacist expectations.

<b>POLICY</b>
---------------

*Duty Hours*

1. The program will ensure compliance with the ASHP Duty Hour Requirements for Pharmacy Residencies.
2. Duty hours includes: inpatient and outpatient patient care (resident providing care within a facility, a patient’s home, or from the resident’s home when activities are assigned to be completed virtually); staffing/service

commitment; in-house call; administrative duties; work from activities (i.e. taking calls from home and utilizing electronic health record related to at-home call program); and scheduled and assigned activities, such as conferences, committee meetings, classroom time associated with a master's degree for applicable programs or other required teaching activities and health and wellness events that are required to meet the goals and objectives of the residency program.

- a. Baptist Health Deaconess Madisonville does not utilize an in-house or at-home call program.
3. Duty hours excludes reading, studying, and academic preparation time (e.g. presentations, journal clubs, closing knowledge gaps); travel time (e.g. to and from work, conferences); and hours that are not scheduled by the residency program director or a preceptor.
4. Residents are limited to 80 hours of active duty/week (averaged over a 4 week period) including all residency-related and moonlighting activities.
5. At minimum, residents are expected to have 8 hours outside the hospital between shifts (this is the 8 hour rule). Residents should have 10 hours planned between shifts when able.
  - a. Residents are responsible for notifying a preceptor immediately if the 8-hour rule may be violated due to scheduled shifts.
6. At minimum, residents will have one day off in a 7-day period (averaged over 4 weeks) free from all clinical and scheduled residency activities.
7. Residents will complete the Duty Hours Attestation at the end of each month in PharmAcademic. This attestation will serve to document compliance with all duty hour requirements including hours worked, hours free of work, and moonlighting. Residents should refer to definitions referenced above as well as the ASHP Duty Hour Requirements for Pharmacy Residencies document for activities that do and do not count toward duty hours.
8. The residency program director (RPD) is responsible for reviewing the duty hour logs and monitoring for violations.
  - a. If a violation is noted, the RPD will first meet with the resident to identify cause of excessive duty hours; counseling and guidance regarding time management will be provided for first violations.
  - b. Persistent violations will be addressed through RAC and may involve the resident, preceptor or other relevant parties. Modifications to the training plan may result if unable to meet duty hour requirements.

### *Moonlighting*

1. Moonlighting is defined as any voluntary, compensated work performed outside the organization (external) or within the organization where the resident is in training (internal). These are compensated hours beyond the resident's salary and are not part of the scheduled duty periods of the residency program.
2. Moonlighting is strongly discouraged until after the end of the first quarter (September 30).
  - a. Residents must have demonstrated appropriate time management regarding all residency related activities (clinical, staffing and project-based duties).



3. Residents engaged in moonlighting activities are expected to maintain good standing throughout the moonlighting experience. Failure to maintain residency responsibilities, educational objectives, good judgment while on duty, duty hour logs, or any violation of the 8-hour rule or 80 hour week will result in a RPD request to the resident for termination of the moonlighting agreement.
  - a. Good judgment is defined as appropriate pharmacist behavior in compliance with all policies and procedures of Baptist Health Deaconess Madisonville, state and federal regulations, and performance commensurate with reasonable clinical staff pharmacist expectations.
  - b. Residents with prior moonlighting agreement termination will not be permitted to request reinstatement of moonlight privileges.