MOUNT SINAI HOSPITAL MEDICAL CENTER
PGY2 HEALTH SYSTEM PHARMACY ADMINISTRATION AND LEADERSHIP

RESIDENCY MANUAL
Since 1919, the hospitals, physicians and staff of Sinai Health System have provided medical care and social services to Chicago’s west side communities. Today, Sinai Health System provides a full continuum of care, including acute, primary, specialty and rehabilitation services.

**Mount Sinai Hospital Medical Center**
- 319 bed teaching, research and tertiary-care facility
- Level I trauma Center: Adult & Pediatric
- Emergency visits: > 50,000 per year
- Accreditation: Primary Stroke Center & Chest Pain Center [Joint Commission]
- Tertiary/Specialty care: Cardiovascular services, Cancer Care Center, Stroke Center, Orthopedics, minimally invasive surgery, Diabetes, Geriatrics
- Residency Programs: Pharmacy, Internal Medicine, Family Medicine, Surgery, Pediatrics, OB/GYN, Podiatry

**Sinai Children’s Hospital**
- 74 bed teaching hospital
- Level III NICU & PICU
- Pediatric Specialty services: cardiology, gastroenterology, nephrology, allergy, endocrinology, urology, neurology, physical medicine and rehabilitation

**Schwab Rehabilitation Hospital**
- 102 bed teaching and research hospital
- One of three free-standing rehabilitation hospitals in Chicagoland area
- The only Joint Commission and CARF Stroke Rehabilitation – certified facility in Chicago
- Core Programs: Stroke, Brain Injury, Spinal Cord Injury, Musculoskeletal and neurological rehabilitation, Amputation rehabilitation, Pediatric and Adolescent rehabilitation

**Sinai Medical Group**
- More than 500 Physicians on staff and 200 specialists in the Medical Group
- Clinics located in the communities Sinai serves and on the Mount Sinai Hospital campus

**Holy Cross Hospital**
- 274 bed community hospital
- Joined Sinai Health System in 2013

**Sinai Community Institute**
- Programs designed to address the social, economic and environmental factors that impact the health of the community

**Sinai Urban Health Institute**
- Provides community-based interventions that improve health in some of the most vulnerable neighborhoods in the city
Mission

Our mission is to improve the health of the individuals and communities we serve.

Vision

Sinai Health System will become the national model for the delivery of urban health care.

Values

Respect, Integrity, Quality, Teamwork, Safety

Pharmacy Department

Department of Pharmacy Services Mission Statement

Our mission is to provide evidence-based, cost-effective and safe drug therapy, with the purpose of attaining optimal patient care outcomes. To achieve this, maximization of technology and the emphasis on education, training, and development of pharmacy staff are prioritized.

Mount Sinai Hospital’s (MSH) pharmacy department has greatly expanded its level of clinical services and scope of practice over the past 8 years. The previous pharmacy model focused on the distribution of medications and the pharmacists worked mainly within the pharmacy. Today, pharmacists practice and round on patient floors where the focus is on direct patient care and providing evidence-based recommendations to doctors and other healthcare professionals. This change in MSH pharmacy practice was a multi-year process that required a high level of staff engagement and leadership.

The growth of pharmacy clinical services was accomplished through the acquisition of talented and residency-trained pharmacists. Pharmacy residencies require at least one year of intense pharmacy practice training that is considered professionally to be equivalent to 3 years of hospital practice experience. In 2007, the pharmacy department only had one residency-trained pharmacist. Today, there are over 25 residency-trained pharmacists on staff. In addition to residency training, pharmacists can obtain board certification in pharmacotherapy through board certification examination which formally affirms a pharmacist’s strong fundamental understanding of drug therapy across dozens of diseases. The pharmacy department grew from having 0 to 26 board certified pharmacists.

With a talented and engaged pharmacy staff, our clinical staff pharmacists have expanded the level of pharmacy-provided clinical services to improve patient safety and outcomes. The clinical staff pharmacists are located on general medicine floors where they provide in-person pharmacy guidance to doctors, residents, nurses and other healthcare providers. They are also responsible for implementing pharmacy-driven initiatives designed to provide evidence-based medication management strategies to patients. Some
of these roles include anticoagulation management, antimicrobial stewardship, disease state management, bedside discharge counseling, and therapeutic drug monitoring.

The scope of pharmacy practice has grown into high-risk areas where a medication specialist is needed. At MSH, the first clinical pharmacist acquired in 2009 specialized in critical care medicine. Since then, the role of pharmacy specialists has expanded to other high-risk areas such as emergency medicine, surgical intensive care unit, oncology, infectious diseases, and pediatrics. All hired clinical specialists have undergone a second year of residency to become experts in the evidence-based practices of their respective specialty. Clinical specialists are invaluable to the hospital not only for their depth of knowledge but also for their ability to develop hospital-wide guidelines, order sets, and procedures in their specialized areas.

Pharmacy is at the forefront of medication safety. The pharmacy department has acquired new technologies that improve workflow efficiencies and automate processes to prevent errors from reaching the patient. Some recent technology implemented includes two-way wireless smart pumps, MedMined™ clinical surveillance application, DoseEdge™ IV workflow manager, Baxter Exactamix™ TPN compounding, McKesson™ automation, including 30 Omnicell machines, 2 MedCarousels™, 1 PACMed™, 3 Narcotic Towers, KitCheck, Smart Temps wireless thermometers, Simplifi797, and Veriform. Together, these technologies improve the accurate dispensing and safe administration of many medication formulations. Automation has also allowed for pharmacists to focus on expanding clinical services to the patients on the floors.

The development of MSH’s PGY1 pharmacy practice residency program (2010) and PGY2 Health System Pharmacy Administration Residency Program (2013) symbolized the growth, success, and stability of the department. A strong residency program requires two key components: reliable operations and a variety of clinical learning experiences. These pieces are needed to create a learning environment where a resident is able to receive a well-rounded experience. Consequently, many of MSH’s resident graduates have decided to stay within SHS.

Since the start of the PGY2 residency program in 2013, 3 of the 4 graduates were hired within SHS upon completion of the program. They required minimal training and instantly increased the level of pharmacy clinical and administrative services. The residency program has also been invaluable in developing future department leaders. A few of our current pharmacy managers were past MSH PGY1 and/or PGY2 residents.
Mount Sinai Hospital has fostered the development of a highly-trained pharmacy staff that goes above and beyond the traditional inpatient pharmacy model. Mount Sinai’s pharmacy department provides for patients in a wide variety of services that differentiate itself from its peers and bring incredible value to the hospital. The pharmacy department has embraced the vision and mission of Sinai Health System and will continue to bring a high level of service to its patients.

**About the Pharmacy Department**

The Pharmacy Department consists of a progressive management team which works with a staff of experienced and motivated pharmacists & technicians.

- **Pharmacy Staff (32 FTE Pharmacists and 22 FTE Technicians)**
  - Clinical Staff Pharmacists (Main Pharmacy)
  - Clinical Pharmacist
    - General Medicine
    - Ambulatory Care Clinics
  - Clinical Specialist
    - MICU
    - SICU
    - Emergency Department
    - Oncology
    - Infectious Diseases (2)
      - Inpatient
      - Outpatient (HIV/HepC/ID)
    - Informatics
    - NICU
    - Transitions of Care Pharmacists (2)
  - Management
    - Director of Pharmacy
    - Operations Manager
    - Clinical Manager
    - Medication Safety Officer
    - Outpatient Pharmacy Manager (340B/Specialty)
    - Pharmacy Coordinator (340B/Specialty)

- **Operations / Technology**
  - Decentralized Pharmacy Model
  - USP <797> and USP <800> Clean Room and Oncology Satellite
  - ADC, MedCarousel & PACMed Technology → Converted to Omnicell Automation Technology in 2017
  - DoseEdge Pharmacy Workflow Manager
  - Kit Check → OR Trays, Epidural Trays, Anesthesia Boxes, Crash Carts
  - Simplifi797, Veriform, and StaffReady
  - Medication Surveillance Software
  - Computerized Prescriber Order Entry (CPOE)
  - Barcode Medication Administration (BCMA)
  - Electronic Medication Administration Record (eMAR)
  - Programmable IV pumps – two-way wireless
Pharmacy Department Strategic Plan

1. Defining and measuring pharmacy productivity to allow operational adjustments to further impact positive outcomes and increase direct patient care
   a. Identifying patient care priorities at Mount Sinai Hospital and Schwab Rehabilitation Hospital that can be advanced by redeployment of pharmacists
   b. Focusing on data-mining for the purposes of performance improvement and to assist in operational and clinical decision-making
   c. Developing expertise in data analytics to ensure the best use of data to improve individual patient and population-based care
   d. Creating cascading goals dashboard in alignment with Sinai Health System Key Performance Indicators (KPIs) to assess progress

2. Creating an inpatient medication therapy management program to expand transitions of care program services within Mount Sinai Hospital and Schwab Rehabilitation Hospital
   a. Establishing close alliances with organizational leaders by contributing to initiatives in population health, risk contracting, and strategic partnerships
   b. Engagement of pharmacists as medication therapy experts, clinicians, and physicians to drive practice changes, community-wide antimicrobial & opioid-related stewardship efforts and policy solutions for our community

3. Limiting expected growth of drug expenditures through multiple departmental initiatives
   a. Performing medication utilization evaluations of high cost drugs identified through the 80/20 report along with diligent and often daily support from clinical pharmacists guiding day-to-day medication management through appropriate order sets and guidelines
   b. Optimizing inventory management, reducing waste, and eliminating non-urgent low volume usage products from the drug formulary

4. Maximizing revenue opportunities through our 340B drug pricing program, specialty pharmacy program, and on-site outpatient retail pharmacy
   a. Meeting regulatory compliances surrounding the 340B program with appropriate oversight and program compliance responsibilities

5. Continuing to professionally engage our staff
   a. Leveraging and increasing the utility of pharmacists, APPE students and pharmacy technicians to provide more direct patient care through patient education, medication histories and medication reconciliation
   b. Establishing a sound process for identifying the competency requirements of pharmacists and technicians for specific responsibilities and assessing every staff member for compliance with competency requirements

   Encouraging continuous professional development of each pharmacist and technician related to competency requirements surrounding increased direct patient care and medication safety initiatives
Faculty and Mentors

Our team is led by a Pharmacy Director who is committed to departmental growth and development. Through our innovative programs, our passionate and energetic preceptors enjoy sharing their knowledge and expertise with others.

**PGY2 Pharmacy Administration Residency Program Director**
Sameer Shah, PharmD, MHA  
Director of Pharmacy, Respiratory, Sleep Lab & Neurodiagnostics  
Cancer Program Administrator  
Graduate of UIC College of Pharmacy, PharmD  
UIC School of Public Health, Master of Healthcare Administration  
Interests/Focus: Pharmacy Automation/Technology/Innovation, Advancing Pharmacy Practice, Leadership Development, Pharmacy Revenue Cycle Management, Maximizing pharmacy’s full clinical and fiscal value to improve patient outcomes and lower the total cost of healthcare

**PGY2 Pharmacy Administration Residency Coordinator**
Thomas Yu, PharmD  
Outpatient (340B/Specialty/Retail Pharmacy) Manager  
Graduate of Ernest Mario School of Pharmacy at Rutgers University, PharmD  
PGY1 Residency: Kimball Medical Center  
PGY2 Residency: Mount Sinai Hospital Medical Center (Health-System Pharmacy Administration)  
Interests/Focus: 340B, Specialty Pharmacy, Population Health, Leadership Development

**PGY2 Residency Preceptors**
Stanley Chacko, PharmD  
Pharmacy Operations Manager – Holy Cross Hospital  
Graduate of University of Sciences at Philadelphia, College of Pharmacy, PharmD  
Interests/Focus: Development and advancement of Pharmacy Services, Personnel Development/Management, Pharmacoeconomics, Cost-Containment Strategies, Staff development/compliance with USP 797/800, Drug Shortage Management, Optimization of all Pharmacy technologies
Ann Wehmeyer, PharmD, BCPS
**Medication Safety Officer: Sinai Health System**
Graduate of Ohio Northern University College of Pharmacy, BS
University of Cincinnati College of Pharmacy, PharmD
PGY1 Residency: VA Medical Center, Cincinnati, OH
AHA/NPSF Patient Safety Leadership Fellowship


Tejal Patel, PharmD, BCPS
**Pharmacy Operations Manager – Mount Sinai Hospital Medical Center**
**PGY1 Pharmacy Residency Program Coordinator**
Graduate of Nova Southeastern University College of Pharmacy, PharmD
PGY1 Residency: Mount Sinai Hospital Medical Center, Chicago, IL

Interests/Focus: Development of Pharmacy Services, Pharmacoconomics, Cost-Containment Strategies, Advancing pharmacy disease management services, Personnel Development/Management, USP797/800, Drug Shortage Management, Pharmacy informatics

Matthew Dandino, PharmD, BCPS, 340B ACE
**Pharmacy Coordinator (340B/Specialty/Pharmaceutical Supply Chain) – Sinai Health System**
Graduate of Purdue University College of Pharmacy, PharmD
PGY1 Residency: Carolinas Medical Center, Atrium Health, Charlotte, NC
PGY2 Residency: Mount Sinai Hospital Medical Center (Health-System Pharmacy Administration), Chicago, IL

Interests/Focus: 340B Program, Specialty Pharmacy, Pharmaceutical Supply Chain, Medication Shortages, Pharmacoconomics, Pharmacy Operations, Leadership

Donnica Austin-Cathey
**Vice President of Operations, Acute Care Hospitals**
Graduate of University of Illinois at Urbana-Champaign, Bachelor’s Degree
Graduate Governors State University, Master of Health Administration

Interests/Focus: Compliance, Regulatory, Hospital Operations, Health System Transformations, Strategic Planning
Karen E. Trenkler, PharmD, MS, BCPS
PGY1 Residency Program Director
Clinical Manager: Mount Sinai Hospital Medical Center
Graduate of UIC College of Pharmacy, BS
Midwestern University, Chicago College of Pharmacy, PharmD
DePaul University, Information Systems, MS

Interests/Focus: Infectious Diseases, Informatics, Critical Care, Geriatrics, Clinical Pharmacy Management
Mission Statement

Our mission is to develop future progressive pharmacy leaders through a curriculum full of coordinated practical experiences involving all of our expanding pharmacy services.

Purpose

PGY2 pharmacy residency programs build on Doctor of Pharmacy (Pharm.D.) education and PGY1 pharmacy residency programs to contribute to the development of clinical pharmacists in specialized areas of practice. PGY2 residencies provide residents with opportunities to function independently as practitioners by conceptualizing and integrating accumulated experience and knowledge and incorporating both into the provision of patient care or other advanced practice settings. Residents who successfully complete an accredited PGY2 pharmacy residency are prepared for advanced patient care, academic, or other specialized positions, along with board certification, if available.

The PGY2 residency program provides in-depth professional, managerial and patient directed training and experience at the post-graduate level. The resident will acquire advanced skills in personnel management and development, communication, resource management, fiscal management, regulatory compliance, and program development. The PGY2 offers the resident the opportunity and stimulus to develop, to the highest degree attainable, his/her professional expertise as a clinical practitioner and future health system manager/leader, emphasizing skills required to optimally deliver pharmaceutical care through effective leadership.

Goals

- Develop skills in health-system pharmacy enterprise management
- Develop competence in managerial, financial, and organizational components of health-system pharmacy
- Develop effective organizational, integrative, and evaluation skills that will assist the resident in improving current and developing new pharmacy services
- Develop sufficient knowledge and expertise in pharmacy with legal, regulatory, safety and accreditation requirements
- Demonstrate leadership by developing working relationships with healthcare providers and other professionals on multidisciplinary teams and committees
- Lead others through the use of effective communication, mentorship, action, and transformational leadership
**PGY2 HEALTH SYSTEM PHARMACY ADMINISTRATION**

**RESIDENCY PROGRAM STRUCTURE**

**Required Rotations**
1. Orientation (4 to 6 weeks)
2. Pharmacy Administration I (4 weeks)
3. Health System Medication Safety (4 weeks)
4. Pharmacy Administration II (5 weeks)
5. Health System Administration with VP (5 weeks)
6. 340B, Specialty Pharmacy, Supply Chain (4 weeks)
7. Budget and Finance (5-6 weeks)
8. Advanced Pharmacy Operations (12 month longitudinal)
9. Staffing (12 month longitudinal)
10. Pharmacy Informatics and Technology (4-6 weeks)
11. Research project (12 month longitudinal)

**Elective Rotations**
1. Repeat any of the required rotations
2. 340B, Specialty Pharmacy, Supply Chain II (4 weeks)
3. Pharmacy Administration at Holy Cross Hospital

**Additional Core Experiences**
- Strategic Planning
- Chief Resident
  - Mentor and direct IPPE, APPE students and PGY1 Residents
  - Primary preceptor of PGY1 residents and students on Hospital Practice Management rotations
- Engage in cross-functional team meetings including Pharmacy & Therapeutics Committee Meetings, Comprehensive Unit Based Safety Program & Pharmacy Technician Meetings
- Contribute in development of the layered learning model as we work to best utilize pharmacy technicians, pharmacy students, pharmacy residents and clinical specialists to the fullest of their training
- Lead several pilot programs involving transitioning patients across the continuum of care
- Develop human resource experiences through practical experience in recruiting, employee engagement tools, performance evaluations, developing schedules and other managerial functions
- Lead daily pharmacy staff huddle
- Participation in activities related to health promotion and wellness.
- Work with the Director of Pharmacy and a Health System Administrator (VP of Clinical Operations) to gain a better understanding and play a role in health-system initiatives
- Lean Six Sigma Yellow Belt Training, Learn and incorporate Studer philosophy towards leadership (thank you cards, rounding, setting goals)

**Elective Experiences**
- Roosevelt University Teaching Certificate

**Requirements**
1. Complete a research project and present at Midyear Clinical Meetings and Great Lakes Residency Conference
2. Serve as weekend supervisor on-call one weekend every month
3. Complete a business proposal for implementation of a new service
4. Lead a minimum of 8 leadership topic discussions for PGY1 residents throughout the residency year
5. Complete one pharmacy operations enhancement or financial savings related project
6. Responsible for presenting Drug Shortages Report at Pharmacy & Therapeutics Committee Meeting every other month P&T (part of Advanced Pharmacy Operations rotation)
7. Completion of one drug utilization evaluation to be completed during Medication Safety and/or Pharmacy Administration Rotation.
8. Development and/or updating of a policy or guideline (part of the Medication Safety rotation), utilizing best practices
9. Co-Lead Comprehensive Unit-Based Safety Program and Pharmacy Technician Meeting for pharmacy team
10. Act as Chief Resident for PGY1 Residents

General Information
1. The Program Director shall serve as program advisor for the resident and will guide the resident in meeting the requirements for successful completion of the residency.

2. The resident shall meet with the Program Director at the beginning of the program to evaluate their skills and knowledge and to develop an individualized plan based on the resident’s previous preparation and professional practice goals.
   a. The evaluation and planning process shall be documented in the PharmAcademic Customized Training Plan (CTP) using the Resident Self-Evaluation and Planning Form.
   b. The resident and Program Director will develop a customized residency program plan for each resident to accomplish the specific program goals taking into account the resident’s goals, interests, strengths, weaknesses, and opportunities available within Sinai Health System.
   c. The Resident Self-Evaluation and Planning Form will be used to develop each resident’s schedule of rotations.
   d. Once residency rotations have been assigned, the resident may request a change in assigned rotations. Requests will be accommodated whenever possible and appropriate for their training plan.

3. A copy of the Residency Manual shall be provided electronically to each resident outlining the requirements of the residency program.
   a. Residents shall make themselves knowledgeable of all program requirements.
   b. Residents shall make themselves aware of important dates and deadlines set forth and identified in the program manual and appendices.

4. Orientation to Mount Sinai Hospital Medical Center and to the Department of Pharmacy Services will take place during the first weeks of the program; however, orientation and skills development will continue on an as-needed basis.
CHIEF RESIDENT

The Health System Pharmacy Administration PGY2 Resident acts as the Pharmacy Chief Resident serves as a liaison between the PGY1 residents and other members of the Department of Pharmacy, including residency program directors and management. The Chief Resident is also expected to be a role model for other residents.

Communication style and ability to articulate professionally

1. Ability to problem solve and deal with conflict
2. Leadership qualities
3. Time management skills
4. Ability to work well and get along with others

The PGY2 HSPA Resident will coordinate lunches with PGY1 Residents to help facilitate their leadership development. Reading materials will be provided for the PGY2 Resident to review and then discuss with PGY1 Residents.

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<tr>
<th>Date</th>
<th>Discussion Topic</th>
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<tr>
<td>TBD</td>
<td>Pharmacists Inventory of Learning Styles Assessment &amp; Leader Rounding</td>
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<td>Resident Precepting &amp; Leader Rounding</td>
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<td>TBD</td>
<td>Career Anchors Assessment &amp; Leader Rounding</td>
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<td>TBD</td>
<td>Midyear: Residency showcase &amp; promoting our residency program</td>
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<td>TBD</td>
<td>Midyear Clinical Meeting</td>
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<td>“Celebrating 50 years of advancement in pharmacy residency training” – Toby Clark &amp; Leader Rounding</td>
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<td>TBD</td>
<td>“Creation of the ASHP residency accreditation program: The choices of early leaders” – W.A. Zellmer &amp; Leader Rounding</td>
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<td>TBD</td>
<td>“The future of specialized pharmacy residencies: Time for postgraduate year 3 subspecialty training” – D.K. Helling and S.G. Johnson &amp; Leader Rounding</td>
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<td>TBD</td>
<td>“A vision for the future of pharmacy residency training” J.S. Clark &amp; Leader Rounding</td>
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<td>Communication Styles Assessment &amp; Leader Rounding</td>
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<td>TBD</td>
<td>“What Really Matters: Helping Others Is What Will Count In the End” - C.S. Lauer &amp; Leader Rounding</td>
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<td>“What Makes a Leader” – Goleman &amp; Leader Rounding</td>
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<td>TBD</td>
<td>Conflict Mode Assessment &amp; Leader Rounding</td>
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<td>TBD</td>
<td>“The Credo of the Liquid Leader” – Brad Szollose &amp; Leader Rounding</td>
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Final Meeting: Overview of the year and reflections on lessons learned

COMMITTEE & MEETING ASSIGNMENTS

The resident will be invited to participate in a committee for the year. Attendance and participation on the following committees/meetings is required:

- Medication Safety Use Committee
- Pharmacy & Therapeutics Committee
- Accreditation Steering Committee
- Pharmacy Management team
- Hospital Leadership team
- Pharmacy Technician Team
- Monthly Pharmacy Department Staff Meeting
- Other committee assignments as needed or based on PGY2 resident interest

EVALUATION

Structured evaluations using PharmAcademic are conducted throughout the residency program to provide feedback regarding both resident’s performance and effectiveness of training. Orientation to PharmAcademic will be conducted during July of each residency year.

Evaluations are of several types:

1. Informal, verbal communications between residents and preceptors should occur on a frequent (i.e. daily) basis. Documentation of these communications is not expected. These communications are important for early detection and resolution of problems and for identification (and mutual acceptance) of problems which cannot be resolved.
2. Written feedback on handouts, documents, PowerPoint presentations, etc. These should be kept in residency notebook and are not documented within PharmAcademic. These are important for you to reflect upon throughout the year, and will be needed for ASHP accreditation survey purposes.
3. Mid-rotation evaluations are optional, but encouraged, at least in a limited way (i.e. snapshot) through PharmAcademic. These can be scheduled spontaneously anytime throughout the year by a preceptor to document the evaluation of a particular skill or issue.
4. Evaluations are required at the end of each rotation (summative), as well as preceptor evaluations, again through PharmAcademic. Residents will also do a self-evaluation after each rotation. These online evaluations form the basis of a private evaluation session held with the resident and preceptor (and, if necessary, the RPD) to formally review the resident’s performance and the rotation’s effectiveness. It is imperative that these evaluations are completed on the last day of each rotation or within the following week. It is the responsibility of both the preceptor and the residents to accomplish this. All evaluations through PharmAcademic are maintained by the RPD for ongoing review and appropriate feedback and counseling to both residents and preceptors.
5. Longitudinal rotations (advanced pharmacy operations, project) will have an evaluation scheduled quarterly.
6. Quarterly evaluations will be performed with the RPD, each resident and his/her mentor throughout the year. The RPD will review the rotation evaluations of the resident, as well as other information pertaining to ongoing responsibilities such as
resident’s research project, quality assurance/improvement projects, weekend responsibilities, etc. Each resident will fill out a self-evaluation quarterly evaluation, too. The RPD will meet with the resident and his/her mentor (if applicable), to discuss the resident’s progress each quarter and determine whether he/she is meeting goals for the year.

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<tr>
<th>SUMMATIVE SCALE</th>
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<tr>
<td><strong>NI</strong></td>
<td><strong>Needs Improvement</strong></td>
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<td>The resident is not making progress to the level expected of someone with his/her background and relation in time to the start of the residency – i.e., other residents in similar scenarios. For example, the resident is not consistently demonstrating behaviors or skills or demonstrating knowledge base appropriate for that level.</td>
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<tr>
<td><strong>SP</strong></td>
<td><strong>Satisfactory Progress</strong></td>
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<tr>
<td></td>
<td>The resident performs at the level expected, based on background and relation to start of post-graduate learning, i.e., compared to other residents</td>
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<tr>
<td><strong>ACH</strong></td>
<td><strong>Achieved</strong></td>
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<td></td>
<td>The resident performs at the level of a front line pharmacy manager.</td>
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<tr>
<td><strong>NA</strong></td>
<td><strong>Not Applicable</strong></td>
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<td>The situation does not apply to the resident.</td>
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CONFERENCES

- Illinois Council of Health-System Pharmacists Annual Meeting
- Great Lakes Pharmacy Conference
- ASHP Leadership Conference
- ASHP Midyear Clinical meeting

It is required that the resident completes a research project and present at the Midyear (poster) and Great Lakes Residency Conference.

If the department has opted to have a recruitment booth at either of these meetings, then it is expected that the resident be involved in the activities of recruitment, assisting in the recruiting process of new residents, if requested.

GREAT LAKES PHARMACY RESIDENCY CONFERENCE (GLPRC)

PGY2 HSPA resident is required to attend and present their major project as a requirement of the PGY2 residency program. The GLPRC is held in April each year at Purdue University. Registration and abstract submission is due February 1st. Presentation PowerPoint files will be due in early April. The resident will present their research to the department, in practice for the GLPRC, as a required presentation, several months/weeks prior to the conference. See the website, www.glprc.com, for more details.

MEMBERSHIP IN PROFESSIONAL ORGANIZATIONS

The HSPA PGY2 resident is expected to participate in at least one professional organization. Membership in professional organizations keeps the resident up-to-date on the latest health-system pharmacy events and practice innovations/shifts; an active membership serves to positively impact the future of pharmacy.

Although residents are allowed to join any professional organization it is strongly recommended that each resident belong to The American Society of Health-System Pharmacists (ASHP) and the Illinois Council of Health System Pharmacists (ICHP).

LICENSES

All registered pharmacists are required to have their current license posted in the Pharmacy Department. If the resident does not have pharmacist license by the beginning of the residency, he/she must have a valid Illinois technician license. This information must be kept current for accreditation purposes. Please turn in the large copy, not the wallet-sized license, to the Pharmacy Operations Manager. All residents are expected to be licensed as a pharmacist in Illinois. Please see contract on licensure requirements, which includes expectation for obtaining license. If reciprocation or score transfer is necessary, the procedure should be initiated as soon as possible after completing PGY1 Residency and/or moving to Chicago.

The Resident shall obtain pharmacist licensure on within 90 days from contract start date. Failure to obtain pharmacist licensure by this date will result in termination from the program.

The Resident agrees to provide proper documentation of licensure to SINAI HEALTH SYSTEM at the time of issue and renewal. Failure to maintain proper credentials may result in suspension or termination from the program.
LONGITUDINAL LEARNING EXPERIENCES

There are a few longitudinal experiences the PGY2 Health System Pharmacy Administration resident will be engaged in. They are the research project, weekend manager on call, IPPE/APPE coordination, creating pharmacist schedule 1st draft and the practice obligation (staffing).

- Pharmacy practice staffing & scheduling
- Committee leadership (CUSP Team) & Pharmacy Technician Meeting
- Committee participation & Comprehensive Unit Based Safety Program Team Co-Lead (with Operations Manager)
- Inpatient operations
- Project management
- Chief Resident
- IPPE Student Curriculum Lead
- Coordinate APPE Orientation
- Residency project

The 12 month learning experiences are the research project, weekend manager on call, presentations and practice obligation (staffing). The resident will choose a research project in July and work all year with one or two research advisors. The staffing component will occur 4 times per month in main pharmacy.

WEEKEND MANAGER ON-CALL

The weekend manager on call program occurs one weekend every month and will be evaluated separately from the staffing component to focus on items such as:

- Performs staff rounding
- Performs environment of care compliance rounds
- Assessing staff workload/hospital census
- Assessing stock outs and drug shortages
- Call Offs

The manager on call will be responsible to come to the hospital for a few hours (one day only) and perform rounds. The manager on call will be available by pager if needed.

PRACTICE OBLIGATION (STAFFING)/ON CALL

The HSPA resident is required to work two 8-hour shifts every month. The assigned location for weekend staffing will be either in an adult or main pharmacy environment, depending on where the resident is trained. The resident will work mostly in a distributive position early in the year, with the option to expand to clinical positions throughout the year based on personal interests.

Residents should be at their work site on their staffing days at the scheduled time. Tardiness will not be permitted.

If a resident desires a particular day off, he/she must notify the pharmacy operations manager at least six weeks in advance. Alternatively, the resident may trade with another PGY1 resident or pharmacist, in order to get a particular day off, as long as the resident will be working in an environment that he/she has been trained in. Any trading of shifts must be with the approval of a manager. If a resident desires a prolonged vacation (such as a full week off), this request should also be made as far in advance as possible, so the preceptor for that rotation and RPD are made aware.
OVERTIME/DUTY HOURS

For the duration of the residency, the HSPA resident is expected to commit their full professional attention to the residency. *Working in other positions outside the Department is not permitted.*

Residents are not eligible for overtime salaries or wages when they choose to work an extra shift.

Each resident is expected to work a MINIMUM OF 40 hours per week as per a schedule established by the RPD or the rotation preceptor.

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 must be addressed by a well-documented structured process. 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.” (ASHP definition)

The limit of duty hours is consistent with ASHP accreditation and ACGME terms that went into effect in July of 2013, in that hours at the hospital in the residency program is limited to 80 hours per week, averaged over a four week period. Residents must be provided one day in seven free, averaged over a four week period. Adequate time for rest and personal activities must be provided. This should consist of a minimum of 8 hours, but ideally, a 10 hour time period provided between all daily duty periods. For programs with on call programs, there should be a minimum of 14 hours free following an on call shift. Our current staffing and on call schedule meet these expectations.

MENTOR

The resident will choose a mentor from the Department of Pharmacy. This mentor may be a pharmacist or pharmacy manager with a practice area the resident is interested in, a pharmacist who the resident is doing research with, or simply someone whom the resident feels comfortable with. The mentor should be someone who is NOT a program director or pharmacy operations manager. The resident-mentor relationship is relatively informal, requiring no set meetings. However, the resident’s mentor will sit in with the resident and the RPD for each of the resident’s quarterly evaluations.
PRESENTATIONS

Each PGY2 resident will complete at a minimum of the following during the course of the year in Pharmacy Grand Rounds:

- One Pharmacist Development Sessions, Grand Rounds or College of Pharmacy Presentation
- A formal presentation of research project in preparation for Great Lakes Pharmacy Residency Conference
- A formal presentation of research project at Great Lakes Pharmacy Residency Conference (GLPRC) LPRC. Presentation for GLPRC, which is required to be between 18-22 minutes in length.

Presentations for non-pharmacy department audiences, such as grand rounds, may be substituted for one of the above listed presentations with the approval of the RPD (excluding the presentation for perfusion students and MWU lectures).

RESEARCH PROJECT

Timetable for Completing Major Project

<table>
<thead>
<tr>
<th>Step</th>
<th>Proposed Deadline</th>
<th>Date Completed</th>
<th>Advisor's Signature</th>
</tr>
</thead>
<tbody>
<tr>
<td>Select major project topic</td>
<td>July 31</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Present project topic to RAC</td>
<td>Mid August</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Complete written proposal for project</td>
<td>Mid September</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Present written proposal for project to RAC</td>
<td>Mid September</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Prepare IRB</td>
<td>If needed</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Submit Abstract to ASHP: Deadline Oct 1st</td>
<td>October</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Complete IRB</td>
<td>Mid September</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Present IRB to IRB Committee</td>
<td>Mid October</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Collect data/Implement program</td>
<td>September – March</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Oral presentation to Pharmacy Department</td>
<td>Mid April</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Oral presentation at resident conference</td>
<td>End of April</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Final draft of written project – as manuscript</td>
<td>May 31</td>
<td></td>
<td></td>
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</tbody>
</table>
RESIDENCY ADVISORY COMMITTEE

The Residency Advisory Committee (RAC) is made up of the Program Director, a subset of the pharmacy preceptors, program directors and the chief resident. The goals of the RAC are to oversee more directly the structure and requirements of the PGY1 and PGY2 residency programs and assist the program directors with maintaining requirements for ASHP accreditation. Goals of the RAC are as follows:

1. Maintain appropriate structure and organization of the PGY1 and PGY2 programs
2. Assist in the updating and/or development of changes to the program
3. Assist in evaluation of candidate applications
4. Provide guidance to RPD and the clinical specialists for planning of the residency rotation schedule
5. Assist in establishing a minimum standard for individuals who wish to participate in the precepting of residents
6. Any other issues that the RPDs or RAC deems necessary

RESIDENCY END OF THE YEAR REPORT

At the end of the year, the resident will provide a summary report of all projects completed, including any reimbursement provided to the resident for travel to residency-sanctioned meetings. The intent of this report is to be able to express the cost-effectiveness of having a resident as opposed to having a full time pharmacist in the same position. The RPD can provide examples of this report.

Residency Binders/Portfolios

All residents will be given 2 binders which the resident will fill with their work and a narrative summary of the resident’s activities. The 2 binders are duplicates of each other. One binder will be kept by the RPD after the resident leaves / completes the PGY2 program and one binder will serve as a portfolio of the resident’s activities over the period of the residency for the resident to keep.

The binder should be divided into sections that include, but are not limited to:

- Each rotation completed
- All P&T committee work
- Project information, including
- IRB
- Milestones
- Mid Presentations, e.g., MCM and/or Great Lakes, Lecture to Family Practice physicians
- Final Presentations
- Final document, in Word, suitable for presentation at the P&T or other hospital committee
- Summary of meetings and/or lectures that the resident attended or lead
- Lectures given and the Power Point presentation
- Resident Self-Assessment
- Resident Customized Plan
- Quarterly Reports
- Monthly / rotation Calendar (which includes daily log of all activities)
- Copies of journal articles formally reviewed Journal articles, maintained for self-edification and/or future teaching opportunities, are to be kept in a separate binder.
- Evaluations, including rotation evaluations, self-evaluations, quarterly evaluations, midpoint evaluations, and exit interview
- Policies & Procedures updated by the resident
COMMUNICATION ETIQUETTE PAGER

- You will be assigned a pager
- Response to pages should essentially be immediate

Email
- Email is to be checked twice daily, at minimum:
  - Prior to starting the residency shift
  - At the time of completion of work duties, prior to departure for home
  - Any number of times in between
  - Responding to emails within 24 hours
- Urgent emails (emails flagged as ‘urgent’ or ‘stat’ : as quickly as possible / appropriate
- Email that states an expectation or a request – from Director, RPD, RPC or Ops Manger OR current Preceptor.
- Response within 24 hours expected: unless the resident is on PTO,
  - Even if you have not obtained the desired/endpoint response to a request – you must nonetheless acknowledge the receipt of the email.
  - Please state situation and expected timeframe of completion, if appropriate.

RESIDENT DISMISSAL POLICY

Residents are expected to conduct themselves in a professional manner and to follow all pertinent medical center and departmental policy and procedures.

A resident may be dismissed from the residency if he/she:

- Breaches any terms or conditions of the contract
- Fails to present themselves in a professional manner
- Fails to follow MSH hospital, pharmacy department, PGY2 Residency policy and procedure
- Fails to get licensed within by 90 days from stat of the contract. Failure to obtain licensure by this date will result in immediate termination and discontinuation of the stipend. Please bring your pharmacist license with you on the first day, if you already have been licensed. If you have not, the resident is expected to then provide a pharmacy technician license for the State of Illinois, so that they will be able to work within the Pharmacy Department.
- Fails to perform at a level consistent with residency program expectations (i.e. consistent poor evaluations without evidence of improvement)
  - If the pharmacy Resident does not demonstrate satisfactory progress towards the Goals & Objectives stipulated in the PGY2 Pharmacy Residency Learning Experience, as determined by the RPD/pharmacy director and preceptors; OR the Resident receives greater than 50% “needs improvement” on a PharmAcademic evaluation for two (2) rotations

All matters pertaining to the Resident’s performance under the terms of the Agreement will be handled by the Director of Pharmacy, in collaboration with the Residency Program Director (currently the RPD is the Director of Pharmacy). Employment during the period of this Agreement is expressly conditioned upon satisfactory performance by the Resident during the entire term of the Agreement presently in effect at the time the Agreement is executed for a period of one calendar year, in accordance with the PGY2 Pharmacy Residency Guidelines.

If termination occurs, SINAI HEALTH SYSTEM human resource policies will determine the termination of health insurance and other benefits.
SINAI HEALTH SYSTEM will not terminate this Agreement without providing the Resident with written notice, corrective action plan and an opportunity to discuss the reason for the termination with the RPD and the Director of Pharmacy. The Resident has recourse through Human Resources to appeal this action.

If any of the above situations occur, the appropriate disciplinary actions will be taken. The normal steps in a disciplinary action process are as follows:

1. Residents will be given verbal counseling by their advisor*, primary preceptor or RPD if they fail to meet the above requirements for the first time. They will be counseled on the actions necessary to rectify the situation involved. The remedy or disciplinary actions will be decided solely by the involved residency advisor, primary preceptor or RPD. This verbal counseling will also be documented in their personnel file by the involved residency advisor, primary preceptor or RPD. The Director of Pharmacy must be informed of the action if they are not directly involved.

2. If a resident fails to correct his/her behavior, the RPD, human resources and pharmacy management team will meet together and jointly decide an appropriate disciplinary action against the resident (such as an additional project, removing from certain activities or working after normal hours, etc.) This action will be documented again in the personnel file and will be immediately communicated to the Director of Pharmacy.

3. If a resident still fails to correct his/her behavior or meet the specific disciplinary action requirement, the RPD, Human Resources and pharmacy management team can jointly recommend the resident be withdrawn from the program. This action will require the approval of the Director of Pharmacy and Human Resources. No action of dismissal will be taken against the resident until the final approval of these two individuals.

*Residency “advisor” could be resident’s mentor, main project preceptor, or other individual who has established a positive relationship with the resident.

**Expectation:** Evaluations are completed by the due date or within **7 days from last day of rotation**

**SUCCESSFUL COMPLETION OF THE RESIDENCY PROGRAM**

The PGY2 resident must complete the following activities in a manner that is acceptable to the RPD and any pertinent residency preceptors, prior to receiving the certificate reflecting the successful completion of the residency program.

All goals and objectives that are indicated as “R” are required to be evaluated at some point during the residency year. However, there are some goals that Mount Sinai Hospital Medical Center has identified as being required for successful completion of the residency.

The following goals and objectives from the accreditation standard must be achieved by the resident. Achievement is defined as the consensus of the preceptors that the resident has successfully met these goals and objectives.
Mount Sinai Hospital PGY2 Health-System Pharmacy Administration Residency
Criteria for Successful Completion of Residency

Resident’s Name: ___________________________ Year: ___________________________

I. Pre-Residency:
__ Completion of ASHP Entering Interests Form
__ Completion of Entering Objective-Based Self Evaluation

II. Residency

Required Rotations:
__ Orientation
__ Pharmacy Operations
__ Health-System Medication Safety
__ Pharmacy Administration
__ Health-System Administration with Vice President
__ 340B, Specialty Pharmacy, and Supply Chain I
__ Budget and Finance
__ Pharmacy Informatics and Automation

Evaluations:
__ Resident is required to achieved ACHR: R1, R2, R3, R5 by end of the year
__ Resident is required to be at a minimum of satisfactory progress for the rest: R4, R6
__ The resident has completed all preceptor/experience evaluations
__ The resident has completed all assigned self-evaluations

Core & mandatory Longitudinal Experiences:
__ The resident has completed staffing (2 times per month starting September) requirements
__ Weekend Manager On-Call
__ Completion of a research project. Present research at Great Lakes Conference. If unable to present at this meeting, the resident is required to present at an alternate professional conference.

Elective Longitudinal Experiences (optional only):
__ Roosevelt University Teaching Certificate
__ College of Pharmacy Teaching
Learning Activities:

- Development of a medication-related policy, guideline, or protocol
- Completion of a quality improvement project
- Completion of a pharmacy operations enhancement or financial savings project
- Completion of a drug shortage report

Hospital Meeting Participation (attended >75% of meetings):

- Accreditation Steering Committee
- Monthly Pharmacy Department Staff Meetings
- Pharmacy and Therapeutics Committee
- Medication Use Safety Interdisciplinary Committee
- Comprehensive Unit-Based Safety Program
- Pharmacy Technician Meetings

III. Post-Residency

- Completion of exit interview
- Submission of residency portfolio
## PGY2 Health-System Pharmacy Administration Required Goals and Objectives

**Design, implement, and manage a safe and effective medication-use system.**

<table>
<thead>
<tr>
<th>Lead departmental and/or interdisciplinary teams in the design, implementation, and/or enhancement of a health system’s medication-use process.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Effectively represent the pharmacy perspective on an interdisciplinary team redesigning a selected aspect of the organization’s medication-use system.</td>
</tr>
<tr>
<td>Exercise effective leadership of a team tasked with the redesign of a selected aspect of the medication-use process.</td>
</tr>
</tbody>
</table>

**Manage the medication distribution process in all locations within the health system where drugs reside.**

| Based on one’s own assessment of the pharmacy’s drug control systems, contribute any needed recommendations for improvement. |

**Manage a pharmacy’s direct patient care services.**

| Based on one’s own assessment of the scope of the pharmacy’s current services for its capacity to meet the needs of all patients served by the health system, identify any needed services. |

**Participate in the development and coordination of medication-use policy initiatives.**

| Participate in oversight of the formulary management process. |
| Participate in the pharmacy department’s selection of, contracting for, and procurement of a product being added to the formulary. |
| Oversee the completion of a medication-use evaluation (MUE). |

**Apply contemporary quality methodology to the management of pharmacy services.**

| Develop a quality improvement plan for the pharmacy department that integrates with the health system’s quality initiatives. |
| Participate in the development or revision of the pharmacy’s quality improvement plan. |

**Improve quality using contemporary performance improvement methodology.**

| Participate in a formal performance improvement project utilizing the organization’s process for improving quality. |

**Assure the health system’s compliance with medication-related external quality standards.**

| Explain the organization’s process for reporting external quality data. |
| Explain effective strategies for assuring pharmacy’s influence on organizational decision-making on quality standards with relevance to the medication-use system. |

**Understand how to assure pharmacy compliance with legal, regulatory, safety, and accreditation requirements.**

| Explain the components of a departmental system that would assure compliance with applicable legal, regulatory, safety, and accreditation requirements. |

**Understand how to coordinate a health system’s medication safety oversight program.**

| Explain the components of an effective system for tracking, trending, and reporting adverse drug events (ADEs). |
| Explain the organization’s patient safety program and how it fits with the pharmacy’s medication safety program. |

**Apply methods for measuring and improving internal and external customer satisfaction with pharmacy services.**

| Contribute to an assessment of customer satisfaction with a specific aspect of pharmacy services. |
| Create a proposal for the improvement of a specific area of pharmacy services. |

**Lead and manage the health system pharmacy’s human resources.**
<table>
<thead>
<tr>
<th>R3.1</th>
<th>Develop an overall plan for the organization and staffing of the pharmacy.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Determine the minimum staff requirements that match the department’s scope of services.</td>
</tr>
<tr>
<td></td>
<td>Develop a plan to optimize departmental staffing that remains within budget and is based on productivity statistics.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Conduct recruitment and hiring activities.</th>
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</thead>
<tbody>
<tr>
<td>Use knowledge of the health system’s customary practice to write a job description for a new pharmacy position.</td>
</tr>
<tr>
<td>Design a recruitment strategy for a particular pharmacy position.</td>
</tr>
<tr>
<td>Use a systematic approach to evaluating job candidates for interviews.</td>
</tr>
<tr>
<td>Conduct a hiring interview that elicits information helpful for making a hiring decision.</td>
</tr>
<tr>
<td>Draw appropriate conclusions about an interviewee’s potential fit for a position.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Participate in the departmental performance management system.</th>
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</thead>
<tbody>
<tr>
<td>Effectively supervise the work of pharmacy personnel.</td>
</tr>
<tr>
<td>Conduct an employee’s performance appraisal.</td>
</tr>
<tr>
<td>Participate in the health system’s progressive discipline process.</td>
</tr>
</tbody>
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<table>
<thead>
<tr>
<th>Understand how to design and implement plans for maximizing employee engagement and enhancing employee satisfaction and retention.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Explain research findings regarding employee satisfaction and engagement.</td>
</tr>
<tr>
<td>Explain effective strategies for recognizing and rewarding employees.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Understand labor and contract management principles.</th>
</tr>
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<tbody>
<tr>
<td>Explain the role of unions in health systems and their impact on human resources management.</td>
</tr>
<tr>
<td>Explain laws affecting various aspects of human resources management (e.g., wages, family leave, disabilities, Civil Rights Act, equal employment opportunity).</td>
</tr>
</tbody>
</table>

**Manage the health system pharmacy financial performance within the context of the broader health system.**

<table>
<thead>
<tr>
<th>Utilize productivity measurement in operational decision-making.</th>
</tr>
</thead>
<tbody>
<tr>
<td>When given a productivity report, draw appropriate conclusions.</td>
</tr>
<tr>
<td>Effectively utilize an internal and external benchmarking and productivity system to make management decisions.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Manage operating and capital budgets.</th>
</tr>
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<tbody>
<tr>
<td>Develop an operating budget for a selected aspect of the pharmacy’s activities.</td>
</tr>
<tr>
<td>Develop a capital budget for a selected aspect of the pharmacy’s activities.</td>
</tr>
<tr>
<td>Participate in the monitoring of financial performance and explanation of variances.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Justify new services using return on investment (ROI) analyses.</th>
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</thead>
<tbody>
<tr>
<td>Uses skill in return on investment (ROI) calculations to make an accurate judgment concerning a proposed pharmacy plan.</td>
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<table>
<thead>
<tr>
<th>Understand how to oversee the pharmacy revenue cycle.</th>
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</thead>
<tbody>
<tr>
<td>Explain the concept of the pharmacy revenue cycle.</td>
</tr>
<tr>
<td>Explain various strategies for maximizing revenue capture and recovery.</td>
</tr>
<tr>
<td>Explain patient assistance programs and how to access them.</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Develop and implement cost reduction strategies.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Explain societal forces that influence rising costs for medications and the provision of pharmacy services.</td>
</tr>
<tr>
<td>Participate in a cost reduction project.</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Coordinate the pharmacy supply chain management process.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Participate in the process of negotiating contracts with vendors.</td>
</tr>
</tbody>
</table>
**R4.6.2**
Explain strategies for ensuring the integrity of the supply chain.

Based on an assessment of the adequacy of the pharmacy’s current system for inventory control including methods of setting inventory goals, accuracy in the receipt process, achieving higher turnover rates, handling return of merchandise, and drug recalls, make any needed recommendations for improvement.

Based on an assessment of the pharmacy’s policies and procedures for the disposal of drugs, make any needed recommendations for improvement.

*Leverage technology and automated systems to optimize the medication-use system.***

Design a plan that will maximize the safe and effective use of information technology and automated systems.

Explain pharmacy management responsibilities relating to information systems and technology.

Explain the importance of ensuring that information systems and data sources are integrated across the health system to facilitate appropriate medication use.

Explain advances and limitations in technology, hardware and software available to pharmacists and other healthcare professionals in the pursuit of improving patient care.

Based on one’s own evaluation of the pharmacy’s current automation and technology systems plan, make any needed recommendations for improvement.

Explain the importance of developing a long-range pharmacy information technology and automation plan that fits with the health system’s plan.

**R5**
Leverage technology and automated systems to optimize the medication-use system.

**R5.1**
Design a plan that will maximize the safe and effective use of information technology and automated systems.

Explain pharmacy management responsibilities relating to information systems and technology.

**R5.1.1**
Explain pharmacy management responsibilities relating to information systems and technology.

**R5.1.2**
Explain the importance of ensuring that information systems and data sources are integrated across the health system to facilitate appropriate medication use.

**R5.1.3**
Explain advances and limitations in technology, hardware and software available to pharmacists and other healthcare professionals in the pursuit of improving patient care.

**R5.1.4**
Based on one’s own evaluation of the pharmacy’s current automation and technology systems plan, make any needed recommendations for improvement.

**R5.1.5**
Explain the importance of developing a long-range pharmacy information technology and automation plan that fits with the health system’s plan.

**R5.2**
Understand how to develop a plan for the implementation of new technology and automation systems.

**R5.2.1**
Explain the components of a project plan for the implementation of new technology and automation systems.

**R5.2.2**
Explain a systematic approach for identifying the resources that would be needed to design, build, validate, and implement a specific piece of new technology or automation system.

**R5.3**
Develop procedures for the day-to-day management of technology and automated systems.

**R5.3.1**
Explain how to maintain effective liaisons between the pharmacy department and information technology staff and other health care disciplines to support medication use.

Assess current policies and procedures for a particular piece of technology or automated system against current best practices and make recommendations for needed improvement.

**R6**
Demonstrate personal leadership qualities and business acumen essential to operate effectively within the health system and advance the profession and practice of pharmacy.

**R6.1**
Demonstrate the personal leadership qualities and commitments necessary to advance the profession of pharmacy.

**R6.1.1**
Practice self-managed continuing professional development with the goal of improving the quality of one’s own performance through self-assessment and personal change.

**R6.1.2**
Demonstrate sensitivity to the perspective of the patient, caregiver, or health care colleague in all communications.

**R6.1.3**
Demonstrate respect for differences of opinion.

**R6.1.4**
Demonstrate enthusiasm and passion for the profession of pharmacy.

**R6.1.5**
Establish sustained active participation in relevant professional associations.

**R6.1.6**
Use listening skills effectively in performing job functions.

**R6.1.7**
Devise an effective plan for balancing professional and personal life.

**R6.1.8**
Use time management skills effectively to fulfill practice responsibilities.

**R6.1.9**
Evidence integrity in professional relationships and actions.

**R6.1.10**
Consistently use good judgment in the conduct of professional relationships.

**R6.1.11**
Create a personal vision statement that reflects commitment to the advancement of the profession of pharmacy.

**R6.1.12**
Accurately assess the level of one’s emotional intelligence.

**R6.1.13**
Explain various leadership styles and when each is appropriate to use.

**R6.2**
Make effective management decisions.

**R6.2.1**
Utilize a systematic approach to making management decisions.
<table>
<thead>
<tr>
<th>R6.2.2</th>
<th>Make departmental decisions that align with the organization’s goals and priorities.</th>
</tr>
</thead>
</table>
| R6.3  | Demonstrate business skills required to advance the practice of pharmacy.  

- Speak clearly and distinctly in grammatically correct English at the level of complexity appropriate for the intended audience.
- Use correct grammar, punctuation, spelling, style, and formatting conventions in preparing all written communications.
- Contribute to the development of a business plan for a new or enhanced pharmacy service or program.
- Use effective negotiation skills to resolve conflicts.
- Effectively lead committees including the conduct of meetings.
- Demonstrate effective delegation strategies for accomplishing one’s job.  

<table>
<thead>
<tr>
<th>R6.3.2</th>
<th>Use correct grammar, punctuation, spelling, style, and formatting conventions in preparing all written communications.</th>
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</thead>
<tbody>
<tr>
<td>R6.3.3</td>
<td>Contribute to the development of a business plan for a new or enhanced pharmacy service or program.</td>
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<td>R6.3.4</td>
<td>Use effective negotiation skills to resolve conflicts.</td>
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<tr>
<td>R6.3.5</td>
<td>Effectively lead committees including the conduct of meetings.</td>
</tr>
<tr>
<td>R6.3.6</td>
<td>Demonstrate effective delegation strategies for accomplishing one’s job.</td>
</tr>
</tbody>
</table>

| R6.4  | Demonstrate political skills necessary to advance the practice of pharmacy.  

- When confronted with a barrier to the accomplishment of a particular project, analyze the organizational environment, including its structure, network of resources, and politics, to determine a strategy for achieving success.
- Determine senior administrator (e.g., CEO, COO, CFO) expectations of the pharmacy’s leaders.
- Create an effective professional network.
- Explain the role and importance of pharmacist active engagement in the political and legislative process.
- Identify health system committees where pharmacist participation is essential.  

<table>
<thead>
<tr>
<th>R6.4.2</th>
<th>Determine senior administrator (e.g., CEO, COO, CFO) expectations of the pharmacy’s leaders.</th>
</tr>
</thead>
<tbody>
<tr>
<td>R6.4.3</td>
<td>Create an effective professional network.</td>
</tr>
<tr>
<td>R6.4.4</td>
<td>Explain the role and importance of pharmacist active engagement in the political and legislative process.</td>
</tr>
<tr>
<td>R6.4.5</td>
<td>Identify health system committees where pharmacist participation is essential.</td>
</tr>
</tbody>
</table>

| R6.5  | Design, execute, and report results of a project related to pharmacy management.  

- Identify potential management-related issues that need to be studied.
- Use a systematic procedure for performing a comprehensive literature search.
- Draw appropriate conclusions based on a summary of a comprehensive literature search.
- Generate a research question(s) to be answered by an investigation.
- Develop specific aims and design study methods that will answer the question(s) identified.
- Use a systematic procedure to collect and analyze data.
- Draw valid conclusions through evaluation of the data.
- Use effective communication skills to prepare the results and recommendations of a project related to pharmacy management for publication.
- Use effective presentation skills to orally report the results of a project related to pharmacy management at a professional conference.  

<table>
<thead>
<tr>
<th>R6.5.6</th>
<th>Successfully perform all management functions for a designated area of pharmacy services.</th>
</tr>
</thead>
<tbody>
<tr>
<td>R6.5.7</td>
<td>Generate a research question(s) to be answered by an investigation.</td>
</tr>
<tr>
<td>R6.5.8</td>
<td>Develop specific aims and design study methods that will answer the question(s) identified.</td>
</tr>
<tr>
<td>R6.5.9</td>
<td>Use a systematic procedure to collect and analyze data.</td>
</tr>
<tr>
<td>R6.5.10</td>
<td>Draw valid conclusions through evaluation of the data.</td>
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<tr>
<td>R6.5.11</td>
<td>Use effective communication skills to prepare the results and recommendations of a project related to pharmacy management for publication.</td>
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<tr>
<td>R6.5.12</td>
<td>Use effective presentation skills to orally report the results of a project related to pharmacy management at a professional conference.</td>
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</table>

| R6.6  | Assume responsibility for the management of the pharmacy.  

- Successfully perform all management functions for a designated area of pharmacy services.  

| R6.6.1 | Successfully perform all management functions for a designated area of pharmacy services. |

Successful completion of the residency research project. The research project must be presented to the residency RPD and the residency research advisor (if different) AND be acknowledged as successful, prior to receiving the residency certificate.

Complete assignments from of all longitudinal experiences

1. DUE (if assigned)
2. Policy or guideline (assigned during the practice management rotation)

Successful completion of all required presentations, including presentation at Great Lakes Pharmacy Residency Conference

End of year summary of resident activities.
Upon successful completion of all program requirements and compliance with all conditions of the residency program, the resident shall be awarded a certificate indicating successful completion of the residency for the appropriate program. The language on the certificate will match ASHP’s requirements for certification of graduation.

TEACHING RESPONSIBILITIES

Residents will provide in-services on specific rotations on an as needed basis. Participation in certain workshops or lectures may be an option for each resident at the schools of pharmacy Mount Sinai Hospital has affiliations with. In addition, there will be introductory pharmacy experience (IPPE) students that will be assigned to the PGY2 HSPA Resident throughout the year. The RPD & Pharmacy Operations Manager will train the PGY2 Resident and explain expectations to the precepting of the IPPE course.

There will be more options for further teaching available at the Chicago colleges of pharmacy and Mount Sinai Hospital Medical Center. Be sure to express interest in additional teaching opportunities to the RPD during each quarterly evaluation, or sooner.

Education – affiliation with
- Midwestern University, Chicago College of Pharmacy (MWU, CCP)
- Roosevelt University College of Pharmacy (RUCOP) and University of Illinois, College of Pharmacy (UIC, COP), and other schools on an ad hoc basis

A teaching certificate will be an option for residents, through Roosevelt University. If interested, details will be provided in a separate document and a designated meeting will occur during the orientation month to review the process to obtain the teaching certificate. The resident should carefully read through the teaching certificate responsibilities before accepting a position in the program. Student precepting to meet the obligation of the teaching certificate can occur in June, as long as the resident is repeating a rotation he/she has already completed.

TRAVEL

Travel
- ICHP Annual Meeting
- Great Lakes Pharmacy Conference
- ASHP Leadership Conference
- ASHP Midyear Clinical meeting

For the approved conferences (above), funding is provided to help offset the expense of travel, room and registration. Reimbursement requests must be accompanied by appropriate receipts.

Amount of reimbursement varies from year to year, and will be addressed by the RPD or Director of Pharmacy prior to the scheduled activity. Reasonable expense for travel and lodging will be covered.

Travel Expense Reimbursement:

Great Lakes, Midyear Conference, & ASHP Leadership-related conference expenses will be reimbursed

Receipts must be itemized and only for one person (If you have a meal with a group, request separate itemized checks)
- Keep/submit receipts for all of the following expenses while at the conference:
  - Transportation (to/from airport) – share transportation if possible
  - Meals (up to 3 meals/day) – Meals must be reasonably priced, nothing extravagant or pricey. Alcohol is not covered.
  - Parking or car rental


- Conference registration
- Poster printing
- Airfare
- Hotel

The form (check request form on Sinai Net) and itemized receipts for each documented expense must be submitted to the Director of Pharmacy after completion of the conference for review and approval.

**VACATION (PTO)**

The Resident shall be entitled to 184 hours of Paid Time Off (PTO). The hours are front-loaded. Any unused PTO at the end of residency is voided.

Paid Time Off (PTO) Hours include:

1. Sick, holiday, vacation days
2. All conferences including but not limited to ASHP Midyear Clinical Meeting and Great Lakes Pharmacy Resident Conference must be taken as PTO
3. Time off for job interviews and board exams must be taken as PTO

PTO leave is granted at the discretion of the Residency Program Director and must be approved, in advance, by the Residency Program Director. PTO can be scheduled pending approval from the RPD, and the manager where the resident is scheduled to work, and the preceptor whose rotation the vacation impacts. *It is imperative that the resident request time off well in advance of schedule preparation by the managers.*

**EXTENDED LEAVE**

The Resident shall comply with the Human Resource Policies and Procedures.

Absences of less than 8 weeks may be addressed at the end of the scheduled duration of the PGY2 year, at the discretion of the Residency Program Director and Director of Pharmacy. Reasonable accommodations are made to facilitate completion of PGY2 program based on the availability of the staff to precept the Resident past the expected graduation date. Absence of greater than 8 weeks will result in the automatic termination of the Agreement between the site and the Resident, and the Resident will not be permitted to continue to graduation and time spent in the program will be forfeited.

Upon return to work after the leave, the Resident will continue with PGY2 Pharmacy Residency Program and learning experiences as arranged with the RPD. Some electives may not be available at this time. Salary will resume on return and be extended to the end of employment at the previous rate. Benefits will be extended as HR policy.

**COMPENSATION AND BENEFITS**

The Resident shall receive a salary at the annual rate of documented in the residency contract (less applicable taxes and deductions) paid in bi-weekly installments in accordance with the SINAI HEALTH SYSTEM’s regularly scheduled pay periods.

It is mandatory that residents go to a 2-day orientation for Sinai Health System. Following must be completed:

- Orientation checklist completed in orientation and file stored with HR → Benefits, PTO, FMLA, Sick Call Policy, etc reviewed during Orientation
- HR Training checklist to be completed by Pharmacy Operations Manager within 90 days

For more specific details about each benefit, access the Human Resource webpage on SinaiNet
ELIGIBILITY

The Resident must meet the qualifications for Resident eligibility as determined by the American Society of Health System Pharmacists (ASHP).

Offers of employment with Mount Sinai Hospital Medical Center are contingent upon the completion of the following:

a. Completion of ASHP-accredited PGY1 Pharmacy Practice Residency
b. Applicant background check
c. Pre-placement physical examination including a urine drug screening, compliance with immunization, tuberculosis skin testing
d. Form I-9 documenting the verification of identity, schooling and prior employment authorization, prior to initiating employment
e. Licensure: at minimum, a valid, active Illinois technician license. Alternately, if already licensed as a pharmacist, a valid, active Illinois pharmacist license

RECRUITMENT AND SELECTION OF RESIDENTS

1. The Department shall participate in the Resident Matching Program of the American Society of Health-System Pharmacists (ASHP).
2. The Department shall participate in the Residency Program Showcase at the ICHP Annual Meeting & ASHP Midyear Clinical Meeting
3. At the ICHP & ASHP Midyear Clinical Meeting, the Program Director (or designee), current residents, and preceptors in attendance shall participate in the recruitment of candidates for the residency program.
4. The Residency Program Director shall address questions raised by candidates considering application to the program.
5. Those candidates who wish to be considered for an on-site interview shall submit an application, current curriculum vitae, college transcripts, and three letters of recommendation or standardized recommendation forms on Phorcas by the date determined by the Program Director. Candidates may be asked to participate in an introductory phone or video interview.
6. In January, after evaluation of the information submitted by residency candidates, a sufficient number of candidates shall be invited for an on-site interview based on initial screening.
7. Screening of completed applications:

The applications are initially screened and scored by the RPD & RAC. The screener extracts into a spreadsheet, evaluating the following:

1. Application and CV
2. Rotations (i.e. strength and alignment with MSH program, completion of a MSH PGY1 residency, strong management projects)
3. Letter of intent (i.e. written communication skills and content – alignment of resident interests/career goals with MSH program’s strengths)
4. Work experience (especially in pharmacy, with highest credence given to those who have strong leadership and management background)
5. Letters of recommendations, in aggregate
6. Extracurricular involvement in school activities and/or leadership
7. Research and/or publications/posters, including
   a. drug use evaluations
   b. clinical research weighed more pertinent than bench (lab) research
8. Academic achievement
9. Teaching experience

The screening score is tabulated for each applicant in a given year. Once all applicants have been screened, a Residency Advisory Committee meeting is convened and the number of interview slots for the year is confirmed; this number is typically around 2-3. The content of the spreadsheet is reviewed and discussed at the meeting, during which the full application is available and accessed – if needed. (The complete applicant packet is available to preceptors involved in
selection). The list of candidates to be invited for interview is determined at the end of that meeting. If, at the conclusion of the meeting, the invite list is not finalized – another meeting will be convened in short order to develop the final list. Candidates are offered interview slots (dates). Availability is based on a first-come-first served basis.

8. The one-day interview shall include meeting with preceptors from each core practice area as well as the current program resident(s). A portion of this interview will be a behavior based interview and evaluation. We will make every effort to ensure consistency of selection committee.

9. The Interview Evaluation
   1. Subsequent to the interview, each residency interview participant (preceptor and manager) scores the candidates based on their application packet [rotation strength, work experience, academic performance, extracurricular/leadership activities, behavior based interview question responses, management case responses, compatibility with MSH staff, overall impression, and ‘fit’ to PGY2 program]. A scoring tool is provided to ensure consistency between reviewers.
   2. At the end of the interviews, an RAC meeting is convened with the participants and scores are discussed. Minutes are documented for this meeting. A candidate may move up or down in rank order based on discussion generated after the applicant is presented to the RAC for discussion and consideration.
   3. The Program Director shall use the rank lists from RAC to determine a final resident ordinal ranking. The Resident Advisory Committee members who participated in interviews approve a ‘rank order’ List. The RPD and another manager submit the list to the National Matching Services.
   4. The Program Director shall submit the approved rank list to ASHP Resident Matching Program.
   5. If the program does not match all positions, they will use the resources of the National Matching Service (2nd match program) to identify candidates and interview using the same screening and interview process as in the first round of interviews. The RAC will also consider the use of video teleconference as an alternate form of interviewing if needed. The interview team will then rank candidates based on the same interview evaluation criteria detailed in the first round of interviews. At the end of the interviews, a RAC meeting is convened with the participants and scores are discussed. Minutes are documented for this meeting. A candidate may move up or down in rank order based on discussion generated after the applicant is presented to the RAC for consideration. The RPD will offer the position(s) to the top candidate(s) and shall use the rank lists from RAC and initial ranking to determine a final resident ordinal ranking. The Program Director shall submit the approved rank list to ASHP Resident Matching Program.

Candidate Evaluation Form

Candidate:

Preceptor Evaluating:

Behavioral Based Response  ____ of 40

PGY1 Rotations/Related Experience  ____ of 40

References  ____ of 10

Management Case  ____ of 10

Comments:
RESIDENT DUTIES AND RESPONSIBILITIES

The Resident agrees to comply with all applicable policies, procedures, rules and regulations described in the SINAI HEALTH SYSTEM, Pharmacy Department, and the Pharmacy Residency Guidelines.

The Resident agrees to perform the duties and responsibilities required within the regular hours of duty, as specified by the ASHP:

ASHP Duty-Hour Requirements for Pharmacy Residencies

DUTY-HOUR REQUIREMENTS
Residents, program directors, and preceptors have the professional responsibility to ensure they are fit to provide services that promote patient safety. The residency program director (RPD) must ensure that there is not excessive reliance on residents to fulfill service obligations that do not contribute to the educational value of the residency program or that may compromise their fitness for duty and endanger patient safety. Providing residents with a sound training program must be planned, scheduled and balanced with concerns for patients' safety and residents' well-being. Therefore, programs must comply with the following duty-hour requirements:

I. Personal and Professional Responsibility for Patient Safety

A. Residency program directors must educate residents and preceptors about their professional responsibilities to be appropriately rested and fit for duty to provide services required by patients.

B. Residency program directors must educate residents and preceptors to recognize signs of fatigue and sleep deprivation, and adopt processes to manage negative effects of fatigue and sleep deprivation to ensure safe patient care and successful learning.

C. Residents and preceptors must accept personal and professional responsibility for patient care that supersedes self-interest. At times, it may be in the best interest of patients to transition care to another qualified, rested provider.

D. If the program implements any type of on-call program, there must be a written description that includes:
- the level of supervision a resident will be provided based on the level of training and competency of the resident and the learning experiences expected during the on-call period; and,
- identification of a backup system if the resident needs assistance to complete the responsibilities required of the on-call program.

E. The residency program director must ensure that residents participate in structured handoff processes when they complete their duty hours to facilitate information exchange to maintain continuity-of-care and patient safety.

II. Maximum Hours of Work per Week and Duty-Free Times

A. 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.

B. Moonlighting (internal or external) must not interfere with the ability of the resident to achieve the educational goals and objectives of the residency program.

1. All moonlighting hours must be counted towards the 80-hour maximum weekly hour limit.
2. Programs that allow moonlighting must have a documented structured process to monitor moonlighting that includes at a minimum:
a. The type and number of moonlighting hours allowed by the program.
b. A reporting mechanism for residents to inform the residency program directors of their moonlighting hours.
c. A mechanism for evaluating residents’ overall performance or residents’ judgment while on scheduled duty periods and affect their ability to achieve the educational goals and objectives of their residency program and provide safe patient care.
d. A plan for what to do if residents’ participation in moonlighting affects their judgment while on scheduled duty hours.

C. Mandatory time free of duty: residents must have a minimum of one day in seven days free of duty (when averaged over four weeks). At-home call cannot be assigned on these free days.

D. Residents should have 10 hours free of duty between scheduled duty, and must have at a minimum 8 hours between scheduled duty periods.

E. If a program has a 24-hour in-house call program, residents must have at least 14 hours free of duty after the 24 hours of in-house duty.

III. Maximum Duty-Period Length

A. Continuous duty periods of residents should not exceed 16 hours. The maximum allowable duty assignment must not exceed 24 hours even with built in strategic napping or other strategies to reduce fatigue and sleep deprivation, with an additional period of up to two hours permitted for transitions of care or educational activities.

B. In-House Call Programs
   1. Residents must not be scheduled for in-house call more frequently than every third night (when averaged over a four-week period).
   2. Programs that have in-house call programs with continuous duty hours beyond 16 hours and up to 24 hours must have a well-documented structured process to oversee these programs to ensure patients' safety and residents' well-being, and to provide a supportive, educational environment. The well-documented, structured process must include at a minimum:
      a. How the program will support strategic napping or other strategies for fatigue and sleep deprivation management for continuous duty beyond 16 hours.
      b. A plan for monitoring and resolving issues that may arise with residents’ performance due to sleep deprivation or fatigue to ensure patient care and learning are not affected negatively.

C. At-Home or other Call Programs
   1. At-home call must not be so frequent or taxing as to preclude rest or reasonable personal time for each resident.
   2. Program directors must have a method for evaluating the impact on residents of the at-home or other call program to ensure there is not a negative effect on patient care or residents’ learning due to sleep deprivation or serious fatigue.
   3. Program directors must define the level of supervision provided to residents during at-home or other call.
   4. At-home or other call hours are not included in the 80 hours a week duty-hour calculation, unless the resident is called into the hospital/organization.
   5. If a resident is called into the hospital/organization from at-home or other call program, the time spent in the hospital/organization by the resident must count towards the 80-hour maximum weekly hour limit.
   6. The frequency of at-home call must satisfy the requirement for one-day-in-seven free of duty, when averaged over four weeks. No at-home call can occur on the day free of duty.

Reference: Approved by the ASHP Commission on Credentialing on March 4, 2012 and the ASHP Board of Directors on April 13, 2012.

The Resident shall staff two (2) shifts per month.
The Resident agrees to perform stated duties and responsibilities to the best of his/her abilities at a satisfactory level of competence as determined by the Residency Program Director ("RPD") and the Director of Pharmacy through a continuous evaluation of the Resident’s performance.

The Resident agrees to provide patient care commensurate with his/her level of knowledge and skill under a combination of direct supervision and progressive independence based upon demonstrated competence and abilities. The Resident agrees to provide safe, effective care based on the best evidence available. The Resident will develop an understanding of ethical socioeconomic/cultural and medical-legal issues that affect patient care and will learn to apply appropriate cost-containment measures in the provision of care.

The Resident agrees to participate in any institutional committees or councils to which the Resident is appointed, assigned, or selected. The Resident agrees to participate in teaching and supervising pharmacy students and in teaching other pharmacy Residents and medical Residents and, when called upon, render an evaluation of the performance of these individuals.

MOUNT SINAI HOSPITAL MEDICAL CENTER RESPONSIBILITIES

Mount Sinai Hospital’s PGY2 Health System Pharmacy Administration Pharmacy Residency Program agrees to provide, through its facilities and affiliated facilities, an education and training program that is in compliance with the American Society of Health Systems Standards for PGY2 Pharmacy Residency Programs.

a. The education and training will occur in facilities that are approved by The Joint Commission or other recognized healthcare accrediting agencies.

Mount Sinai Hospital’s PGY2 Pharmacy Residency Program agrees to provide policies and procedures whereby complaints of sexual harassment or other forms of discriminatory practices may be addressed in a manner consistent with Title VII of the Civil Rights Acts. Training in the areas of sexual harassment and cultural diversity is provided during the new caregiver orientations.

Mount Sinai Hospital’s PGY2 Pharmacy Residency Program agrees to provide the Resident with due process where actions are contemplated which could result in dismissal from the program or could adversely affect a Resident’s intended career development.

Mount Sinai Hospital’s PGY2 Pharmacy Residency Program agrees to provide the Resident the following:

a. Personal protective equipment including gloves, face protection (masks and goggles) and gowns as required under OSHA and CDC guidelines
b. Office space and computer
c. On-site library services
d. Lab coat
e. Pager (and/or) phone

INSURANCE COVERAGE

Insurance Coverage is available to the Resident through SINAI HEALTH SYSTEM caregiver benefits.

NON-DISCRIMINATION

Mount Sinai Hospital complies with all applicable federal, state and local laws and regulations relating to non-discrimination in employment. Mount Sinai Hospital does not and will not discriminate on the basis of race, color, age, sex, sexual orientation, religion, ancestry, citizenship, national origin, marital, familial or disability status or veteran status, or any other characteristic protected by applicable law with respect to any aspect of employment.
Preceptor Selection & Development Processes

Preceptor Requirements:
Preceptors must possess current licenses to practice pharmacy in the state of their practice site and must practice within that site during the time of their resident’s rotation.

Pharmacist preceptors must be licensed pharmacists who:

- have completed an ASHP-accredited PGY1 residency followed by a minimum of one year of pharmacy practice experience; or
- have completed an ASHP-accredited PGY1 residency followed by an ASHP-accredited PGY2 residency and a minimum of six months of pharmacy practice experience; or
- without completion of an ASHP-accredited residency, have three or more years of pharmacy practice experience.

Development
Residency program directors are responsible for ensuring preceptors are evaluated on their performance in the preceptor roles of instructing, modeling, coaching, and facilitating. An evaluation of the preceptor and learning experience should be completed by all residents at the end of each rotation and quarterly for longitudinal residency requirements. Residents should discuss their evaluation with their preceptors and provide recommendations for improvement. These evaluations and recommendations are forwarded to the residency program director and documented for future reference.

The RPD will notify preceptors when development continuing education programs and other programs are offered through various organizations. Preceptors are expected to participate in at least 2 preceptor development sessions per year. The preceptor will notify the RPD of the programs they attend which include but are not limited to:

- Documented participation in live or virtual departmental preceptor development sessions, preceptor development continuing education provided by schools of higher education (School of Medicine, Schools of Pharmacy)
- documented participation in live or virtual departmental preceptor development sessions, preceptor development continuing education provided by schools of higher education (School of Medicine, Schools of Pharmacy)
- ASHP Midyear Clinical Meeting
- ASHP National Pharmacy Preceptor Conference
- ASHP Conference for Pharmacy Leaders
- ICHP Regional Conference
- Residency Advisory Committee – discuss the progress of each resident as it pertains to the individual preceptor, quarterly. Review preceptor development strategies including material from preceptor conferences, articles from ASHP, etc.
- Clinical Team Meetings - team meeting is designed to discuss the resident’s projects and research initiatives. RPD will attend the meeting to discuss any residency issues and ways to improve the experiences through changes in instruction techniques.
- Management Meetings – weekly meetings with all managers to discuss resident progress and ways to improve experiences through practice changes. Managers/Preceptors to discuss issues they encounter in teaching the PGY1/PGY2 residents as well as developing a plan to help improve the learning experience through changes in instruction techniques.
- Continuing Education offered through Hospital Pharmacist Letter – CE’s should include preceptor training modules.

The residency program director (RPD) is responsible to select residency preceptors based on ASHP standards and will reassess preceptors for adherence to these standards on an annual basis. Assessment of precepting skills will occur through evaluation of the resident and learning experience evaluations in PharmAcademic. The RPD will review all preceptor evaluations to identify strengths and opportunities for improvement. The RPD will also provide preceptors with the opportunity to develop their precepting skills through attendance and participation in various committees and meetings. It is the responsibility of each preceptor to participate in the opportunities that are offered.