Penn State Milton S. Hershey Medical Center POSTGRADUATE YEAR ONE (PGY1) PHARMACY RESIDENCY PROGRAM

I. INTRODUCTION

The PGY1 Pharmacy Residency Program at Penn State Milton S. Hershey Medical Center (PSMSHMC) has been designed in accord with the American Society of Health-System Pharmacists (ASHP) accreditation standards revised and implemented in 2007. The Program was developed and received its initial accreditation from ASHP in 1985. Implementation of the Residency Learning System was initiated in 1997 with the new PGY1 standards implemented in July, 2007.

Our residency concept is best described in the introduction of the **ASHP Accreditation Standard for PGY1 Pharmacy Residency Programs**. A pharmacy residency provides "the opportunity to accelerate" professional "growth beyond entry-level professional competence in patient-centered care and in pharmacy operational services, and to further the development of leadership skills that can be applied in any position and in any practice setting. PGY1 residents acquire substantial knowledge required for skillful problem solving, refine their problem-solving strategies, strengthen their professional values and attitudes, and advance the growth of their clinical judgment. The instructional emphasis is on the progressive development of clinical judgment, a process begun in the advanced pharmacy practice experiences (APPE or clerkships) of the professional school years but requiring further extensive practice, self-reflection, and shaping of decision-making skills fostered by feedback on performance. The residency year provides a fertile environment for accelerating growth beyond entry-level professional competence through supervised practice under the guidance of model practitioners."

II. PURPOSE/OUTCOMES

The purpose of Penn State Milton S. Hershey Medical Center's PGY1 Residency Program is to develop or enhance a pharmacist's skills to provide pharmaceutical care to a diverse patient population in a health-system environment including entry into a PGY2 residency.

Upon successful completion of the Program, the resident will have acquired the following outcome competencies:

Outcome R1: Manage and improve the medication-use process.

Outcome R2: Provide evidence-based, patient-centered medication therapy

management with interdisciplinary teams.

Outcome R3: Exercise leadership and practice management skills.

Outcome R4: Demonstrate project management skills.

Outcome R5: Provide medication and practice-related education/training.

Outcome R6: Utilize medical informatics.

Goals and objectives have been selected to assure the above outcomes are achieved through structured learning experiences. Flexibility has been built into the program to allow the resident to adapt the program to meet their interests and focus on identified areas for improvement.

III PROGRAM GOALS

The goals and objectives to achieve the above program outcomes (i.e. R1 through R6) are listed in ASHP's document entitled: "Required And Elective Educational Outcomes, Goals, Objectives, And Instructional Objectives for Postgraduate Year One (PGY1) Pharmacy Residency Programs", 2nd edition. This document can be found on the ASHP website.

IV. LEARNING EXPERIENCES:

Structured learning experiences spread throughout a 12 month period (see **Attachment A – Program Structure**) are utilized to facilitate the achievement of the Program outcomes. Within each structured experience, learning activities have been developed which allows the resident to meet the Program's goals and objectives. There are 10 mandatory learning experiences (5 monthly rotations and 5 longitudinal) and 5 elective learning experiences. The program is flexible to meet individual needs of residents. Residents are encouraged to develop areas of interest and become involved in all pharmacy activities.

Mandatory learning experiences and their minimum lengths are:

Adult Internal Medicine
 Critical Care
 Infectious Diseases
 Pediatrics
 Practice Management
 I month
 1 month
 1 month
 1 month

Mandatory Longitudinal experiences include:

- Disease Management Clinic (½ day a week)
- Drug Use Policy
- Hospital Pharmacy Practice (staffing every 3rd weekend plus one evening every 3 weeks)
- Project/Research
- Pharmacy Student Clerkship Precepting

Elective learning experiences, usually a total of 5 months, are incorporated according to resident interest and preceptor availability. These may include, but are not limited to:

- Adult Internal Medicine
- Ambulatory Care Clinic (offsite VA)
- Anticoagulation Clinic

- Medication Management Clinic
- Cardiology
- Infectious Diseases
- Investigational Drug Service
- Medical Informatics
- Medical Intensive Care
- Neuroscience Intensive Care
- Medication Safety
- Nutrition Support
- NICU
- PICU
- Hematology/Oncology (pediatrics)
- Hematology/Oncology (adult)
- Pediatrics
- Practice Management
- Solid Organ Transplant
- Surgical Intensive Care
- HVICU

Residents develop, with guidance from the Residency Director and their advisor, an annual schedule. The schedule includes all required and elective experiences, research project, staffing requirements, travel, miscellaneous assignments, meetings, and time off. Activities and expectations to achieve the goals and objectives identified for each learning experience have experience.

V. PROGRAM GOVERNANCE

The Residency Steering Committee governs the residency program. It is comprised of all preceptors and select members of the Pharmacy Leadership Group. The Committee is chaired by the Residency Program Director and meets routinely to review and discuss the progress of the residents. Interactive feedback is utilized in preparation of further residency activities. The group will make modifications to the residents' schedule as necessary. Residents participate in all Residency Steering Committee meetings except during executive session when performance is reviewed.

Following the orientation period, each resident will select a personal **residency advisor**. The residency advisor will act as a personal contact in all aspects related to the successful completion of the pharmacy practice residency and will supplement the activities of the residency director. (See **Attachment B: Pharmacy Practice Residency Advisor**).

VI. EVALUATION/ASSESSMENT OF THE RESIDENT CANDIDATES

Residency candidates are required to submit the following items for application to the Pharmacy Practice Residency Program and must be enrolled in the **ASHP Resident Matching Program**:

application supplement
copy of curriculum vitae or resume
official copy of college transcripts
three letters of recommendation from professional colleagues and/or
college faculties; each letter may be accompanied by the ASHP standard
recommendation form
one-page essay expressing interest and reason for pursuing a residency
an online PSMSHMC employment application

The Residency Director assesses the completeness of the application materials prior to scheduling candidate interviews. Residency Steering Committee members that participate in interviews complete a Residency Candidate Interview Assessment prior to ranking for the ASHP Residency Matching Program. Candidates are ranked based on the assessments by the Residency Steering Committee and results are submitted to the ASHP Resident Matching Program.

The successful candidates are asked to complete the Residency Initial Assessment form prior to their arrival for the start of their residency program and must obtain their Pennsylvania pharmacist license by August 1st.

The Application Supplement for Pharmacy Practice Residency Candidates and the Residency Initial Assessment forms will serve to aid residents in identifying their areas of strength, weakness, and interest. These forms are also utilized in developing the residents training schedule and the residency plan for each resident.

VII. ORIENTATION

RLS: Prior to the start of the residency the Resident will be asked to review and study the *Residents's Guide to Learning Through the RLS*. Residents will be directed to the ASHP web site to download the manual. At the end of the first month of the residency as well as after the first learning experience, the Program Director will conduct an educational session to assess the resident's knowledge of the RLS.

Orientation: The residency program commences with a 4-week orientation period. The orientation period exposes residents to the various practice components of the Department, committees/task forces, policies and procedures, computers/automation, etc. Residents are trained in the daily operations, staffing duties of the Department, and in the disease management clinic. Residents will also complete additional orientation and training (at other times throughout the year) on the handling of clinical trial medications (i.e. investigational drug

service), sterile product and chemotherapy preparation, and outpatient operations.

Customized Residency Plan: The plan is written and developed collaboratively by the resident, resident's advisor, and Program Director during the first month of the residency. The plan includes the resident's interests, areas for improvement, areas of strength, current and future goals, and the plan for training. This information is used to develop an individualized training schedule for the residents. The resident, the Program Director, the resident's advisor and members of the Residency Steering Committee develop the plan and schedule collaboratively. The Resident's Plan is updated on a quarterly basis by the resident's advisor and resident and adjusted according to the resident's progress.

VIII. EVALUATION AND ASSESSMENT

Evaluations are performed throughout the residency to provide feedback and guidance regarding the resident's performance and the effectiveness of training. All evaluations are based upon the Residency Program Goals and Objectives.

1. Informal, verbal feedback

- Resident and rotation preceptor are to meet a minimum of 3 times weekly to review and discuss patients and issues
- Residents and Program Director meet biweekly to review and discuss overall program progress
- 2. **Verbal**, **mid-rotation evaluation** between resident and rotation preceptor are scheduled as close to the rotation mid-point as possible. Written criteria based **snapshot** evaluations can also be utilized by the preceptor during the experience to focus their evaluation on a specific learning objective. Snapshot evaluations are used at the discretion of the preceptor and may be used to help the resident focus on a specific area where improvement is needed. Snapshots may also be used to evaluate "task" oriented learning activities (i.e. development of drug monographs).
- 3. **Preceptor evaluation of resident:** Formal, written end-of-learning experience evaluation between resident and rotation preceptor using a summative evaluation form designed for each learning experience are conducted at the end of a rotation as close to the last day as possible. The preceptor for the resident's upcoming rotation is invited to the evaluation session to identify areas of focus for the upcoming experience. For longitudinal experiences, written evaluations are completed quarterly. Evaluations are turned into the Program Director and highlights shared with the Residency Steering Committee.
- 4. **Resident Self-Evaluation:** The resident, at the end of each rotation, completes a formal written self-evaluation using the summative evaluation form and reviews this with the rotation preceptor at the end-of-rotation evaluation session. For longitudinal

experiences, written self-evaluations are completed quarterly. All evaluations are turned into the Program Director and highlights shared with the Residency Steering Committee.

- 5. **Resident evaluation of Preceptor and Learning Experience evaluation:** Formal, written Preceptor and Learning Experience Evaluations are completed at the conclusion of each rotation, shared with the preceptor at the end-of-rotation evaluation session and turned in to the Program Director. For longitudinal experiences, written evaluations are completed quarterly
- 6. **Routine Progress Report:** The resident's progress on goals and objectives as well as their program plan are discussed routinely at each Residency Steering Committee meeting. Quarterly a written progress report will be prepared by the resident's advisor and shared with the resident. The summative evaluations and criteria based checklists will provide the basis for the progress report. The Resident Plan will be modified as needed according to the results of the Quarterly Progress Reports.

IX. PROJECTS

Residents are required to complete one research project that is presented at the Eastern States Residency Conference in the spring (See **Attachment C**: Eastern States Conference). The topic must be selected by the resident and approved by the Residency Steering Committee by September 1st of the residency year. All projects will be assigned a preceptor to work with the resident. Projects are selected from a list of projects provided to the resident during the orientation period. Organizational and Departmental mission, values, and strategic initiatives are taken into account when selecting projects.

The typical resident's project includes the following steps:

- Project selection
- Presentation of project to the Residency Steering Committee (RSC) including background, hypothesis, methodology and timetable.
- Approval by RSC
- Full project development
- IRB submission and approval, if necessary
- Implementation
- Data collection
- Data analysis
- Oral presentation of results
- Final paper in an approved manuscript style

Residents participate in multiple task forces and committees as schedule permits.

Residents serve as preceptors to pharmacy students completing clinical rotations at the Medical Center.

Residents rotate through Clinical on call every 3-4 weeks.

Residents are to compile a Residency Binder throughout the year. (see Attachment D).

XI. BENEFITS (see Attachment below for current Benefit summary)

ATTACHMENT A

Penn State Milton S. Hershey Medical Center PGY1 Pharmacy Residency Program Structure

July	August through November	December	January through June
Orientation	(Core rotations)		
Hospital Orientation	Internal Medicine	Midyear	Practice Management (Core rotation)
	Critical Care	Project time	
Residency/RLS	Pediatrics	Outpatient practice	Electives:
	Infectious Diseases	Chemotherapy	Ambulatory Care Clinic (offsite-VA)
Pharmacy Practice			Ambulatory Care
Orientation			Cardiology
			Heart & Vascular ICU
Departmental Policies			Infectious Diseases
			Internal Medicine
Disease Management Clinic			Investigational Drug Services
Orientation			Medical ICU
			Medical Informatics
Investigational Drug Service			Medication Safety
			Neonatal ICU
Drug Use Policy			Neuro ICU
			Nutrition Support
Project/IRB			Adult Oncology
			Pediatrics
			Pediatric Hematology/Oncology
			Pediatric ICU
			Solid Organ Transplant
			Surgical ICU

Longitudinal experiences:

Disease Management Clinic

Drug Use Policy

- P&T Committee
- Medication Safety

Hospital Pharmacy Practice (staffing every 3rd weekend, 2 holidays, plus one evening every 3rd week)

Research project (topic due by September 1st, presentation to Eastern States Residency Conference in the Spring)

Precepting Students

• Attendance at all presentations for all students

Precepting students on service

ATTACHMENT B

PGY 1 Pharmacy Residency Advisor

I. Purpose

To establish a personal residency advisor for each incoming pharmacy practice resident. The residency advisor will supplement the activities of the residency director.

II. Methods

After the end of the training and orientation period (i.e. August 15th), the resident will select a residency advisor from the membership of the Residency Steering Committee. The month of July will give the resident time to select an advisor who shares common career goals, work ethic, general attitude and disposition. The advisor to resident ratio will be 1:1. If all parties involved agree that it is in the resident's best interest, the resident may switch advisors during the course of the year.

III. Duties of the Residency Advisor

The main duties of the residency advisor is to act as a personal contact for all matters dealing with the successful completion of a pharmacy practice residency and in collaboration with the resident to develop a residency plan, monitor the plan's progress, and conduct the resident's quarterly assessments. The duties and activities of residency advisor will supplement and augment those of the residency director.

The resident and advisor will determine the degree of contact and involvement necessary to meet their objectives. Areas for intervention by the residency advisor can also include but are not limited to advice on projects (initiation, completion, deadlines etc.), elective rotation selection, professional interpersonal relationships and conflict, licensing, life after residency and any personal issues that may arise.

IV. Goals

The ultimate goal of providing a residency advisor is to give the resident a unique contact for any matters that relate to successful completion of the residency. Residents are involved in many different projects, in many different aspects of hospital operations with many different contact persons. Often the pharmacy practice resident is overwhelmed at some point during the residency program, frequently not knowing "where to start" or "where to go next". The residency advisor can provide unique insight to guide the resident to the residency certificate. Finally, the residency advisor can act as an impartial third party should any issues arise between the resident and the director/managers of the pharmacy department or pharmacy practice residency program.

V. Evaluation

The residents, advisors and director will evaluate this process annually for effectiveness and utility.

ATTACHMENT C Eastern States Conference

The Eastern States Conference For Pharmacy Residents and Preceptors (ESCPRP) is designed to provide an opportunity for pharmacy residents and preceptors to interact with colleagues from other programs, meet with leaders in institutional pharmacy practice, and share their research experiences. The conference represents programs from the entire Eastern Seaboard ranging from Virginia through New England.

A research project is required of all Pharmacy Practice Residency Programs for ASHP accreditation. Traditionally, all accredited programs send their residents to present the research projects. Similar conferences are held in other geographical regions of the country.

The program routinely begins on a Thursday afternoon with a keynote speaker. The second part of the afternoon the group divides as residents and preceptors with a speaker or a workshop appropriate for each group. The preceptors' topic is usually related to residency operational issues and the residents' topic is usually leadership skills development.

Residents will present their research in either a poster or a 12-minute platform presentation. Platform presentations are usually on Friday of the conference. Presentations are evaluated by all in attendance in that particular room then reviewed with the resident by an assigned evaluator.

The remainder of Saturday morning consists of team building exercises for the residents and a concluding speaker.

ATTACHMENT D

Penn State Hershey Medical Center PGY1 Pharmacy Residency Program Portfolio Requirements

Residents must maintain a residency binder/portfolio. The portfolio should be arranged in the following sections:

- Curriculum vitae
- Initial assessment initial assessment form
- Residency plan and updates (in Resitrak)
- Schedule
- Global assessments quarterly longitudinal rotation evaluations, residency director's progress reports, all rotation self-evaluations (in Resitrak)
- Rotations goals and objectives, projects, preceptor evaluation of resident, resident evaluation of preceptor (in Resitrak)
- Teaching handouts, overheads, slides
- All projects and related material
- Research research proposal, abstract, IRB application
- Other manuscripts, presentations, etc.

THE MILTON S. HERSHEY MEDICAL CENTER

Department of Human Resources

SUMMARY OF BENEFITS FOR FULL-TIME PHARMACY RESIDENTS - 2009

VI. BENEFITS	ELIGIBILITY	COMMENT	
TIME OFF - Vacation	Immediate	- 10 days annually based on Department of Pharmacy policy	
- Personal Holidays	Immediate	- 4 days annually. Days must be used as time off and may not be sold for credit or lump sum during the annual Open Enrollment period.	
- Family Sick Bank (FSB)	Immediate	-3 days (24 hours) per fiscal year will be granted each July 1 st . These hours may be used between July 1 – June 30. - New Year's, Memorial Day, 4 th of July, Labor Day, Thanksgiving, Christmas (Compensatory days are awarded for working a holiday) -6 days annually	
- Holidays	Immediate		
-Education Leave	Immediate		
- Leave of Absence	After 6 months	- Bereavement, Jury, Military and Personal	
INSURANCE - Health and Prescription*	Immediate	- Highmark Blue Shield - PPO plan with Health Reimbursement Arrangement (HRA); Highmark—Formulary available at	
		http://highmark.formularies.com; Mandatory Generics Program. Employee Preferred Prescription Drug Program – Purchase prescriptions through HMC Outpatient Pharmacy at reduced costs.	
-Dental*	Immediate	-United Concordia (UCCI) – 100% preventative, 75% of Maximum Allowable Charge after \$100 annual deductible (2 per family). Orthodontia coverage for dependents to age 19 or to age 25 if full time student; lifetime maximum of \$1250.	
- Vision*	Immediate	-NVA – Vision exam covered in full once every twelve (12) months, clear lenses (glass or plastic) covered in full. Alloward for frames, additional charge when exceeding allowance. One pair of glasses or contact lenses every twenty four (24) months.	
- Flexible Savings Accounts	Immediate	- Pre-tax payroll deductions for Health Care Reimbursement Account and Dependent Care Reimbursement Account	
- Short Term Disability	Immediate	- 60% Salary Replacement after 3 months of Disability (100% employee paid)	
- Long Term Disability	Immediate	- 60% or 66 2/3% Salary Replacement after 6 months of Disability	
- Life Insurance	Immediate	- Two times salary up to \$1,000,000 coverage at no cost. Additional coverage may be purchased. Total coverage may not exceed the lesser of 4x base annual salary or \$1,000,000. MetLife Statement of Health required for coverage in excess of \$500,000.	
- Business Travel Accident Insurance	Immediate	- 5x annual salary (up to \$500,000) coverage at no cost. Maximum benefit available per accident is \$5,000,000.	
RETIREMENT	Immediate	- 403(b) - maximum contribution is \$16,500 and \$22,000 if you will be at least 50 years of age in 2009.	
EDUCATIONAL ASSISTANCE - Tuition Remission	Immediate for employee and dependent children, 2 years for spousal eligibility	- FT employees are eligible for a 75% tuition reduction for themselves and their dependents when attending any Penn State University Campus. 85% reimbursement for approved program at non-PSU campus for employee for a degree which is mutually beneficial to the employee and HMC – yearly maximum.	

THE MILTON S. HERSHEY MEDICAL CENTER

Department of Human Resources

SUMMARY OF BENEFITS FOR FULL-TIME PHARMACY RESIDENTS - 2009

Voluntary Whole Life Insurance	Immediate	Whole life insurance policies available for employee, spouse, children and/or grandchildren. For information call 1-800-621-0067
Voluntary Pre-Paid Legal and Identity Theft Services	Immediate	For information call 1-888-428-4652
Voluntary Dependent Term Life Insurance	Immediate	Spouse or domestic partner coverage is \$20,000 and eligible dependent children coverage is \$10,000 per child. Employee is charged \$5.00/month regardless of how many dependents you cover.
OTHER - Fitness Center - Savings Bonds - Credit Union - Employee Assistance Program - Day Care	Immediate Immediate Immediate Immediate Immediate Immediate	- Contact Fitness Center for current rates – 717-531-7075 TreasuryDirect: www.treasurydirect.gov - Penn State Federal Credit Union - 1-814-863-0549 or visit www.PennStateFederal.com - Ceridian Life Works – 1-888-267-8126 - Kindercare - On site – 717-531-5483

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*Note: Domestic Partner coverage is available for health, dental and vision benefits. Contact Benefits Administration at x-6089 for required proof and tax implications.