



Wyoming
Medical Center

PGY1 Pharmacy Residency Program Manual

Wyoming Medical Center is required by The Joint Commission (TJC) standards to document that all new staff members and care providers have the working knowledge of key hospital elements.

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Dear Resident,

On behalf of Wyoming Medical Center (WMC) and the department of pharmacy I would like to welcome you to your PGY1 residency year. We are excited that you have chosen to spend the next 12 months expanding your clinical pharmacy skills here with us. You will have the opportunity to learn about a wide range of disease states. Wyoming Medical Center is Casper's only full-service, acute care hospital and has been in operation for over 100 years. WMC also serves as a major referral and trauma center for the state of Wyoming.



The primary emphasis of your residency program will be on the development of practice skills to transition you into a clinical pharmacist position upon completion of the residency year. You will be delegated clinical responsibilities under the preceptorship of many experienced clinical pharmacists to develop your practice skills. Furthering your learning experiences, your preceptors will establish minimum expectations for your performance. You will also participate in ongoing service activities to further develop your problem-solving skills and ability to work with others.

As your Residency Program Director, I am available to help you reach your professional goals. Stop by my office or give me a call whenever you need. While residency is a large investment of time, talent and energy, it is sure to pay off in your professional journey ahead. We have a busy and exciting year ahead of us as your training in pharmacy practice continues. I look forward to working with you and watching your development.

Sincerely,

A handwritten signature in black ink that reads "Lanae Fox".

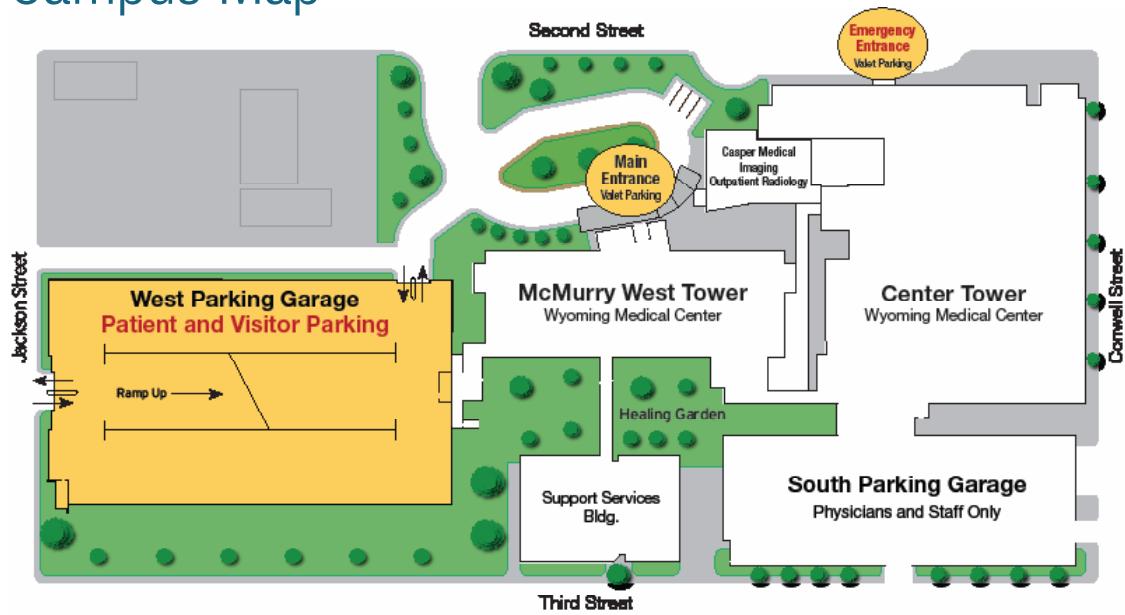
Lanae Fox, PharmD, BCPS
Pharmacy Residency Program Director
Wyoming Medical Center

Built around you

Wyoming Medical Center is a nonprofit, full-service acute care hospital with more than 300 providers offering 59 medical specialties. As Regional Trauma Center, people from around Wyoming depend on our emergency services. We offer comprehensive heart, stroke and trauma care along with treatment and management of a range of health conditions. We have 249 beds on two campuses and 15 outpatient clinics and physician practices.

In June 2018, we added Wyoming Medical Center East Campus, extending our network of patient-centered care and services across Natrona County — from Mesa Primary and Immediate Care in West Casper to our main campus in the heart of the city to our new East Campus facility. East Campus was designed as a state-of-the art neurosurgical hospital and serves patients across the region.

Campus Map



Wyoming Medical Center

Our Mission

Wyoming Medical Center advances the health and wellness of our region and community by providing excellent healthcare services and exceptional experience at reasonable costs. Our highly skilled, integrated and engaged team ensures you are well cared for by WMC.

Our Vision

Wyoming Medical Center seeks to transform the lives of those we serve by fostering the highest level of health and wellness in our community and across our region and state. To fulfill our vision, WMC will provide an inclusionary environment that:

- Provides Wyoming's premier healthcare services and the best patient experience tailored to individual need using innovation.
- Embraces the whole person and their family through the lifecycle of health care, including partnering with community and regional providers.
- Creates a culture of pride that attends to the health and wellness of our staff. Promotes teamwork and instills a culture of pride that allows staff to reach their potential.
- Fosters innovation.

Our Values

Every member of our staff plays a defining role in how the coming changes in health care will shape the health of our community. Our values are:

- See Beyond the Horizon
- Every Person is Important
- Care, Compassion and Respect
- Our Community
- We Are All Leaders and Team Builders
- We Deliver
- Innovation
- Responsible Financial Stewardship

Department of Pharmacy Services

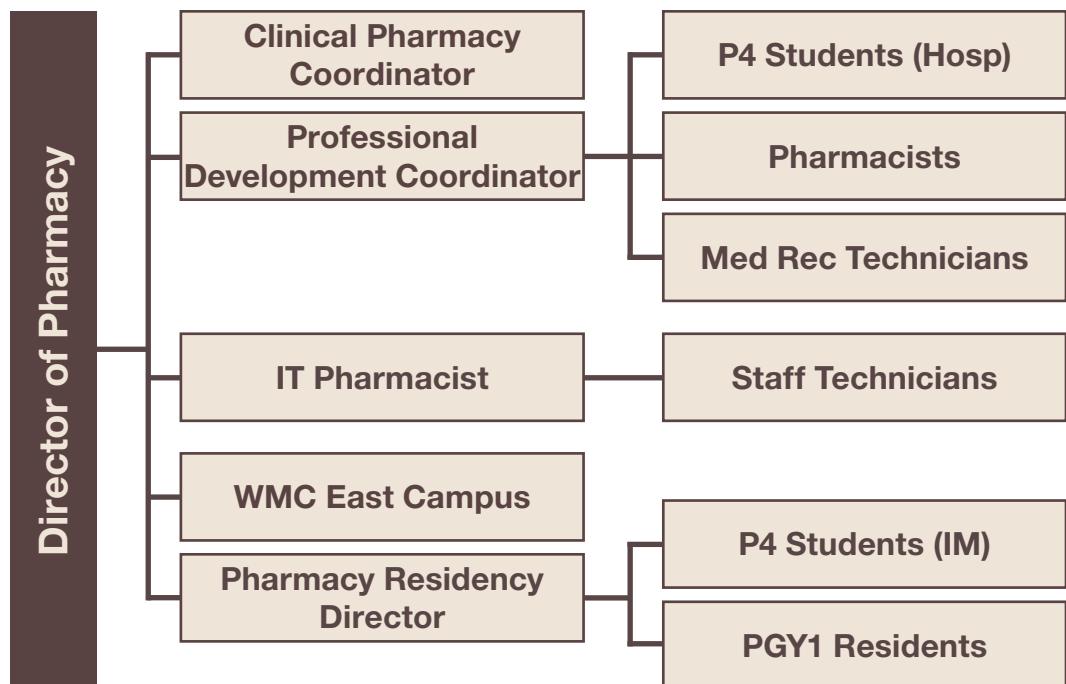
Overview of Pharmacy Services

- 24 hour, seven days a week, comprehensive pharmacy services
- Centralized drug distribution system and medication order processing
- Decentralized clinical pharmacy services:
 - » Intensive care unit
 - » Emergency room
 - » Telemetry unit
 - » Medication Reconciliation technicians both for prehospitalization and in house service
- Computer Physician Order Entry (CPOE) system (Cerner)
- Automated dispensing cabinets (Omnicell)

Pharmacy Mission Statement

Provide pharmaceutical management which results in dispensing medication in a timely manner, promoting safe, high quality, cost effective care that contributes to positive patient outcomes.

Pharmacy Structure



PGY1 Pharmacy Residency Program

Purpose

PGY1 pharmacy residency programs build on Doctor of Pharmacy (Pharm.D.) education and outcomes to contribute to the development of clinical pharmacists responsible for medication-related care of patients with a wide range of conditions, eligible for board certification, and eligible for post-graduate year two (PGY2) pharmacy residency training. The 12-month learning experience will consist of eight required, three elective and three longitudinal experiences. Residents will have the opportunity to participate in interdisciplinary patient-centered care in the areas of family medicine, internal medicine, critical care, emergency services, infectious disease, ambulatory care and academia. Experiences range from 4 to 6 weeks in length (see yearly schedule).

In addition, residents will have the opportunity to participate in ongoing service activities to develop problem-solving skills, inter- and intra-disciplinary collaboration skills and be exposed to pharmacy department policy and procedures by staffing every second to third weekend in the central pharmacy. Residents will be delegated clinical responsibilities under preceptorship of an experienced pharmacist to guide the development of their practice skills. Successful completion of the Residency Program requires the achievement of at least 80% (or 26 total) of the required ASHP Residency Program Goals and Objectives at the Achieved for Residency (ACHR) level and Satisfactory Progress (SP) for all others.

Qualifications of the Resident

Qualifications for participation in the Wyoming Medical Center PGY1 Residency Program are in accordance with criteria set forth by the American Society of Health-Systems Pharmacists (ASHP).

- Residents must be graduates or candidates for graduation of an Accreditation Council for Pharmacy Education (ACPE) accredited degree program (or one in process of pursuing accreditation).
- If applicable, the resident must obtain a Pharmacy Intern license from the Wyoming State Board of Pharmacy before they start their residency.
- Residents must be licensed in the State of Wyoming within 90 days of the commencement of the residency. If they are not licensed within 90 days, a 30-day extension may be granted on a case by case basis at the discretion of the RPD.
- If a Wyoming Pharmacist license is not obtained within 120 days, the resident will be dismissed from the program.
- Residents must be authorized to work in the United States on a full-time basis. Work authorization sponsorship for this position is unavailable.
- Residents shall participate in and follow the rules of the Residency Matching Program.

Application to the Residency Program

Applications will be processed electronically in PhORCAS and must be submitted by the application deadline. All applications should include the following supporting documents:

- Letter of Intent including a statement of professional goals and reasons for pursuing the PGY1 Residency
- Curriculum Vitae
- Three Letters of Recommendation
- Official transcript from accredited School/College of Pharmacy

Once the application deadline has passed, the Resident Advisory Committee (RAC) will meet and utilize established ranking criteria to compile a list of applicants to invite for interview. The letter of intent, CV, scholastic record and letters of recommendation weigh heavily in the review process. We also consider work experience, career goals, leadership activities, teaching experience and involvement in professional activities as important factors in our selection process. WMC will extend an offer for an onsite interview to the applicants that have been identified by RAC that would be closely in line with WMC program goals and opportunities.

Following the interview process residency applicants will be ranked based upon the collaborative input from the RAC and the list will be submitted to the Resident Matching Program.

In the event that all positions are not matched in Phase I of the Match, WMC will participate in Phase II of the Match in accordance with ASHP regulations. Applicants will be reviewed by a minimum of one preceptor or resident but should be reviewed by two individuals. Assessment will follow the procedure as previously outlined. Appropriate applicants will be offered a telephone/video interview for each open position. Applicants will be provided a copy of the residency manual prior to their interview to fully understand the expectations of the residency program. Applicants will interview with the RPD, preceptors, current residents, and the Director of Pharmacy based on availability. Following the interviews, ranking will follow the same procedure as in Phase I.

Acknowledgement of Residency Match

Residents matched to the Wyoming Medical Center Residency Program will receive an acceptance letter acknowledging the match and delineating the general terms and conditions of the residency. Acknowledgment in writing or by email from the resident will constitute acceptance of the match and agreement to fulfill the duties of the residency position for the upcoming year. Residents are expected to comply with Wyoming Medical Center's new employee requirements of background check, urine drug test, and providing necessary vaccination documents.

Expectations and Responsibilities of Residents

Professional Conduct

It is the responsibility and expectation of all residents participating in the WMC Residency to maintain the highest degree of professional conduct at all times. The resident will display an attitude of professionalism in all aspects of his/her daily practice. Please review the Wyoming Medical Center Code of Conduct.

Professional Dress

All residents are expected to dress in an appropriate professional manner whenever they are within Wyoming Medical Center or participating in or attending any function as a representative of WMC. A detailed policy is found in the WMC Policies and Procedures.

Employee Badges

WMC requires all personnel (including residents) to wear his/her badge at all times when they are within the medical center. Badges will be obtained from Employee Services during orientation. If the employee badge is lost the resident must report the loss immediately to Employee Services and may be required to pay a fee for replacement.

Communication

The resident is responsible for promoting good communication between the pharmacists, patients, physicians, and other healthcare professionals. The resident shall abide by WMC policies regarding the use of hospital and cellular phones within the facility and in patient care areas.

Constructive criticism is a means of learning and is not meant to embarrass. Any conflicts which may arise between the candidate and preceptor should first be handled by discussing it with one another. If resolution is not achieved, then discussing the situation with the Residency Program Director is the next appropriate step to achieve resolution.

Patient Confidentiality

Patient confidentiality will be strictly maintained by all residents. Time for completion of HIPPA training will be scheduled during orientation. It is the expectation that residents will not discuss patient specific information with other patients, family members or other persons not directly involved in the care of the patient. Similarly, residents will not discuss patients in front of other patients or in areas where people may overhear. Residents will not leave confidential documents (profiles, charts, prescriptions, etc.) in public places. Residents should understand that inappropriate conduct (e.g., breach of confidentiality) may result in disciplinary action.

Attendance

Residents are expected to attend all functions as required by the Residency Advisory Committee, the Residency Program Director and rotation preceptors. The residents are solely responsible for meeting the obligations of their assigned service commitments (staffing). Specific hours of attendance will be delineated by each preceptor in accordance with individual rotation requirements.

Code of Conduct for Preceptors and Residents

Purpose:

- Provide a positive learning environment for resident experience
- Comply with patient confidentiality regulation
- Be mindful of shared office space
- Be mindful of preceptors' protected time

Guidelines:

Resident should contact their preceptors and arrange for a convenient time for both preceptors and residents to ask questions and complete follow ups. Please be mindful that preceptors work in their office and frequent unannounced interruptions are not a productive use of their time.

Preceptors should conduct informal and formal teaching sessions away from common office space to respect their colleagues' right to work in a quiet work area and to comply with patient confidentiality when discussing cases. You may consider reserving a conference room or finding a quiet corner in common areas on the floors.

If a resident plans to take PTO, they are expected to fill out a schedule request and submit to their preceptors for approval at the beginning of their rotation block. Please keep in mind all PTO requests should be approved by preceptor and RPD.

If resident or preceptors are not able to arrive on time for daily activities, they need to contact one another to keep all informed.

Residents and preceptors are encouraged to remain on the patient floor for the majority of their time at work to establish working relationships, be available to answer questions, and be proactive in patient-care issues encountered by providers and/or nurses.

All employees are expected to comply with Wyoming Medical Center's Code of Conduct and employee expectations as outlined in the hospital's policies and procedures. Nonadherence to the rules and regulations will be addressed with a verbal warning, followed by a written warning and official dismissal.

Program Goals

In accordance with ASHP accreditation PGY1 residency requirements, our program will provide residents with the following learning expectation and goals to achieve outcomes necessary for completion of residency.

Patient Care- R1			
R1.1	In collaboration with the health care team, provide safe and effective patient care to a diverse range of patients, including those with multiple co-morbidities, high-risk medication regimens and multiple medications following a consistent patient care process		
	R1.1.1	Interact effectively with healthcare teams to manage patients' medication therapy	Applying
	R1.1.2	Interact effectively with patients, family members and caregivers	Applying
	R1.1.3	Collect information on which to base safe and effective medication therapy	Applying
	R1.1.4	Analyze and assess information on which to base safe and effective medication therapy	Applying
	R1.1.5	Design or redesign safe and effective patient-centered therapeutic regimens and monitoring plans (care plans)	Creating
	R1.1.6	Ensure implementation of therapeutic regimens and monitoring plans (care plans) by taking appropriate follow-up actions	Applying
	R1.1.7	Document direct patient care activities appropriately in the medical record or where appropriate	Applying
	R1.1.8	Demonstrate responsibility to patients	Applying
R1.2	Ensure continuity of care during patient transitions between care settings		
	R1.2.1	Manage transitions of care effectively	Applying
R1.3	Prepare, dispense and manage medications to support safe and effective drug therapy for patients		
	R1.3.1	Prepare and dispense medications following best practices and the organization's policies and procedures	Applying
	R1.3.2	Manage aspects of the medication-use process related to formulary management	Applying
	R1.3.3	Manage aspects of the medication-use process related to oversight of dispensing	Applying
Advancing Practice and Improving Patient Care-R2			
R2.1	Demonstrate ability to manage formulary and medication-use processes, as applicable to the organization		
	R2.1.1	Prepare a drug class review, monograph, treatment guideline, or protocol	Creating
	R2.1.2	Participate in a medication-use evaluation	Applying
	R2.1.3	Identify opportunities for improvement of the medication-use system	Analyzing
	R2.1.4	Participate in medication event reporting and monitoring	Applying

R2.2	Demonstrate ability to evaluate and investigate practice, review data and assimilate scientific evidence to improve patient care and/or the medication-use system	
	R2.2.1	Identify changes needed to improve patient care and/or the medication-use system
	R2.2.2	Develop a plan to improve the patient care and/or the medication-use system
	R2.2.3	Implement changes to improve patient care and/or the medication-use system
	R2.2.4	Assess changes made to improve patient care or the medication-use system
	R2.2.5	Effectively develop and present, orally and in writing, a final project report

Leadership and Management-R3

R3.1	Demonstrate leadership skills	
	R3.1.1	Demonstrate personal, interpersonal, and teamwork skills critical for effective leadership
	R3.1.2	Apply a process of on-going self-evaluation and personal performance improvement
R3.2	Demonstrate management skills	
	R3.2.1	Prepare a drug class review, monograph, treatment guideline, or protocol
	R3.2.2	Participate in a medication-use evaluation
	R3.2.3	Contribute to departmental management
	R3.2.4	Manages one's own practice effectively

Teaching, Education and Dissemination of Knowledge-R4

R4.1	Provide effective medication and practice-related education to patients, caregivers, health care professionals, students and the public (individuals and groups)	
	R4.1.1	Design effective educational activities
	R4.1.2	Use effective presentation and teaching skills to deliver education
	R4.1.3	Use effective written communication to disseminate knowledge
	R4.1.4	Appropriately assess effectiveness of education
R4.2	Effectively employs appropriate preceptor roles when engaged in teaching students, pharmacy technicians or fellow health care professionals	
	R4.2.1	When engaged in teaching, select a preceptor role that meets learners' educational needs
	R4.2.2	Effectively employ preceptor roles, as appropriate

Program Structure

Required Rotations (4-6 weeks)	Preceptor(s)
Orientation to Pharmacy Services (6 weeks)	Lanae Fox, PharmD, BCPS Jennifer Wolfe, PharmD
Acute Care Medical (4 weeks)	Lanae Fox, PharmD, BCPS
Acute Care Neurology (4 weeks)	Lanae Fox, PharmD, BCPS
Acute Care Progressive Care/Telemetry (PCU) (5 weeks)	Jessica Papke, PharmD
Family Medicine Inpatient (4 weeks)	TBA
Ambulatory Care (5 weeks) - Clinic	Jaime Hornecker, PharmD, BCPS
Emergency Medicine (4 weeks)	Bree Bertz, PharmD Sarah Bristow, PharmD
Management (4 weeks)	Christie Nelson, PharmD, BCPS
Elective Rotations (4 weeks)	Preceptor
Infectious Disease	Christie Nelson, PharmD, BCPS
Cardiology	Jessica Papke, PharmD
Critical Care (ICU)	Justin Blatter, PharmD, BCCCP
Emergency Medicine 2	Bree Bertz, PharmD Sarah Bristow, PharmD
Informatics	John Arross, RPh
Longitudinal Learning Experiences (12 months)	Preceptor
Staffing	Jennifer Wolfe, PharmD
Pharmacy Practice	Christie Nelson, PharmD, BCPS
Research Project	Assigned per topic of research

Required Activities for Completion of Residency

Successful completion of the Residency Program requires the achievement of 80% (or 26 total) of the required ASHP Residency Program Goals and Objectives and satisfactory progress of the remaining objectives, by the end of the residency year. Progress towards achieving these goals will be monitored at least quarterly by the Residency Advisory Committee in conjunction with the RPD. A certificate of completion for the residency program will not be awarded until all of the following requirements are fulfilled.

1. All clinical practice and rotation assignment requirements have been completed including at a minimum, the following:

- 4 Journal Club presentations
- 1 Medication use evaluation
- 4 Written drug information responses
- 1 class review for P&T
- 2 pharmacy staff presentations
- 1 CME presentation
- 1 presentation to a patient group
- 2 committee meeting minutes
- 2 shadowing experiences of leaders outside the pharmacy department

2. The resident has achieved at least 80% (or 26 total) of the residency objectives and obtained satisfactory progress of the remaining objectives.

3. The major resident project is completed and a written summary has been submitted to the Program Director.

4. The resident has submitted a manuscript suitable for publication to the Program Director.

5. The resident has presented at the Mountain States Conference for Pharmacy Residents or an appropriate forum.

6. The resident has completed all required quarterly and preceptor assessments for each rotation.

7. Preceptors and the Program Director have completed all resident evaluations for each rotation and quarterly evaluations and discussed them with the resident.

Learning Experiences - Required

Each resident is responsible to complete eight required clinical rotations. Rotations will be evaluated using the PharmAcademic web-based software tool. At the beginning of each rotation, the preceptor will provide residents with the rotation goals and objectives, learning activities and a calendar of activities.

Residents are responsible for coordinating their rotation evaluations with the rotation preceptor. Rotation evaluations should be scheduled during the last week of rotation and are to be completed no later than one week following the conclusion of the rotation. Copies of the evaluation will be maintained in the resident's portfolio.

Learning Experiences - Elective

Each resident is responsible to complete three elective rotations. Residents are responsible for identifying practice areas for their elective rotations based upon their personal interests. Rotations will be evaluated using the PharmAcademic web-based software tool. At the beginning of each rotation, the preceptor will provide residents with the rotation goals and objectives, learning activities and a calendar of activities.

Required activities for elective rotations may vary by rotation and will be assigned by the rotation's preceptor and will be identified in the expectations of learners section of PharmAcademic for that rotation.

Other requirements

Residency Program Recruitment

Each resident will assist with the new resident recruitment efforts of the department, starting with application review, application ranking and the interview process. Residents will be scheduled to meet with residency candidates to provide information and share their experiences at WMC. Additionally, each resident is required to participate in recruitment efforts while attending the ASHP Midyear Clinical Meeting by providing information and serving as a representative of the WMC Residency Program.

National, Regional and Local Conferences

There are a number of required national, regional and local conferences that residents are required to attend. Attendance is mandatory and is supported by the hospital.

The ASHP Midyear Clinical Meeting is the largest gathering of pharmacists in the world. It focuses on improving patient care, and is scheduled to occur in the first week of December every year in rotating cities. This meeting is required attendance for WMC Residents and is directly involved in the recruitment of residents for the following year through the Residency Showcase. Residents are responsible for attendance at the showcase to answer questions from prospective applicants. Residents should start the individual and residency registration processes for this meeting in August. Abstract submissions for poster presentations are generally due by Oct. 1.

The Mountain States Residency Conference is held yearly in May in Salt Lake City. Mountain States is a forum where residents share experiences and expertise. Each resident will make a PowerPoint presentation on his or her residency project. Their project should be reviewed and feedback provided from peers, preceptors, coworkers and other health professionals within the hospital community and the resident will be fully prepared to present their work at the conference. At the conference their presentations will be reviewed and they will receive feedback from their peers and other preceptors from pharmacy community outside of the hospital. The registration process for this meeting should begin in mid-December. Abstracts will generally be due by February and PowerPoint presentations will be due in April.

Residency Advisory Committee (RAC) Meetings

Residents will attend select scheduled RAC meetings to discuss upcoming resident events, and issues relevant to the residency program. Meetings will be scheduled by the Director of the Residency Program.

Pharmacy and Therapeutics Committee (P&T)

Residents are required to attend monthly P&T committee meetings and write and present at least two medication class reviews at meetings throughout the year. Class reviews require pharmacologic review and presentation of primary literature that focuses on the drugs' place in therapy, comparison and analysis of efficacy, safety and cost of the drug and its competitors. A formal recommendation should be outlined for or against changes in formulary status. This will be presented to the P&T Committee for consideration. Resident will be provided with standard outline to create a comprehensive topic presentation. Residents may also be asked to work on policies, procedures or other projects as they arise that require P&T committee presentation and approval as necessary.

Medical Center Educational Programs

Hospital continuing medical education (CME) and other educational conferences are offered throughout the year at WMC. Residents are encouraged to attend various conferences related to specific rotations. Residents will present at least once to physicians at CME.

Additional Projects

Additional projects may be assigned by rotation preceptors as deemed necessary in each individual block rotation. These projects may include nursing in-services, SOAP notes, educational presentations to medical residents and staff or any other project designated by block rotation preceptor.

Duty Hours

Standards have been established by the Accreditation Standard for Pharmacy Residencies regarding the time residents spend performing patient care duties and other activities related to their program. (<http://www.ashp.org/DocLibrary/Accreditation/Regulations-Standards/Duty-Hours.aspx>)

It is recognized that providing residents with a sound didactic and clinical education must be carefully planned and balanced with concerns for patient safety and resident well-being. The WMC Residency Program is structured so that the learning objectives of the program are not compromised by excessive reliance on residents to fulfill service obligations and that didactic and clinical education have priority in the allotment of residents' time and energy.

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; travel time to and from conferences; and hours that are not scheduled by the residency program director or preceptor.
- Duty hours must be limited to 80 hours per week, averaged over a four-week period, inclusive of all in- house call activities and all moonlighting.
- Mandatory time free of duty: Residents must have a minimum of one day in seven days free of duty (when averaged over four weeks). At-home call cannot be assigned on these free days.
- Residents should have 10 hours free of duty between scheduled duties and must have at a minimum eight hours between scheduled duty periods.
- 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.

WMC Department of Pharmacy does not recommend moonlighting due to high demand on resident's time to fulfill residency requirements. If a resident chooses to work as a pharmacist on their free time, they are required to document their time on a monthly time log as these hours will be counted toward the duty hours and must be within the rules as described in this section. The hours worked outside of the residency program should not exceed 20 hours per week, and residents will not be allowed to leave work early in order to work outside the residency program. If a resident's performance is not meeting expectations they may be asked to reduce or eliminate moonlighting hours.

Preceptors

Preceptor Selection and Development Guidelines

Purpose

To ensure the residency preceptors are supported with professional development plans, educational tools and timely feedback so they can foster the training of future clinical pharmacy practitioners.

Preceptor Selection Process

Program RPD will be responsible for appointing, evaluating, developing and removing preceptors in conjunction with the Residency Advisory Committee. Pharmacists who are interested in precepting residents will be required to fill out an Academic and Professional record form to document their activities to qualify them as preceptor. This will be updated and reviewed by the RPD annually.

Preceptor Eligibility Requirements

- Graduate of an ACCP accredited college of pharmacy
- Have completed ASHP-accredited PGY1 residency followed by a minimum of one year of pharmacy practice experience **OR**
- Have completed 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 in the area they will precept
- Have met the overall job expectations as outlined in the Department of Pharmacy Job Performance review, if applicable

Preceptor Qualification Requirements

- Maintain an active practice area for the patient care setting they precept continuously for the duration of the learning experience
- Demonstrate the ability to utilize the four clinical teaching roles (direct instruction, modeling, coaching and facilitation)
- Demonstrate the ability to assess resident's performance through verbal and written timely formative feedback
- Recognition in area of pharmacy they practice
- Demonstrate professionalism by personal commitment to advance the profession

Preceptor Responsibilities

- Serve as role models for learning experiences

- Contribute to the success of the resident
- Contribute to the success of the Residency program
- Provide and review learning experiences in accordance with Design and Conduct of residency Program (ASHP Standard #3) on day one of the learning experience
- Participate in the Residency's continuous quality improvement process
- Demonstrate practice expertise, preceptor skills, and strive to continuously improve
- Adhere to residency program and department policies pertaining to residents

Preceptor Competency and Development Assessment

- Preceptors are required to complete a yearly self-assessment questionnaire prior to the start of the new residency year to establish a continued desire to teach as well as identify possible areas of improvement /needed preceptor development.
- RPD is responsible for scheduling a one-on-one meeting with each preceptor before the beginning of the residency year to review preceptor's self-assessment, coordinate possible educational activities aimed at addressing deficiencies, and complete a development plan accordingly.
- RPD is responsible for reviewing resident's preceptor evaluations to identify areas for improvement and include the findings in the preceptor's yearly development plan.
- Preceptors are responsible for scheduling one meeting per month with the RPD while they have residents on rotation to discuss evaluations of the resident and resident evaluations of them.

Preceptor Development Plan Process

- Preceptor development needs identified through the assessment process will be discussed annually as part of the annual end of year preceptor meeting.
- The RPD and preceptors will come to a consensus on the areas of preceptor development to focus on during the upcoming year.
- The RPD will develop a tentative preceptor development plan for the upcoming year with activities to address areas of need and a schedule of activities which will be presented to the preceptors.
- If preceptor development needs have been identified for individual preceptors which will not be met by the current preceptor development plan, the RPD may also develop an individual plan for these preceptors in addition to the place for the group.
- The preceptor development plan will be publicized to all preceptors and will be documented as an attachment to the RAC minutes.

Review of Preceptor Development Plan Effectiveness

- Review of the current preceptor development plan will occur annually at the annual end-of-year preceptor meeting and documented in the minutes. Effectiveness of the plan will be assessed as follows:
 - Review of current preceptor needs assessment results to determine if any needs addressed through preceptor development activities in the past year are still identified as top areas of need.
 - Discussion with preceptors of the effectiveness of activities utilized on the past year to address preceptor development needs.
- The discussion of effectiveness of previous year's plan will be utilized when developing topics, scheduling, and preceptor development activities for upcoming year.

Additional Required Preceptor Training for New Preceptors and Preceptors-In-Training

- Read and discuss "Guidance Document for the ASHP Accreditation Standard for Post-Graduate Year One (PGY1) Pharmacy Residency Programs" with RPD.
- Read WMC Residency Manual and review components with RPD.

Additional Requirements for Preceptors-In-Training

- The RPD will develop an individual plan designed to ensure preceptor-in-training meets all ASHP preceptor requirements within 2 years.
- Appointment of an advisor to mentor preceptor-in-training. Advisor will also be required to co-sign any summative evaluations completed by preceptor-in-training.

Other Opportunities for Preceptor Development for WMC Preceptors

- Preceptors may attend programs locally, regionally, or nationally to enhance their precepting skills. Attendance at professional meetings is subject to WMC's travel policy.
- Those who attend meetings which provide education regarding training will share the information at the residency meeting or other forum as appropriate.
- APhA and Pharmacist Letter have educational programs available to orient new preceptors.

Preceptor Guidelines

First-day orientation activities

Introduction to unit's staff and tour of the unit including breakroom, restrooms, Rx workstation, printers, med rooms and emergency exits.

Journal club

Article must be approved, and presented to preceptor prior to group discussion.

Topic discussion

Core topics to be covered during rotation, 1 topic per week based on rotation specific goals, preceptors should present a formal topic presentation at the start, subsequent topics should be assigned to the resident with appropriate reference material to include minimum of one reference journal article from a peer reviewed publication to serve as standard of care guidelines.

Formal clinical topic presentation

Topic and content to be approved and reviewed with preceptor. Rotation preceptor attendance is mandatory.

Drug information question

The formal drug information question write-up must be utilized to target specific audience, including but not limited to nursing in-services, pharmacy department staff meeting, or in form of a drug monograph to be presented at P&T.

Daily Rounds

Residents should be rounding independently soon after being oriented to the rotation. They will be expected to cover every patient on their service by the end of the four-week block. Preceptors should offer a quick pre-round touch-base daily to address immediate questions and help resident get ready for rounds: This is not a teaching session. During post-round in early afternoon, preceptors should ask the resident to do a quick review of all patients to assess patient care needs and resident's work progress.

Patient Chart Documentation

Residents are required to document pharmacy related interventions and care notes in patient chart as part of routine patient care. Preceptors are required to cosign resident notes as soon as possible but no later than 48 hours.

Medication-related Occurrences

Allergic or unexpected reactions should be documented by residents on the electronic ADR form as part of the Pharmacy website and medication errors are submitted to the MIDAS Database found on the hospital intranet as part of routine patient care.

Patient Counseling

Residents should gain experience with counseling, teaching and interacting with patients and families. Preceptors should provide opportunities and provide role modeling and direct observation of residents to assure appropriate skills are developing.

Cross Coverage for Preceptor Days Off

Preceptors are encouraged to refrain from taking extended time off during the rotation. Preceptors are expected to identify and communicate cross coverage for planned days off.

Calendar of the Month

Residents are required to complete an electronic monthly calendar within the first week of their rotation for assignments, topic discussions, etc. (not daily rounds) based on the preceptor's Google Calendar availability. Preceptors are required to review and approve the calendar to assure all required activities would be completed while on their rotation.

Residency Advisory Committee (RAC)

The Residency Advisory Committee governs the residency program. The committee is comprised of preceptors and members of the pharmacy administration and staff. The committee is chaired by the Residency Program Director and meets at least quarterly to review and discuss the progress of the residents and the state of the residency program. The committee provides a venue for residents to share their specific concerns and suggestions for improving their learning experiences. Each member of the RAC is expected to:

- Be an advocate for the resident.
- Guide and assist in the residency project (when possible) or identify other appropriate resources.
- Provide suggestions on improving current learning opportunities, as well as identifying future potential sites.
- Actively participate in planning and implementing the current structure of the residency program and offer possibilities for future direction.

Resident Performance Evaluation Process

Mid-point Evaluation

For each rotation, the preceptor will give a formal verbal and written mid-point evaluation so the resident knows their progress on the elective rotation objectives. The preceptor will give examples of objectives the resident is achieving in the rotation and examples of objectives that still need to be achieved. The resident will also complete a mid-point self-evaluation of what they believe they are doing well, what they need to work on and will have the ability to make suggestions about how the rotation can be adjusted to meet residents' needs.

Resident Self-Evaluation

Each quarter, the resident will complete a summative self-evaluation of their progress and attainment in meeting the goals and objectives in PharmAcademic.

Rotation Summative Evaluations

At the end of each rotation, in addition to the resident's summative self-evaluation of his/her performance during that rotation, residents will also complete a preceptor and learning experience summative evaluation in PharmAcademic. Rotation preceptors will utilize PharmAcademic to complete an independent criteria-based, summative assessment of the resident's performance for each of the respective rotation-selected educational goals and objectives assigned to the learning experience. The resident and preceptor will meet to review and discuss these evaluations together.

Quarterly Evaluation

These are longitudinal evaluations providing written evaluation of the resident's progress within the residency program. The quarterly evaluation will address progress towards the resident's individual residency goals and objectives as well as the required and longitudinal activities of the program. The resident will complete a quarterly self-assessment and submit this to the RPD one week prior to the scheduled Quarterly Evaluation meeting time. This meeting with the RPD will be scheduled to discuss the resident's overall progress and to complete the quarterly update of the resident's customized plan.

Please note that Residents must show improvement towards achievement of residency outcome objectives for successful completion of the program. Failure to demonstrate adequate progression as outlined by the resident's professional development plan will lead to dismissal from the program.

Definitions Used in Learning Experience Evaluations

Needs Improvement (NI)	<p>This means the resident could not:</p> <ul style="list-style-type: none"> • Complete tasks or assignments without complete guidance from start to finish, OR • The resident could not gather even basic information to answer general patient care questions, OR • Other unprofessional actions can be used to determine that the resident needs improvement. This should only be given if the resident did not improve to the level of residency training to date before the end of the rotation. <p>Examples: Resident recommendations are always incomplete and poorly researched and/or lack appropriate data to justify making changes in patient's medication regimen. Resident consistently requires preceptor prompting to communicate recommendations to members of the healthcare team, and/ or to follow up on issues related to patient care.</p>
Satisfactory Progress (SP)	<p>In the current experience the resident has progressed at the required rate to attain full mastery by the end of the residency program. This means the resident can:</p> <ul style="list-style-type: none"> • Perform most activities with guidance but can complete the requirements without significant input from the preceptor. • There is evidence of improvement during the rotation, even if it is not complete mastery of the task. • There is a possibility the resident can receive NI on future rotations in the same goal in which SP was received if the resident does not perform at least at the same level as previously noted. <p>Examples: Resident is able to consistently answer questions of the healthcare team and provide concise and complete response with minimal preceptor prompting or assistance. An area where the resident can focus on continued development would be to work on anticipating the needs of the healthcare team during patient rounds. Resident is able to make recommendations to the team without preceptor prompting when recommendations are straightforward and well received. Resident sometimes struggles with more complex recommendations and tackling difficult interactions. Encourage resident to continue to identify supporting evidence for recommendations to assist in difficult interactions.</p>
Achieved (ACH)	<p>Resident displays all of the following characteristics:</p> <ul style="list-style-type: none"> • Independently and competently completes assigned tasks. • Consistently demonstrates ownership of actions and consequences. • Accurately reflects on performance & can create a sound plan for improvement. • Appropriately seeks guidance when needed. <p>Examples: Resident's recommendations are always complete with appropriate data and evidence to support medication related adjustments in therapy. This is achieved without preceptor prompting. Resident consistently makes an effort to teach members of the healthcare team his/ her rationale for therapy recommendations.</p>
Achieved for Residency (ACHR)	Resident demonstrates continued competency of the assessed goal. Resident can effectively model and/or teach goal to a new learner.

Benefits

Paid Time Off (PTO)

Full-time employees accrue 168 hours/year through two years of service, 192 hours/year through four years, 208 hours/year through 9 years, 248 hours/year through 19 years, 288 hours/year above 20 years of employment. There is a 200 hour maximum on PLT. This accrued time may be used for vacation, personal, holiday or sick time.

Observed Holidays

The administrative offices are closed and employees receive holiday pay (included in PLT accrual) for each of the recognized holidays; New Year's Day, President's Day, Memorial Day, Independence Day, Labor Day, Thanksgiving Day and Christmas Day.

Short-term Disability

All active benefit eligible employees working a minimum of 36 hours per pay period, excluding all licensed independent practitioners employed by contract, are covered under the Short Term Disability income replacement plan. All new hires and those who change to benefit eligible status become covered as of the first day of the month coinciding with or the next date following a 30 day waiting period.

Group Health, Dental & Vision Insurance

Full-time and half-time employees are eligible as of the first day of the month coinciding with or the next date following 30 days of WMC employment. Pre-tax and after-tax option split provisions.

Flexible Spending Compensation

Employees may participate in two pre-tax spending accounts, Medical Flex Spending and Dependent Child Care. They allow you to set aside money before taxes to pay eligible health care and work-related dependent care expenses. Designated amounts for dependent care and out-of-pocket medical expenses are deducted from paychecks before taxes.

Basic Group Life Insurance & Basic Accidental Death/Dismemberment

Full-time and half-time employees receive one times annual salary (rounded to next higher thousand dollar) for life insurance and accidental death/dismemberment. WMC pays the cost and employee is eligible as of the first day of the month coinciding with or the next date following 30 days of WMC employment.

401(k) Investment Plan with Matching Contributions

With a 401(k) plan, employees make tax-deferred contributions, up to the yearly IRS limits. WMC matches 100 percent of the first 3 percent contributed, and 50 percent for the next 2 percent . (If employees contribute 5 percent or more, WMC contributes 4 percent total.) In addition to the 401(k) plan, eligible employees can contribute to a 403(b) plan with Great West. The 403(b) plan is an employee contribution plan only and the contributions are subject to the IRS limits.

Cafeteria Discount

Most items in the cafeteria are discounted 15 percent for employees wearing their identification badge.

Extended Medical Leave

In the event of a serious medical or personal condition requiring extended leave, communication with the RPD and Employee Services should be initiated as soon as possible to ensure that the resident is aware of their benefit status and he/ she can determine what actions, if any, are available for continued benefits. WMC Policies regarding extended illness are located in the Policies and Procedures.

Whereas the residency program is designed to be completed in a 12-month period, an extended leave may impact the resident's ability to successfully complete the requirements of the program during this 12-month period. Every effort will be made to work with the resident to develop a plan to accomplish making up missed days, however this may not be possible. In situations where an extended leave of absence (greater than four weeks) necessitates an extension beyond the 12 months of the residency in order to complete the residency requirements, the resident may petition the RPD for an extension of their residency end date. All decisions related to extensions will be made on a case-by-case basis and cannot be guaranteed.

If the resident is unable to complete the formulated plan and fulfill the requirements of the program, they will not be awarded a certificate of completion.

Notes

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