



**HENRY FORD  
MACOMB HOSPITAL**

**PGY1 PHARMACY RESIDENCY  
HANDBOOK  
2021-2022**

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## **About the Pharmacy Residency**

Program Director: Norm Buss, Pharm.D., BCPS

Program Coordinator: Marilen Martinez, Pharm.D., BCPS

ASHP Accreditation Status: Accredited

Number of Positions: 4

### **Introduction**

The Henry Ford Macomb PGY1 Pharmacy Residency is a twelve-month experience designed to develop competent and confident practitioners. A combination of clinical and longitudinal experiences will provide opportunities to independently optimize pharmacotherapy and implement pharmaceutical care. The pharmacy department provides state-of-the-art pharmaceutical services, including computerized physician order entry verification, automated cart-fill and packaging technology, and pharmacy-driven dosing services. Pharmacists are unit-based and are an essential component of the multi-disciplinary transitions of care process, in addition to many patient care areas. The department serves as a teaching site for pharmacy students and is affiliated with Wayne State University.

### **ASHP's PGY1 Program Purpose**

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 Experience**

Pharmacists completing a Henry Ford Macomb Hospital PGY1 Pharmacy Residency experience will be competent practitioners able to provide direct patient care at a level beyond that of a practitioner without postgraduate training. These individuals will further develop and enhance their personal and professional skills as they seek positions as clinical/staff pharmacists.

## Program Structure

The PGY1 Pharmacy Residency program’s structure is outlined in the table below. All rotations are required. There is one rotation, Behavioral Medicine, that is an elective for the last Direct Patient Care rotation. Learning experiences are sequenced in such a way that the residents have clinical rotations prior to the Midyear in December, while taking the residents’ requests into account. This is intended to assist the residents in determining their areas of interest as well as evaluate what opportunities to seek at the Midyear meeting. The learning experiences may change throughout the course of the residency year as long as it is in the best interest of the residents and program.

No more than 1/3 of the 12-month PGY1 program will deal with a patient specific disease state and population (e.g. critical care, oncology).

Residents will spend 2/3 or more of program in direct patient care activities.

Rotations may require residents to work the afternoon shift (i.e., not all rotation shifts will be “days”).

<b>Rotation</b>	<b>Learning Experience Type</b>	<b>Length*</b>
Orientation to Pharmacy Operations and Clinical Practice	Rotation	8 weeks
Antimicrobial Stewardship	Rotation	4 weeks
Behavioral Medicine (Elective)	Rotation	4 weeks
Cardiology / Transitions of Care	Rotation	4 weeks
Emergency Medicine	Rotation	4 weeks
Internal Medicine/Med Safety	Rotation	4 weeks
Medical ICU	Rotation	4 weeks
Oncology	Rotation	4 weeks
Pharmacy Informatics	Rotation	4 weeks
Sterile Compounding and Process Improvement	Rotation	4 weeks
Pharmacy Management	Rotation	4 weeks
Project / Staffing	Rotation	4 weeks
Direct Patient Care (Last rotation that is a repeat of a previous rotation of interest)	Rotation	4 weeks
Drug Information and Pharmacy Education	Longitudinal	12 months
Project	Longitudinal	12 months
Pharmacy Operations	Longitudinal	12 months

## **Residency Advisory Committee (RAC)**

The RAC is comprised of all preceptors involved in the PGY1 residency; staff members who previously completed a residency are invited to attend. The RAC guides the overall program by creating a setting to discuss resident progress, projects, concerns/issues, and any other components of the program.

### **Minimum Responsibilities and Functions**

- Discusses the incoming residents' interests, strengths, and professional/personal goals
- Discusses resident performance of assigned learning experiences
- Establishes preceptor responsibilities and preceptor development initiatives
- Discusses overall performance of the residents and identifies any areas for improvement
- Continuously evaluates all aspects of the program
- Discusses resident recruitment and selection
- Conducts corrective actions and dismissals, as necessary
- Maintains, reviews, and approves annual Residency Handbook
- Meets at least every other month (or more frequently as needed)
- Minutes will be prepared by RPD or designee

## **Duty Hours / Outside Work**

### **Duty Hours**

Duty hours are defined as all scheduled clinical and academic activities related to the pharmacy residency program. This includes inpatient and outpatient care, in-house call, administrative duties, scheduled and assigned activities, such as conferences, committee meetings, and health fairs that are required to meet the goals and objectives of the residency program.

Duty hours do not include: reading, studying, and academic preparation time for presentations, journal clubs; or travel time to and from conferences; and hours that are not scheduled by the residency program director or preceptor.

- Duty hours must be limited to 80 hours per week, averaged over a four-week period, inclusive of all in-house call activities and all moonlighting.
- Mandatory time free of duty: residents must have a minimum of one day in seven days free of duty (when averaged over four weeks).
- Residents should have 10 hours free of duty between scheduled duty, and must have at a minimum 8 hours between scheduled duty periods.
- Maximum duty-period length: continuous duty periods of residents should not exceed 16 hours.

- All pharmacy staff are continuously responsible to report to the RPD/designee any instances in which the resident may seem to have impaired judgment or to be excessively fatigued. The RPD/designee will determine at that time what follow-up is needed.

### **Outside Work**

Moonlighting: Voluntary, compensated, pharmacy-related work performed outside the organization (external), or within the organization where the resident is in training (internal), or at any of its related participating sites. These are compensated hours beyond the resident's salary and are not part of the scheduled duty periods of the residency program.

Moonlighting (internal or external) is permitted, but not encouraged. Moonlighting must not interfere with the ability of the resident to achieve the educational goals and objectives of the residency program. Any moonlighting must be counted towards the 80-hour maximum total duty hours (see above) and will not exceed a maximum of 12 hours per week.

#### *Internal Moonlighting – Reporting Hours*

- Internal moonlighting hours worked by a resident will be monitored during the biweekly payroll process and entered into the online scheduling system.

#### *External Moonlighting – Reporting Hours*

- Residents moonlighting outside of Henry Ford Macomb Hospital (community pharmacy, another hospital) MUST disclose the place of employment to the RPD/designee via email at the start of the residency program or upon acceptance of outside employment. The resident is responsible for reporting total external moonlighting hours each month to the RPD/designee via email. The RPD/designee will use this information to ensure duty hour compliance.

When an RPD/designee is aware of resident moonlighting, he/she will ensure that discussion of the potential impact of moonlighting on resident performance is part of the review of each resident at the PGY1 Residency Advisory Committee (RAC) meetings. If moonlighting impacts performance, the RAC will determine whether internal/external moonlighting hours should be limited for the resident.

Reference: [ASHP Duty Hour Requirements for Pharmacy Residencies Website](#)

## Staffing Requirements

Residents training in the Henry Ford Macomb PGY1 Pharmacy Residency Program are required to complete a pharmacy practice component. This practice component, also known as staffing, allows residents to gain proficiency in distribution skills, clinical services, operations, and policies and procedures. The guidelines for staffing are listed below. Residents are required to staff every third weekend in addition to their normal rotations. Weekend shifts may be either days or afternoons and will begin immediately after the orientation period ends.

- Residents are required to staff one afternoon shift every other week between the hours of 4-9 pm in addition to their normal rotations. The day of the week can be adjusted by the department supervisor/manager based on staffing needs. Any changes in this schedule must be approved by the department supervisor at least one week in advance.
- The residents will complete an additional 1-2 weeks of staffing with a focus on operations during the second half of the residency (i.e. from January-June). The purpose of this exposure is to allow the resident to gain a better understanding of and appreciation for certain operational procedures (i.e. cartfill, IV batching, label printing, etc.) in order to thoroughly comprehend overall pharmacy workflow.
- The weekend and afternoon shift practice experience options include the central pharmacy, PCAPs, and dosing.
- Residents cannot staff the ED or ICU PCAPs until they have completed their ED/ICU rotations and the Residency Advisory Committee (RAC) feels confident that the resident can work these areas alone.
- Residents will begin weekend dosing responsibilities by being paired up with a clinical/staff pharmacist in the second half of the residency year. They will not do weekend dosing alone unless the RAC deems them to be prepared.
- Residents are required to assist with holiday coverage during the residency year. The four residents will each choose 2 of the following 4 holidays: Thanksgiving Day, Christmas Day, New Year's Day, and Memorial Day. In the event that the residents cannot agree on who will work which holiday they will be assigned by the RAC. Holiday selections for the year must be submitted to the RPD/designee by the end of the incoming residents' initial orientation.
- Residents may moonlight internally and will be compensated at a standard pharmacist rate, including shift differential if applicable. Residents are reminded of their obligation to the residency program and to notify the RPD of any moonlighting.
- The residents will work primarily day and afternoon shifts.
  - Exceptions: 2 midnight shifts during the project/staffing weeks (i.e. December or April) and at least 2 midnight shifts during the ED rotation.
- Residents will not be pulled from rotation to fill staffing voids, **whenever possible**. In an urgent or emergent situation, residents may be asked to help until the void has been filled.

## **Time Off / Leave of Absence**

### **Time Off**

Residents training in the Henry Ford Macomb Hospital PGY1 Pharmacy Residency Program are allowed up to 15 days off; however, no more than 3 days may be taken on an individual rotation, unless discussed with the preceptor and Residency Program Director (RPD)/designee. More than 3 days of vacation is not allowed in the month of June and vacation days cannot be used to shorten the residency. This leave is used for illness, personal reasons, professional meetings not required by the residency program, etc. Once a rotation begins, residents are discouraged from requesting time off. They are encouraged to request time off at least 3 weeks prior to the requested date. Sick days and/or emergencies are exclusions. All days off **must** be approved by both the rotation preceptor and the RPD and/or designee. The preceptor should be contacted FIRST regarding potential days off. Once the preceptor approves, the RPD/designee should be contacted for approval. The RPD/designee will notify the resident if the time off is approved or denied. Failure to comply with any of these guidelines will result in a denied request.

In the case of an acute illness:

- Monday-Friday: resident must contact the RPD/designee and preceptor directly (phone call/text)
- Saturday-Sunday: resident must contact a pharmacist within the main pharmacy (phone call)

### **Leave of Absence**

If a resident requests a leave of absence due to illness and/or personal reasons, the resident will work with the RPD/designee and Director of Pharmacy (DOP) to determine the length of the leave of absence. Permission will be granted on a case-by-case basis at the discretion of the RPD/designee and DOP. A leave of absence may not exceed 2 months. The resident will then have the same amount of time missed (not exceeding 2 months) to complete the remainder of his/her residency responsibilities upon return. Residents will exhaust any available time within their 15 days off and will not receive additional stipend beyond 1 residency year. The “make up” time will be uncompensated. If a resident is unable to complete any portion of his/her responsibilities, a residency certificate will not be awarded.

## **Disciplinary Action Process and Grounds for Dismissal**

Residents training in the Henry Ford Macomb Hospital PGY1 Pharmacy Residency Program will be treated fairly and respectfully. The Residency Advisory Committee (RAC) will utilize the disciplinary action processes that incorporate counseling and warnings to correct the problem(s) and improve the resident’s action(s). Failure to comply with the processes may prevent the resident from obtaining a residency certificate and/or involuntary dismissal from the program. However, certain behaviors and/or actions will result in immediate dismissal and the disciplinary action processes will not apply.

Outlined below are the informal and formal processes of disciplinary action, and the grounds for dismissal.

### **Informal Disciplinary Action Process**

At any time, the preceptor may speak directly with the resident regarding identified issues/problems. However, if the preceptor feels that formal disciplinary action is warranted, he/she will follow the description below.

### **Formal Disciplinary Action Process**

The formal disciplinary action process will be utilized if a resident inadequately performs his/her obligations and/or responsibilities necessary to successfully complete the program. This includes, but is not limited to, inadequate progress of completing the residency's goals as well as failure to adhere to any policies (hospital, pharmacy, and residency).

#### Procedures

- I. The RAC will conduct a thorough investigation of the problem. The resident will also be questioned to obtain as much information as possible.
- II. After completion of the investigation, the RAC will discuss the findings to determine if disciplinary action will be implemented. The resident will be notified of the RAC's decision.
- III. If the RAC decides the resident needs disciplinary action, the process is outlined below.
  - a. The Residency Program Director (RPD)/designee discusses the decided-upon disciplinary action with the resident.
  - b. Expectations and goals will be discussed and reviewed, in addition to the timeline of disciplinary action.
    - Discussion will be available in an easily retrievable format.
    - c. Evaluation
  - At the end of the predetermined timeframe, the resident will be evaluated by the RAC as outlined below.
    - Successful: resident exemplified improvement and achievement of behavior.
    - Unsuccessful: failure to improve the offending behavior. If this action will prevent the resident from successfully completing any requirement of the residency, he/she may be asked to voluntarily resign. The RAC will determine what measures must be taken to achieve a "successful" score.

## Licensure and Grounds for Resident Dismissal

A resident may be dismissed from the program by performing any of the actions below. The RAC will discuss the situation and utilize the criteria below to determine a resident's dismissal status.

- I. Failure to obtain licensure in the state of Michigan within 90 days of the start of the residency.
  - a. Residents must be licensed in the state of Michigan within 90 days of the start of the residency. Failure to obtain licensure may result in alteration of the residency program structure at the discretion of the RPD and RAC. Alterations may include modification or removal from current learning experience until licensure is obtained, extension of residency training program duration, or dismissal. **Minimum of 2/3 of residency is to be completed as a pharmacist licensed to practice in the program.**
- II. Resident places a patient, employee, or any other individual in danger either knowingly or by negligence.
- III. Resident receives 2 consecutive "Unsuccessful" evaluations as described in the formal disciplinary action process.
- IV. Resident utilizes threats or violence against any individual in the hospital.
- V. Resident sexually harasses any individual.
- VI. Plagiarism.
- VII. Unexcused absences beyond the allotted days off.
- VIII. Excessive tardiness without prior permission.
- IX. Falsification of documents.
- X. Utilization of alcohol and/or illegal/recreational substances that interferes with his/her responsibilities and obligation to perform professional, responsible, and safe work.
- XI. Failure to comply with any element of the [Henry Ford Health System Code of Conduct](#).

## **Requirements for Successful Completion of PGY1 Pharmacy Residency**

A resident will receive a certificate of completion from the Henry Ford Macomb Hospital PGY1 Pharmacy Residency Program by completing the listed activities satisfactorily as decided by the Residency Program Director (RPD)/designee(s):

- All required rotations
- All scheduled presentations
- All scheduled staffing requirements
- At least 10 transition of care COPD consults
- At least 10 Outpatient Parenteral Antibiotic Therapy (OPAT) consults
- Medication Use Evaluation (MUE) presented at Midyear
- Longitudinal Operations (Ops) project
- Attendance and presentation at Great Lakes Residency Conference
- Presentation of an accredited continuing education (CE) for staff
- Preparation of a manuscript in a journal-specific format
- At least 5 medication histories per week (total 230 throughout the year)
- Order verification goal (4,500) set by the Residency Advisory Committee at the beginning of the residency year
- ACLS/BLS/PALS training – to be completed at HFHS prior to the start of the residency
- Complete a drug formulary monograph for system review
- Participation in assigned health-system committee
- 10 hours of community service/participation
- Membership in the Southeastern Michigan Society of Health-System Pharmacists (SMSHP)
- Quarterly newsletter for pharmacy staff
- Daily warfarin educations in observation units
- Resident Scavenger Hunt (with other HFHS residents)
- Resident trip (with other HFHS residents)
- Precepting pharmacy students
- Journal club every other week
- Meet at least monthly with residency mentor – (meeting with mentor is bi-weekly when not on a clinical rotation)
- Planning and oversight of Pharmacy Week activities
- Teaching Certificate (optional)

By the end of residency, residents must have obtained either “Satisfactory Progress” (SP), “Achieved” (ACH), or “Achieved for Residency” (ACH-R) on all Learning Objectives. If a resident has a “Needs Improvement” (NI) on any goal or objective, he/she must repeat it and obtain a SP, ACH, ACH-R on that particular goal or objective by the end of the residency year. The RPD/designee(s) will review the residents’ progress throughout the year to ensure the resident is on track to obtain a certificate.

In order to receive a residency certificate signifying successful completion of the residency, residents must also obtain ACH-R in the items listed below.

R1.1.3 – Collect information on which to base safe and effective medication therapy.

R1.1.4 – Analyze and assess information on which to base safe and effective medication therapy.

R1.1.5 – Design or redesign safe and effective patient-centered therapeutic regimens and monitoring plans (care plans).

R1.1.6 – Ensure implementation of therapeutic regimens and monitoring plans (care plans) by taking appropriate follow-up actions.

R1.1.8 – Demonstrate responsibility to patients.

R1.3.3 – Manage aspects of the medication-use process related to oversight of dispensing.

R2.1.4 – Participate in medication event reporting and monitoring. R.3.2.4

– Manage one’s own practice effectively.

R4.1.1 – Design effective educational activities.

The following definitions will be used in evaluating resident progress:

**Needs Improvement (NI)** – The resident’s performance could potentially result in patient harm; may unfavorably influence the reputation of the pharmacy profession and/or institution; and/or does not meet the requirements of “Satisfactory Progress,” “Achieved,” or “Achieved for Residency.”

**Satisfactory Progress (SP)** – The resident’s performance is adequate; however, he/she requires additional experience to perform the objective independently.

**Achieved (ACH)** – The resident’s performance is adequate and he/she can perform the objective independently.

**Achieved for Residency (ACH-R)** – The resident’s performance is consistently above adequate and he/she can consistently perform the objective independently. ACH-R can only be assigned by the Residency Advisory Committee and not by any individual preceptor.

## **Handbook Review/Approvals**

Approval Date: January 2021