Health for Life

# PGY-2 Ambulatory Care Pharmacy Residency Manual

## WELCOME !

Welcome to Kern Medical PGY-2 Ambulatory Care Pharmacy Residency. We are pleased that you have chosen to participate in our residency program. Our residency program is in pre-candidate status with anticipation of full accreditation in 2024.

We pride ourselves in providing a unique and innovative pharmaceutical care program in which all our pharmacists participate. Patients are our primary focus, and we strive to establish an excellent pharmacist-patient relationship with them. You will find all our pharmacists committed to providing exceptional patient care and driven to improve patient outcomes.

For the resident, we offer an opportunity to participate in an active pharmacy practice where our pharmacists practice at the top of our licenses in several clinical and administrative settings, including our expansive ambulatory care clinics. Our medical teaching environment allows residents to develop strong teaching skills. Our capable staff is an excellent resource for assisting the resident in developing a solid foundation in research design and analysis.

Most of all, members of our staff are committed to supporting the residency program and assisting residents throughout the residency year. It is a year for tremendous learning! Please do not hesitate to ask them for any assistance.

We hope you will enjoy your residency year at Kern Medical. We look forward to participating in your development as a clinician and to your many contributions to our program, our institution, and our profession.

Jeff Jolliff, PharmD
*Residency Program Director*
*Director of Pharmacy Programs & Education*

Alan Duvall, PharmD
*Associate Residency Program Director*

Hossam Gamal, PharmD
*Director of Pharmacy Operations*

David Lash, PharmD
*Senior Clinical Pharmacist*

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**Kern Medical PGY-2 Pharmacy Residency Program**
**ASHP Accredited: Program Number 92984**
**National Match Program Code: 675165**

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## PGY-2 AMBULATORY CARE PHARMACY RESIDENCY PROGRAM

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## KERN MEDICAL HEALTHCARE SYSTEM:

Welcome to Kern Medical Healthcare System, a 222-bed level-2 trauma center providing comprehensive healthcare. Along with the Columbus, Truxtun Ave, Stockdale Hwy, 34th Street, Q Street, and Eye Street outpatient clinics, we deliver healthcare to the citizens of Kern County.

Kern Medical has established primary care clinics based on managed care principles of health promotion and disease prevention. Through these new programs, we are moving from the traditional inpatient setting to an emphasis on outpatient care delivery thus increasing staff efficiency and patient satisfaction.

### Scope of Services

Kern Medical is a level-2 trauma center that performs over 5,500 surgeries, delivers over 5,600 babies, and dispenses approximately 750,000 prescriptions in a typical year. We provide comprehensive services including Geriatrics, Pediatrics, Neonatal ICU, Oncology, Infectious Diseases, OB/GYN, Physical Therapy, Surgical Specialties, among many more.

On a typical day at Kern Medical:

- 12 babies will be born
- 40 patients admitted
- 525 patients will be seen in the outpatient clinics
- 50 patients will be seen by our Clinical Pharmacists for chronic disease state management
- 150 patients will be seen in the Emergency Room
- 65 hours of volunteer time will be served
- 420 patient meals will be served
- 1500 laboratory tests will be completed
- 180 x-rays, CT scans, and MRI's will be performed

The focus of the organization is on the provision of a comprehensive patient care program. The Healthcare System provides clinical and administrative support to inpatient, ambulatory, and continuing care programs.

### Clinical Services

Kern Medical delivers quality healthcare to patients in such areas as ambulatory care and urgent care centers; medical services in cardiology, endocrinology, gastroenterology, hematology/oncology, hypertension, infectious disease, nephrology, pulmonary and rheumatology; psychology services in behavioral medicine and alcohol dependence and treatment, and mental health; surgical services in cardiothoracic, head and neck, oncologic,

urologic, and vascular surgeries, neurosurgery, and plastic and reconstructive surgery. Advanced diagnostics such as magnetic resonance imaging (MRI), computerized tomography (CAT), angiography, and mammography are also available.

### Academic Affiliations

Kern Medical is affiliated with academic institutions, including the schools of pharmacy from University of Pacific, University of Southern California, Touro University, Western University of Health Sciences, and Midwestern Chicago; the schools of medicine from University of California Los Angeles, University of California San Diego and University of California Irvine; schools of nursing from California State University of Bakersfield and Bakersfield College

### Accreditation

Kern Medical is accredited by The Joint Commission (TJC). Kern Medical Ambulatory Care Residency is seeking accreditation by the American Society of Health-System Pharmacists.

## Pharmacy Services

| | |
|---|---|
| Director of Pharmacy Programs | Jeff Jolliff, PharmD, MBA, APh, BCPS, BCACP, AAHIVP |
| Director of Pharmacy Operations | Hossam Gamal, PharmD, MBA, BCPS |
| Pharmacy Residency Director | Jeff Jolliff, PharmD, MBA, BCPS, BCACP, AAHIVP |
| Associate Residency Director | Alan Duvall, PharmD, BCACP |
| Clinical Pharmacy Manager | David Lash, PharmD, APh, MPH, CDCES |
| Pharmacy Coordinator | Joshua Plunkett, CPhT |
| Pharmacy Office Coordinator | Darlene Ramirez, CPhT |

### Clinical Pharmacy Specialists

Raquel Aguirre, PharmD, BCPS, BCGP, CDCES - *Amcare*
Ali Bazmi, PharmD, BCOP - *Oncology*
Jagdeep Bhullar, PharmD, BCPS- *Internal Medicine, Amcare*
Lisa Bickford, PharmD, BCPPS - *Pediatrics*
Alan Duvall, PharmD, BCACP - *Amcare*
Michelle Fang, PharmD, BCPS, BCIDP - *Infectious Disease*
Jeff Jolliff, PharmD, MBA, APh, BCPS, BCACP, AAHIVP – *Amcare, Infectious Disease*s
David Lash, PharmD, APh, MPH, CDCES - *Amcare*
Shereen Ward, PharmD, APh, BCPS, BCGP, CDCES – *Amcare*
Everett Yano, PharmD, CDCES - *Internal Medicine, Amcare*

### Inpatient Staff Pharmacists

Quynn Nhu Tran, PharmD
Thary Liev, PharmD
Ida Lam, PharmD
Roger Liu, PharmD
Taryn Jolliff, PharmD
Jenny Vu, PharmD
Nicholas Vu, PharmD
Willis Dang, PharmD
Yen Nguyen, PharmD
Navjot Singh, PharmD, BCPS
Katayoun Barghi, PharmD, BCPS

## CLINICAL PHARMACY SERVICES PROVIDED:

**Ambulatory Care Services:** Pharmacists have full prescriptive authority to initiate, titrate, or discontinue medications in the management of a wide variety of chronic disease states. Pharmacists also have authority to order any lab work necessary in the monitoring of the medications or the chronic disease(s) to ensure safe and effective medication management. Pharmacists provide care in the following areas and clinics:

- Anticoagulation
- Cardiology
- Oncology
- Pharmacotherapy Clinic
- Diabetes
- HIV and Immunology Clinic
- Outpatient Parenteral Antimicrobial Therapy (OPAT) Clinic
- Patient-Centered Medical Homes

**Acute Care Services**

Inpatient Pharmacy Services include traditional medication management and dispensing via physician order entry, profile/medication pharmacist review, and Pyxis automated dispensing cabinets, as well as many clinical services such as:

<u>Clinical Pharmacy Consult Services</u>

- Insulin Dosing
- Iron Replacement Therapy
- Pain Management
- Epoetin Alpha Dosing
- Antimicrobial Stewardship
- Oncology
- Maternal/Child (NICU, Pediatrics, L&D)

<u>Services with Prescribing Privileges</u>

- Pharmacokinetic Dosing Service
- Anticoagulation
- Oncology
- Renal Dosing Service
- IV to PO Service

# RESIDENCY APPLICANTS:

**Applicant Requirements:**
Applicants to Kern Medical's PGY-2 Ambulatory Care Residency program must be graduates of an Accreditation Council for Pharmacy Education (ACPE) accredited Doctor of Pharmacy (PharmD) degree program (or one in the process of pursuing accreditation). Applicants must also be actively completing, or have completed, a PGY-1 Pharmacy Residency, Community-Based Pharmacy Residency, or Managed Care Pharmacy Residency program accredited by ASHP or one in the ASHP accreditation process. Applicants must submit their complete application submitted via Pharmacy Online Residency Centralized Application Service (PhORCAS) and include the following:

- An official transcript from the School of Pharmacy
- Current Curriculum Vitae
- Letters of Recommendation (3)
- Letter of Intent

**Application Process**
The residency program director and/or member(s) of the resident selection committee evaluates the qualifications of all applicants through a documented, formal, and thorough procedure based on predetermined criteria.

Highly qualified applicants are invited for an on-site interview. Interviews consists of the following:

- Meet and greet with Program Directors and pharmacy management (30 minutes)
- Meet and greet with preceptors (30-60 minutes)
- Traditional Interview (resident selection committee asks a variety of questions to get to know the person behind the application and allow for time to answer any questions for the resident, typically 60 to 90 minutes)
- Brief PowerPoint presentation on any pharmacy related topic (15min presentation + 5min for questions and answers, typically 12-18 slides total)
- Clinical skills assessment with cases or questions (30 minutes)
- Facility Tour (on-site interviews)

**Applicant Scoring**
Applicants are scored based a combination of the following (with approximated weighted % next to each component in parenthesis)

- Phorcas application [extracurricular activities, letters of recommendation, etc] (25%)
- Interview (40%)
- Presentation (15%)
- Multiple choice or case based questions (20%)

Applicants who are unable to make it to on-site interview will be assessed on a case-by-case basis. Virtual interviews can be scheduled. On-site interview is not a requirement, but it is ***highly*** encouraged if offered. Note: the scoring rubric aforementioned serves to guide the resident selection committee and the residency program director (RPD) with objective data from which to assess and compare applicants. However, the residency selection committee, in conjunction with the RPD, retains final discretion when determining rank list of applicants.

**Match Process:**
Residency Applicants must participate in the National Residency Match administered by National Matching Services, Inc. (NMS) and agree to abide by rules for ASHP Pharmacy Residency Matching Program available at: https://natmatch.com/ashprmp/documents/ashpmatchrules.pdf. Kern Medical Pharmacy Residency Program Director, Preceptors, and all staff members at Kern Medical also agree to adhere to these rules and ***agree that that no person at this site will solicit, accept, or use any ranking-related information from any residency applicant***.

**Match Results:**
Successful applicants matched to Kern Medical will receive an acceptance letter within 30 days from the match results that is to be signed and returned acknowledging the Match. Additionally, they will receive the contract agreement with the general terms and conditions of the residency, including the list of criteria for successful completion of the PGY-2 residency at Kern Medical. Acknowledgement by the resident will constitute acceptance of the match and the agreement to fulfill the duties of the residency position for the upcoming year.

Additionally, successful applicants matched to Kern must be eligible for pharmacist licensure in California with the requirement for obtaining their California Registered Pharmacist license within 120 days of starting PGY-2 program. Residents who fail to become licensed by 120$^{th}$ day of the calendar year of the start of residency will be dismissed from residency. Therefore, matched residents who do not already have an active California Pharmacist license are strongly encouraged to apply for licensure early and take licensing exams (CPJE and NAPLEX) as soon as possible after Match.

# RESIDENCY PURPOSE:

**PGY-2 Program Purpose**: PGY-2 pharmacy residency programs build upon Doctor of Pharmacy (PharmD) education and PGY-1 pharmacy residency training to develop pharmacist practitioners with knowledge, skills, and abilities as defined in the educational competency areas, goals, and objectives for advanced practice areas. Residents who successfully complete PGY-2 residency programs are prepared for advanced patient care or other specialized positions, and board certification in the advanced practice area, if available.

Furthermore, the PGY-2 Ambulatory Care Pharmacy Residency at Kern Medical exists to develop the professional pharmacist who can thrive in a variety of ambulatory care settings and excel in the management of a multitude of chronic disease states. The program is also committed to developing leaders in pharmacy who are able to create or expand pharmacist-led ambulatory service lines and advance our profession in areas of providing direct patient care.

# RESIDENCY DESIGN

**Required and Elective Learning Experiences:**

Structured learning experiences spread throughout a minimum of a 52 week period are utilized to facilitate the achievement of the program outcomes. Within each structured experience, learning activities have been developed which allow the resident to meet the program's goals and objectives. The program is flexible to meet the individual needs of residents. Residents are encouraged to develop areas of interest and explore elective opportunities in those interest areas of practice.

Prior to each learning experience, the resident will discuss their goals with the preceptor so as to provide an opportunity for the preceptor to evaluate and, if possible, design specific activities to meet the resident's goals. Activities and expectations to achieve the goals and objectives identified for each learning experience have been developed by each preceptor and are shared with the resident at the beginning of each experience.

Required learning experiences (duration 52 weeks unless specified otherwise):

- Orientation (2 weeks)
- Pharmacotherapy Clinic (with Diabetes focus)
- Primary Care Clinics (PCMH)
- Infectious Disease Transitions of Care Clinic (OPAT)
- HIV Clinic
- Anticoagulation Clinic
- Oncology/Infusion Clinic
- Administration
- Research

Elective learning experiences: Residents select two electives (typically 4 week block of concentrated clinic time and instruction in elective area; however, can add as a longitudinal experience as well)

- Cardiology
- Nephrology
- Geriatrics
- Whole Person Care
- Rheumatology
- Pulmonology

**Residency Customization and Resident Development Plans:**
The residency year starts with a 2-week orientation rotation which includes general orientation, BLS, and ACLS training with our physician residents, and a pharmacy specific orientation week to go over residency design, goals, objectives, learning experiences, etc. The resident also must fill out ASHP Entering Interests Form and the Entering Objective-Based Self-Evaluation Form in PharmAcademic. Based upon resident's responses, interests, career goals, and their personal goals, the academic training year is adjusted to facilitate the accomplishment of these goals. The program director will develop a customized development plan for the resident, which will be reviewed and adjusted quarterly with the resident to ensure achievement of these goals. During the 2-week orientation, the resident will also be oriented each of the eight required longitudinal learning experiences and spend time in each of the six required longitudinal care clinics.

After orientation, the resident will continue to rotate through longitudinal clinics each day (see typical schedule below). A typical work week will include the resident having morning and afternoon clinics rotating between required longitudinal clinics, with protected times for research and administrative projects. Electives can begin as early as Q2 provided that the resident has grown in competency and independence in the core learning experiences. Electives are typically two 4-week blocks of concentrated learning and clinic schedule (e.g. Cardiology Clinic), but the resident may opt to continue participating in that elective area longitudinally if scheduling permits. This can also be used as a great opportunity to expand service lines for Ambulatory Care Pharmacy Clinics at Kern Medical, which could coincide as a longitudinal administrative project as well. The RPD works with each resident closely throughout the year and updates the individual resident's development plan quarterly to ensure that resident is growing clinically, accomplishing program goals and objectives, and that the resident is accomplishing their own desired outcome(s) of residency training and on the path to accomplishing their career goals.

## EDUCATION STANDARDS

The PGY-2 Ambulatory Care Pharmacy Residency Program at Kern Medical has been designed in accordance with the American Society of Health-System Pharmacists (ASHP) accreditation standards (currently the 2022 Harmonized Accreditation Standard)

### EDUCATIONAL OUTCOMES:
Educational goals are broad statements of the residency graduates' abilities. The objectives required to achieve the goals that follow are listed in ASHP's 2017 document entitled: "Required Competency Areas, Goals, and Objectives for Postgraduate Year Two (PGY2) Ambulatory Care Pharmacy Residencies" that can be found on the ASHP website (https://www.ashp.org/-/media/assets/professional-development/residencies/docs/pgy2-ambulatory-care-residency-competency-areas-goals-objectives.ashx).

The objectives are observable, measurable statements describing what residents will be able to do as a result of participating in the residency program. Criteria are examples that are intended to help preceptors and residents identify specific areas of successful skill development or needed improvement in residents' work.

Upon successful completion of the program, the resident will at a minimum have achieved for the residency (ACHR) the following:

## Four competency areas (required)

Competency Area R1: Patient Care

Goal R1.1 Provide comprehensive medication management to ambulatory care patients following a consistent patient care process.

Goal R1.2 Design and/or deliver programs that contribute to public health efforts or population management.

Competency Area R2: Advancing Practice and Improving Patient Care

Goal R2.1 Manage the development or revision, and implementation, of proposals related to the ambulatory care setting.

Goal R2.2 Demonstrate ability to conduct a research project.

Competency Area R3: Leadership and Management

Goal R3.1 Demonstrate leadership skills

Goal R3.2 Demonstrate management skills in the provision of care for ambulatory care patients.

Goal R3.3 Manage the operation of an ambulatory care pharmacy service.

Competency Area R4: Teaching, Education, and Dissemination of Knowledge

Goal R4.1 Demonstrate excellence in providing effective medication and practice-related education.

Goal R4.2 Effectively employ appropriate preceptor roles when engaged in teaching students, pharmacy technicians, or fellow health care professionals in ambulatory care.

Objectives have been selected to assure the above outcomes and goals are achieved through structured learning experiences. Flexibility has been designed into the program to permit individualization of the program to meet the personal interests and goals of the resident while directing attention to areas identified for improvement. Elective goals and objectives may be added based upon residents' interests as part of their customized development plan.

**How the Goals and Objectives will be assessed**:

| Performance Indicator | Definition |
|---|---|
| Needs Improvement (***NI***) | ▪ Deficient in knowledge/skills in this area<br>▪ Requires assistance to complete the goal/objective in >30% of instances<br>▪ Unable to ask appropriate questions to supplement learning |
| Satisfactory Progress (***SP***) | ▪ Adequate knowledge/skills in this area<br>▪ Requires assistance to complete the goal/objective in 10-30% of instances<br>▪ Able to ask appropriate questions to supplement learning<br>▪ Requires skill development over more than one rotation |
| Achieved (***ACH***) | ▪ Fully accomplished the ability to perform the goal/objective<br>▪ Requires assistance to complete the goal/objective in <10% of instances; minimum supervision required<br>▪ No further developmental work needed |
| Achieved for Residency (***ACHR***) | ▪ A goal may be achieved for the residency if all of its objectives are marked "Achieved (ACHR)"<br>▪ An objective may be achieved for the residency (ACHR) if it has been marked as ACH at least twice during residency or marked as ACH once for objectives in competency areas R2 and R3 with agreement between preceptor and RPD that resident has fully accomplished that the ability to perform the objective and no further developmental work is necessary |

## Requirements for Completion of Residency

1. Pharm.D. degree from an ACPE accredited, or pending accreditation, School of Pharmacy
2. An official transcript from the School of Pharmacy
3. A completed application to Kern Medical PGY-2 Ambulatory Care Residency to be submitted via Pharmacy Online Residency Centralized Application Service (PhORCAS)
4. Current Curriculum Vitae
5. Three letters of recommendation
6. Participation in the National Residency Match administered by National Matching Services, Inc. (NMS), as well as abiding by ASHP rules for Resident Matching Program
7. Eligible for licensure in California with the requirement for obtaining their California Registered Pharmacist license within 120 days of starting PGY-2 residency training. Residents who fail to become licensed by 120th day of the calendar year of the start of residency will be dismissed from residency. Therefore, matched residents who do not already have an active California Pharmacist license are strongly encouraged to apply for licensure early and take licensing exams (CPJE and NAPLEX) as soon as possible after Match. Additionally, must complete at least 2/3 of residency training as a licensed pharmacist.
8. Resident must spend 2/3 of residency year (35 week equivalent) in direct patient care Activities. Furthermore, the maximum time away from the residency program, including all types of paid or unpaid leave as per ASHP Accreditation Standard 2.2, shall not exceed 37 days without requiring an extension to residency training. Extensions to residency training to make up any absences that exceed the allotted time will be decided by the RAC and Human Resources on a case by case basis not to extend 60 days total. During the extension period, residents will continue to be compensated and maintain existing fringe benefits.
9. Must abide by the ASHP duty hour requirements (Addendum B of Residency Policy PHA-HR-100, see https://www.ashp.org/-/media/assets/professional development/residencies/docs/duty-hour-requirements.pdf
10. Must complete required activities during residency training (Addendum C of Residency Policy PHA-HR-100) as follows *by June 30th or final day of residency training*:

- Completion of all required learning experiences:
  - Orientation
  - Pharmacotherapy Clinic (with Diabetes focus)
  - Primary Care Clinics (PCMH)
  - Infectious Disease Transitions of Care Clinic (OPAT)
  - HIV Clinic
  - Anticoagulation Clinic
  - Oncology/Infusion Clinic
  - Administration
  - Research
  - 2 Electives

- Completion of all Evaluations
  - Summative Self Evaluations
  - Preceptor Summative Evaluations for each rotation
  - Preceptor Mid-Point Evals are encouraged on PRN basis but not required
  - Rotation Evaluation for each rotation (quarterly for longitudinal experiences)
  - Preceptor Evaluation for each rotation
  - Quarterly Assessments by Program Director
  - Exit Interview

- Completion of Research Project
  - Poster Presentation at Southern San Joaquin Research Forum
  - Presentation at Western States Conference or regional conference
  - Publishable Manuscript
- Completion of Administrative/Quality Projects
  - Medication Use Evaluation
  - Medication Monograph for P&T Committee
  - Policy creation/review
  - Quality Improvement Project
  - Patient Education Tool
  - Teaching Certificate

- Presentations
  - Completion of 2 CE quality presentations
  - Completion of 3 in-services
  - Completion of a minimum of 12 case presentations and 6 Journal Club presentations over the 12 month residency

Note: Residents are also encouraged to use the graduation requirement tracking document loaded in PharmAcademic to aid in tracking the progress toward graduation for residents and preceptors alike

## Evaluation and Feedback:

Evaluations are performed throughout the residency to provide feedback and guidance regarding the resident's performance and the effectiveness of training. All evaluations are based upon the Residency Program Goals and Objectives. Written evaluations are managed via the ASHP Resident Tracking System (PharmAcademic).

Informal, verbal feedback

- Resident and rotation preceptor are to meet at a frequency determined by the preceptor based on resident experience, timing of rotation in the residency year and support needs of the resident, to review and discuss patients and issues.
- Residents and Program Director meet at least monthly to discuss and review overall program success.

Mid-rotation evaluation.

Up to the preceptor's discretion to complete a midpoint evaluation. Written or verbal communication can be utilized.

Summative evaluation of resident

Formal, written end-of-learning experience evaluation between resident and rotation preceptor using a summative evaluation form designed for each learning experience is conducted at the end of a rotation as close to the last day as possible. The preceptor for the resident's upcoming rotation may be invited to the evaluation session to identify areas of focus for the upcoming experience. For longitudinal experiences, evaluations are completed quarterly. Evaluations are reviewed by the Program Director and highlights shares with the Residency Advisory Committee.

Resident Self-Evaluation
The resident, completes a formal, written self-evaluation using the summative self-evaluation form and reviews this with the rotation preceptor. All evaluations are reviewed by the Program Director and highlights shared with the Residency Steering Committee.

Preceptor Evaluation
Formal, written Preceptor Evaluations are completed at the conclusion of each rotation, shared with the preceptor at the end-of-rotation evaluation session and reviewed by the Program Director. For longitudinal experiences, evaluations are completed quarterly.

Learning Experience Evaluation
Formal, written Learning Experience Evaluations are completed at the conclusion of each rotation, shared with the preceptor at the end-of–rotation evaluation session and reviewed by the Program Director. For longitudinal experiences, evaluations are completed quarterly.

Routine Progress Report
The resident's progress on goals and objectives as well as their program plan are discussed routinely at Residency Advisory Committee meetings. The summative evaluations and criteria based checklists will provide the basis for the progress report.

Remediation:
In the event Resident's performance, at any time, is judged by the Program director to be unsatisfactory or noncompliant with the terms of the residency contract, the Program director shall notify Resident in writing of the nature of the unsatisfactory or noncompliant conduct or performance. A remediation plan will be developed that outlines the terms of remediation and the length of the remediation process. Examples of remediation plans include special assignments, direct supervision, or repeating rotation(s). The plan of action should be specific and include measurable objectives. Remediation is a course of action to correct deficiencies pertaining to Resident's actions, conduct, or performance, which if left uncorrected, may result in summary suspension or termination. Failure of Resident to comply with the remediation plan may result in termination of Resident's appointment. Remediation is not subject to any grievance or appeal procedures. If Resident's failure to comply with a remediation plan results in termination of Resident's appointment, such determination shall not be subject to any grievance or appeal procedures.

Dismissal:
Resident's continued participation in the Program is expressly conditioned upon satisfactory performance of all Program elements by Resident, which will be determined in the Program's sole discretion. Resident may be dismissed or other corrective action may be taken for cause, including but not limited to: (a) unsatisfactory academic or clinical performance; (b) failure to comply with the policies, rules and regulations of the Program or KMC or other sites where Resident is trained; (c) revocation or suspension of license; (d) theft; (e) acts of moral turpitude; (f) insubordination; (g) use of professional authority to exploit others; (h) conduct that is detrimental to patient care; and (i) unprofessional behavior.

The Program may take any of the following corrective actions: (a) issue a warning or reprimand; (b) impose terms of remediation or a requirement for additional training,

consultation or treatment; (c) terminate, limit or suspend Resident's appointment; (d) dismiss Resident from the Program; or (e) take any other action that is deemed by the Program to be appropriate under the circumstances. Issuance of a warning or reprimand and imposition of a remedial program are educational interventions and are not subject to appeal.

Automatic Termination. Notwithstanding any provision to the contrary, Resident's appointment shall be terminated automatically and immediately upon the suspension, termination or final rejection of Resident's application for his or her California professional license. In the event of such a suspension, termination or final rejection, Resident is obligated to report that to the Program director immediately.

Summary Suspension: KMC or the Program director, or their designees, each shall have the authority to summarily suspend, without prior notice, all or any portion of Resident's appointment granted by KMC, whenever it is in good faith determined that the continued appointment of Resident places the safety or health of KMC patients or personnel in jeopardy or to prevent imminent or further disruption of KMC operations

Withdrawal by Resident: Resident may terminate his or her appointment at any time, without cause, after notice to and discussion with the Program director and at least 30 days' prior written notice to KMC

# RESIDENCY PROGRAM GOVERNANCE

**Director of Pharmacy Programs and Education**

The Director of Pharmacy Programs and Education (DOP) has ultimate responsibility for the residency program and has appointed the Residency Program Director who provides the coordination and oversight for the residency program.

**Residency Program Director**

Residency Program Director (RPD) is appointed by the Director of Pharmacy Programs and Education, to coordinate and oversee the residency program. The Residency Program Director is a member of the Residency Executive Committee (see Charter). The Residency Program Director is accountable to the Director and is responsible for ensuring that :

1. residents are adequately oriented to the residency and Pharmacy Services
2. overall program goals and specific learning objectives are met
3. training schedules are maintained
4. appropriate preceptorship for each rotation is provided
5. resident evaluations based on the pre-established learning objectives are routinely conducted
6. the residency program meets all standards set by ASHP (American Society of Health-Systems Pharmacists)
7. communication with residents is maintained throughout the program to ensure an optimal experience and to resolve any problems or difficulties
8. all resident requirements are completed prior to recommendation for certification

## Residency Advisory Committee

The Residency Advisory Committee (RAC) governs the residency program. The RAC is comprised of preceptors and select members of the Pharmacy Administration team. The RAC is chaired by the Residency Program Director (RPD) and meets routinely to review and discuss the progress of the residents. Interactive feedback within the committee is utilized to direct the resident's current and upcoming residency activities and to provide mentoring and guidance in the resident's pharmacy practice. The group will recommend modifications to the resident's schedule as necessary. The RAC also conducts a robust formal evaluation of the residency program twice a year (scheduled for January and July of each year) and implements program improvements based on the results of resident surveys which are sent out twice a year to residents with surveys due from residents on December 31st and again on June 30th. Residents are encouraged to give honest and actionable feedback to aid in program improvements.

## Rotation Preceptors

Each rotational experience is directed by a pharmacy preceptor who is responsible for:

1. Developing rotational goals and specific learning objectives for the rotation, in conjunction with the Residency Program Director
2. Meeting and discussing with the resident's immediate past preceptor the resident's progress towards achievement of program goals and objectives, reviewing residents strengths and weaknesses, and discussing any recommended plans for growth for the resident (preceptor handoff) prior to orienting the resident to the rotation
3. Orienting the residents to the rotation using the learning experience in Pharmacademic at the beginning of the rotation. Orientation will include reviewing the rotational goals and specific learning objectives for the rotation, a general description of the role of the pharmacist (preceptor) for the rotation, expectations of the resident for the rotation including the expectations of the progression of the resident throughout the rotation, and review of learning activities and other requirements of the rotation. Both preceptor and resident will sign the learning experience description and scan document to Pharmacademic as documentation of orientation to the learning experience.
4. Introducing the resident to the general work area and people with whom he/she will be working
5. Describing the daily activities and work flow patterns involved in the rotation, including useful information such as frequently used phone numbers and where to find forms
6. Meeting with the resident on a regularly scheduled basis
7. Helping the resident achieve the rotation objectives by providing direction to the appropriate resources
8. Providing final evaluation of progress toward rotation learning objectives which is discussed with the resident (mid-point evaluations are not required but are given on a PRN basis)

## Research Preceptors

All research proposals will be reviewed and approved by the Residency Executive Committee (see Charter) and will include designation of a qualified research preceptor for each project. The research preceptor will be assigned to each resident as a primary co-investigator. The research preceptor responsibilities include:

1. Advising the resident in defining a project that will be completed within the residency allotted time
2. Assisting the resident in developing the research protocol including study hypothesis, study design, methodology, and analysis

3. Coordinating research resources for statistician review and advice in the protocol design, analysis, and power determination
4. Assisting the resident in obtaining any approvals (i.e., Institutional Review Board or IRB) if necessary
5. Ensuring that the resident maintains progress on the project according to the research timetable
6. Guides the resident on data collection, data analysis, and summary of results
7. Assists the resident in preparation of the platform presentation at the Western States Conference for Residents, Fellows, and Preceptors
8. Ensures that the resident's research project is written in manuscript form suitable for publication as required by the residency requirements
9. Determines authorship for the research manuscript and other presentation formats as applicable
10. Notifies the Residency Program Director of manuscript approval of the research project

**Pharmacy Resident Advisor (Preceptor)**

Mentoring and advising are key elements of the PGY-2 Ambulatory Care Residency Program. Following the orientation period, each resident will select an individual from among the Residency preceptors as their personal Resident Advisor. This selection should take into account shared career goals, work ethic, general attitude and disposition. The advisor to resident ratio cannot exceed 1:1. The Resident Advisor will collaborate with the RPD to complete the resident's quarterly assessments. If circumstances arise during the residency year that warrant reevaluation of the Resident Advisor selection, discussion with and approval from the RPD will be required before any changes are made. The Resident Advisor will act as a personal contact in all matters related to the successful completion of the PGY-2 residency program and will supplement and augment the activities of the RPD.

The Resident Advisor will collaborate with the resident to develop their residency plan and monitor the plan's progress. The resident advisor will determine the degree of contact and involvement necessary to meet these objectives (generally meeting at least monthly). Key areas that will be focused on include: advice on projects (initiation, completion, deadlines, etc.), elective rotation selection, time management, professional interpersonal relationships and conflict, licensing, career opportunities after residency and any residency-related or other issues that may arise.

The goal in providing a residency advisor is to give the resident a specific contact, of their choosing, with whom they will be comfortable discussing any matters related to the successful completion of the residency. Residents are involved in many different projects, in many different aspects of hospital operations, interacting with many different individuals. The pharmacy practice resident may become overwhelmed at some time during the program and may benefit from discussions, direction and counsel from their selected contact person. The Resident Advisor may also act as an impartial third party should issues or conflict arise between the resident and the director/managers of the pharmacy department or residency program.

## Qualifications of the Residency Program Director

The Residency Program Director is appointed by the Director of Pharmacy Services to oversee the residency programs; however, the Director of Pharmacy has ultimate responsibility for the program. The Residency Program Director must have demonstrated sustained contribution and commitment to pharmacy practice, maintain high professional ideals, have distinguished themselves in practice, and have the desire and aptitude to teach.

- Jeff Jolliff, PharmD, APh, BCPS, BCACP, AAHIVP, Director of Pharmacy Programs and Education
- Jeff Jolliff, PharmD, APh, BCPS, BCACP, AAHIVP, Residency Program Director

## Qualifications of the Preceptors

Each rotation is assigned a qualified pharmacist preceptor. Preceptors will be selected based on their demonstrated competence in their respective area of practice, professional education and experience, and desire and aptitude for teaching. Many preceptors have completed residency programs and hold the Doctor of Pharmacy degree or have obtained equivalent qualifications. Pharmacists selected to be a Residency Preceptor are appointed to a 2 year term as Preceptor and are assigned a preceptor development program by the RPD to promote their professional growth and promote an excellent learning experience for the residents they precept.

Prior to each learning experience, the resident will discuss their goals with the preceptor so as to provide an opportunity for the preceptor to evaluate and, if possible, design specific activities to meet the resident's goals. Activities and expectations to achieve the goals and objectives identified for each learning experience have been developed by each preceptor and are shared with the resident at the beginning of each experience.

# EMPLOYEE INFORMATION FOR PHARMACY RESIDENTS

## Residency Position Information

**Pay and Benefits** (see contract)
**Period of Appointment :** 12 months, from July 10 through July 9 (dates vary, but start 2nd week of July each year)

**Salary:** $55,000

**Benefits:** Approximately 10 days Annual Leave (AL or "vacation") and 8 days of Sick Leave (SL), 8 federal holidays and Authorized Absence (leave with pay) to attend selected professional meetings. Health care insurance is included. Traditional residents are also given a meal allowance of $260 per month to spend on any food or drink item in the KMC cafeteria. Any unused allowance at the end of each month shall be forfeited. Food or drink items are for the consumption of the resident only.

**Licensure**
For all residency programs, the applicant must be licensed or be eligible for licensure in the state of California. Professional pharmacist licensure from the state of California must be obtained either prior to the beginning of the residency program or within 120 days of starting residency. It is highly recommended that all resident applicants apply for licensure from *both* the California Pharmacy Jurisprudence Exam (CPJE) as well as the North American Pharmacist Licensure Examination (NAPLEX) prior to entering the residency program. If failed, the resident should re-take the next available licensure examination. If resident fails to obtain professional pharmacist licensure by 120 days from start of residency, then the resident will be dismissed from the program. Residents must complete at least 2/3 of residency training as a licensed pharmacist.

**Proof of Licensure:** Required upon entry into the residency program. If pharmacist licensure is not available, pharmacy intern license is sufficient in the interim but must be currently valid from the state in which it was issued for the duration of time in which the resident is not licensed through either the CPJE or NAPLEX; however, all pharmacist activities will require direct supervision until proof of pharmacist licensure is provided. A copy of the wallet-sized license is sufficient for proof of licensure.

**Computer Access:** Computer access will be restricted to that appropriate for a pharmacist trainee until the resident can provide proof of pharmacist licensure. These menus require preceptor review and co-signature. Access to computer menus appropriate for pharmacists will be assigned to residents when proof of pharmacist licensure is provided.

**Service Commitment:** Service commitment responsibilities will not be scheduled until the resident has provided proof of pharmacist licensing. Proper training will be provided prior to service commitment. All service commitment requirements must be met to satisfy the completion of the residency program.

### Leave
**Annual leave (AL, vacation)** of 80 hours is credited to each resident effective the first day of residency training. Annual leave can be used for rest, relaxation, and recreation as well as time off for personal business (e.g., licensure examinations, job interview) and emergency purposes (e.g., auto repair). Leave must be requested in advance, preferably 2 weeks, and approved before being taken. **Residents cannot be on Annual Leave on the last day of their residency.** Since residents cannot miss more than **10 days** in any 1 month rotational

experience (due to annual, sick, or authorized leave), those planning vacations greater than **1 week** need to schedule the vacation across two rotations. Notification is then given to the Pharmacy Residency Director for final approval. As a courtesy, it is the resident's responsibility to directly notify the immediate supervisor and immediate preceptor of their rotational area prior to taking approved leave. All leave requests are subject to the approval of the Pharmacy Residency Director and will be acted on in light of the resident's ability to complete the program's required rotational experiences as well as the overall completion of the residency requirements. You will be paid at the end of the residency for any annual leave that you have not used.

**Sick leave (SL)** is earned at the rate of 2.46 hours every two weeks and can be used for illness and injury as well as medical, dental, optical, and other medically-related appointments or procedures. Sick leave must be reported as soon as you determine you will not be able to come to work and preferably at or prior to the beginning of your scheduled tour of duty, but in any event, not later than 2 hours thereafter. It is the resident's responsibility to directly notify the immediate supervisor and immediate preceptor of their rotational area and the Pharmacy Residency Director of the absence (voice messages are not acceptable). **The resident must call in sick for each consecutive day of illness. If you require sick leave for more than 3 consecutive work days, you must furnish medical certification by a physician attesting to the need for sick leave during the period of absence.** Residents cannot miss more than **10 days** in any 1 month rotational experience (due to annual, sick, or authorized leave) and need to plan accordingly. Sick leave may also be used for family care, adoption-related purposes, or bereavement for a family member. If your request for sick leave exceeds the amount of earned sick leave hours, annual leave will be used. "Leave without pay" (LWOP) is only granted at administrative discretion by the Director of Pharmacy.

**Authorized absence (AA, leave with pay**) is granted when you are conducting KMC related activities at a location other than Kern Medical Center. Field trips and training seminars are two examples that require authorized absence. Authorized absences must be requested in advance, preferably 2 weeks. A justification (including city and state of the training) for the AA should be noted. Both forms are submitted to the Pharmacy Residency Director and Training to be initialed and sent to the Director of Pharmacy for approval.

**Court Leave** during your residency program is discouraged due to the high demands of the program within a limited training period. Residents are encouraged to request deferment of jury duty requests; however, should you wish to participate, you must notify the Director of Pharmacy Education and Training as early as possible.

**Resident Dismissal:**

Resident's continued participation in the residency program is expressly conditioned upon satisfactory performance of all program elements and requirements. Resident may be dismissed or other corrective action may be taken for cause including but not limited to: (a) unsatisfactory academic or clinical performance, (b) failure to comply with policies, rules, and regulations of the program or KMC (c) revocation or suspension of license (d)theft (e) acts of moral turpitude (f) insubordination (g) use of professional authority to exploit others (h) conduct that is detrimental to patient care, and (i) unprofessional behavior. Further details are provided related to Termination, Dismissal, or Corrective action are provided to residents in their Graduate Medical Education Agreement under Article VI.

## KERN MEDICAL PGY-2 PHARMACY RESIDENCY DUTY HOUR REQUIREMENTS

**Resident Duty Hours:**
It is the policy of Kern Medical PGY-2 Pharmacy Residency Program to follow and abide by the ASHP Duty Hour Requirements at all times

(1) See Kern Medical Policy PHA-HR-100
(2) ASHP website at https://www.ashp.org/-/media/assets/professional-development/residencies/docs/duty-hour-requirements.ashx?la=en

**Duty hours includes**: inpatient and outpatient patient care (resident providing care within a facility, a patient's home, or from the resident's home when activities are assigned to be completed virtually); staffing/service commitment; in-house call; administrative duties; work from home activities (i.e., taking calls from home and utilizing electronic health record related to at-home call program); and scheduled and assigned activities, such as conferences, committee meetings, classroom time associated with a master's degree for applicable programs or other required teaching activities and health and wellness events that are required to meet the goals and objectives of the residency program.

**Duty hours do not include**: reading, studying, and academic preparation time for presentations and journal clubs; travel time to and from conferences; and hours that are not scheduled by the residency program director or a preceptor. The specific application and enforcement of the ASHP Duty Requirements to the Kern Medical Pharmacy Residency program are as follows:

**Maximum Hours of Work per Week**

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. All duty hours will be tracked and actively monitored for compliance with ASHP policy by the RPD. Residents will be required to submit all hours worked that are not recorded in the KMC electronic time card monitoring system (e.g. home call, external moonlighting, etc) to the RPD via email at each week's end. RPD will assume responsibility for maintaining compliance with ASHP duty hour requirements

**Moonlighting**

A. Moonlighting must not interfere with the ability of the resident to achieve the goals and objectives of the educational program.
B. Internal moonlighting is not allowed.
C. Time spent by residents in External Moonlighting must be reported to the RPD and counted toward the 80-hour Maximum Weekly Hour Limit.
D. External moonlighting must be approved by RPD and by Human Resources Department. "OUTSIDE EMPLOYMENT APPOVAL REQUEST" form must be filled out and submitted to RPD and Human Resources in accordance with Kern County Ordinance A-194.
E. If moonlighting (internal or external) is determined to be interfering with the ability of the resident to achieve the goals and objectives of the educational program or at any time determined to be in violation of Kern County Ordinance A-194, then RPD will order the resident to cease external moonlighting. ***Refusal to comply shall constitute grounds for dismissal***

**Mandatory Time Free of Duty**

A. Residents must be scheduled for a minimum of one day free of duty every week (when averaged over four weeks)
B. At-home call cannot be assigned on these duty-free days.

**Maximum Duty Period Length**

A. Duty periods of PGY-2 residents must not exceed 16 hours in duration.
B. It is essential for patient safety and resident education that effective transitions in care occur. Residents may be allowed to remain on-site in order to accomplish these tasks; however, this period of time must be no longer than an additional four hours.
C. Residents must not be assigned additional clinical responsibilities after 24 hours of continuous in-house duty.
D. In unusual circumstances, residents, on their own initiative, may remain beyond their scheduled period of duty to continue to provide care to a single patient. Justifications for such extensions of duty are limited to reasons of required continuity for a severely ill or unstable patient, academic importance of the events transpiring, or humanistic attention to the needs of a patient or family.
    a. Under those circumstances, the resident must:
        i. appropriately hand over the care of all other patients to the team responsible for their continuing care; and,
        ii. document the reasons for remaining to care for the patient in question and submit that documentation in every circumstance to the program director.
        iii. The program director must review each submission of additional service, and track both individual resident and program-wide episodes of additional duty.

**Minimum Time Off between Scheduled Duty Periods**

A. Pharmacy residents should have 10 hours free of duty between scheduled duty periods.
B. However, residents **MUST HAVE 8 hours free** of duty between scheduled duty periods

**At-Home Call**

A. Time spent in the hospital by residents on at-home call must count towards the 80-hour maximum weekly hour limit. The frequency of at-home call is not subject to the every-third-night limitation, but must satisfy the requirement for one-day-in-seven free of duty, when averaged over four weeks. At-home call must not be so frequent or taxing as to preclude rest or reasonable personal time for each resident
B. Residents are permitted to return to the hospital while on at-home call to care for new or established patients. Each episode of this type of care, while it must be included in the 80-hour weekly maximum, will not initiate a new “off-duty period”
C. Residents are responsible for communicating with supervising preceptor prior to and during periods of At-home call. Adequate supervision of the residents will be maintained by preceptors via the following:
    a. Therapeutic decisions and recommendations shall be communicated between preceptor and resident prior to implementation in the plan of care for each patient.

Therapeutic recommendations or plans of care should be documented in the electronic medical record in the form of a progress note or consult result.

b. Residents shall assign their respective preceptor as a co-signer within the electronic medical record for all progress notes and consult results, which the preceptors will review and make changes if necessary before signing. This requirement can be waived once resident has demonstrated competency and independence in that practice area, and provided that credentialing process has been finalized. Note: resident may be able to see patients in one clinic without co-signer (e.g. Diabetes Clinic), but still require co-signer based on competency level in another clinic (e.g. Oncology Clinic).

## PROFESSIONAL LIABILITY INSURANCE:

With more responsibility, comes more risk. Each employee must determine if they should invest in professional liability insurance. You operate on hard work and dedication on the job at hand, but even the most careful and responsible professional can be named in a malpractice suit.

**What is professional liability insurance (PLI)?**
PLI ensures the entity or individual against claims of negligence or failure to render professional services made by a third party, such as a patient. There are two types of liability

a. Occurrence/Extended Reporting Period: covers events that occur while the policy is in effect even if reported after the policy expires.
b. Claims-Made: covers events that occur while the policy is in effect and even those that occur before the policy is in effect

**Why do pharmacists need PLI?**
Being part of a profession places you at risk for negligence or failure to render professional services. Anyone at any time can file a complaint against you. When people sue, they usually name anyone who had anything to do with the situation. Regardless of who is negligent, it may take years for litigation to be dismissed. Even if your case is dismissed, attorney fees can be a financial burden.

**What types of lawsuits are most common?**
Negligence lawsuits, that is, damages sustained due to failure to perform according to normal standards of conduct within the profession.

**What does PLI cover?**
Generally, the following is covered by PLI: Actual or alleged errors, omissions, negligence, breach of duty, misleading statements, and performance or non-performance of professional services.

**What questions should be asked when selecting PLI?**
What triggers coverage, that is, a verbal allegation versus a written statement? If you must take time away from practice, will coverage provide compensation for wages lost? Is there a deductible and does it apply to defense costs? Does the insurance policy cover governmental or administrative action taken against you?

**Will your employer's policy apply to you?**
Yes, but you may still be liable for your own negligence. You may still be responsible for all or part of the plaintiff's award or settlement. The only way to ensure you are covered is to have your own policy.

**How much does PLI cost?**
A premium will be based on your profession, potential severity of the claim, number of years in practice, number of professionals covered, annual revenues, location of business, and claims history

**How much money will be covered by PLI?**
Limits on the minimum and maximum benefits vary depending on state, but you generally get what you pay for; that is, higher benefits cost more. It may be possible to add an additional $1,000,000-$2,000,000 of coverage for a minimal addition to your premium. It is important to look at the maximum limits offered by your policy rather than selecting the most inexpensive policy.

**Websites:** www.ashp.org; www.seaburychicago.com/products/liability.as

## Privacy Policy (HIPAA)

In 1996, Congress passed the Health Insurance Portability and Accountability Act (HIPAA) and in 2000, HHS published the final rule for Standards for Privacy of Individually Identifiable Health Information, known as the HIPAA Privacy Rule. Annual training in HIPAA is required for all current KMC employees. Training will review the background and scope of applicable privacy and confidentiality statutes and regulations; rights granted to veterans by the Privacy Act and HIPAA Privacy Rule; disclosure purposes that do and do not require prior written authorization from the veteran; information that can be disclosed; general requirements of the operational management for the release of patient information, and elements of the Freedom of Information Act (FOIA). This is a web-based training program (Moodle) found on the intranet home page.

## Confidentiality of Patient Information

At KMC, confidentiality is a must. Confidentiality is the condition in which the patient's information is available to only those people who need it to do their jobs. Breaches in confidentiality can occur if you walk away from your computer without logging off or when paper documents are not adequately controlled. They sometimes occur when you are accidentally given access to too much computer information. Conversations about patient cases in public places can be a breach of confidentiality. KMC computers are designed to protect confidentiality, but remember that there are things you can do, and should not do, to protect confidentiality. Patient sensitive information includes medical history, financial information, criminal or employment history, social security numbers, fingerprints, and other personal information.

| **HIPAA and Privacy DO's and DON'Ts** | |
|---|---|
| **Emails** | • DO use Cerner Message Center to send and receive Protected Health Information (PHI).<br>• DO de-identify* patient information in email messages.<br>• DO remind patients that email systems are not secure if patients contact you by email. Request that patients call for information.<br>• **DON'T** send PHI through OUTLOOK unless it is de-identified or encrypted.<br>• **DON'T** send email messages containing PHI outside of KMC.<br>• **DON'T** use patient identifiable information in the Subject Line of email message. |
| **FAXES** | • DO fax PHI only when necessary to provide information in reasonable time.<br>• DO verify that fax numbers are correct. |

| | |
|---|---|
| | • DO make certain that faxes containing PHI are not sent to public areas.<br>• DO include confidentiality statement on cover sheet in event of error.<br>• **DON'T** let received faxes with PHI sit in machines in public areas.<br>• **DON'T** fax PHI unless you are certain someone is there to receive the fax.<br>• **DON'T** transmit PHI via fax machines unless encrypted. |
| **MESSAGE MACHINES** | • DO verify that phone number is correct.<br>• DO leave a message for the patient to call back for information.<br>• **DON'T** leave PHI on answering machines or voicemail systems. |
| **DISPOSAL** | • DO de-identify any documents or other items before disposal in trash.<br>• DO shred (or place in shredder disposal boxes) any documents containing PHI.<br>• **DON'T** toss prescription bottles, IV bags, or any other item that contains PHI in regular trash unless you de-identify. |
| **CONGRESS** | • If Congressman is acting on behalf of the government or subcommittee, information may be released.<br>• If Congressman is acting on behalf of patient, **DON'T** release patient information without authorization. |
| **MINIMIZE** | • Always only release the minimum necessary information to suit the request. |
| **PHONE CALLS** | • Nurses, physicians, and other providers may discuss a patient's condition over the phone with the patient, a provider, or a family member if it is in the best interest of the patient.<br>• Providers may coordinate care with nursing homes, board & care, community hospitals and other facilities caring for our veteran patients.<br>• DO take reasonable precautions to minimize the chance of disclosures to others nearby.<br>• **DON'T** confuse phone discussions with the patient, family, or providers with the Opt Out preference. |
| **OPT OUT** | • DO check patient Opt Out preference before providing patient name, location or condition information to visitors and callers.<br>• Opt Out preference only applies to the INPATIENT DIRECTORY, not to other issues or discussions related to treatment, payment, or healthcare operations.<br>• **DON'T** disclose any information about an Opted Out patient to anyone including clergy, colleagues, family, or friends. |
| **ORAL DISCUSSION** | • DO speak in a low voice when discussing PHI in public areas.<br>• DO use curtains, cubicles, offices, or other private areas when possible to safeguard discussions.<br>• **DON'T** discuss patient issues with friends, co-workers, or others who do not have a need to know.<br>• **DON'T** discuss PHI in elevators, cafeterias, or other public areas where information cannot be safeguarded. |
| **OVERHEAD PAGING** | • Staff who overhead page a patient only use a geographic location in the facility (e.g., 3 North) or Room Number or general area (e.g., Area 2, Blood drawing, Primary Care clinics) for the patient to return to OR provide a call back phone extension for the patient to call for detailed directions. |

**De-identification** involves removing all patient identification including name, SSN, address, DOB, etc. Using last initial and last four SSN is considered de-identified as long as no other identifiers are included, such as dates of service, DOB, etc.

## Computer Security

Information security is an important issue for KMC. Measures and controls used to protect information technology systems and data from theft, attempts to break in, and computer viruses are in place to protect sensitive patient information. Users of the computer system must only access data when there is a 'need to know' for the purposes of carrying out the responsibilities of the job.

All users of the computer system must secure computer workstation access codes. Never give your computer access code to anyone. If you should forget your access code, contact IS help line (ext. 62416).

**How do you secure your workstation? Always log off your computer**

## Use of Personal Electronic Equipment in the Medical Center

The use of personal electronic equipment as recording devices for patient information is prohibited in Kern Medical Center for obvious reasons of security and confidentiality. Use of personal cell is also prohibited in the Medical Center since they may interfere with telemetry and other monitoring equipment. There are exclusive areas in the Medical Center where personal cell phone use is allowed. If your cell phone or PDA has recording device application or digital camera capabilities, these cannot be used in the Medical Center.

## Prevention of Sexual Harassment Policy

The Equal Employment Opportunity Commission (EEOC) defines sexual harassment as unwelcome advances, request for sexual favors and other verbal or physical conduct of a sexual nature, such as intentional patting, pinching, or touching, leering, and obscene gestures. KMC's policy on sexual harassment is zero tolerance. Sexual harassment in any form will not be tolerated. This prohibition applies to all employees as well as students.

## Prevention of Violence in the Workplace Policy

- Any act of intimidation, threat of violence, or act of violence committed against any person on the property of the KMC is prohibited.
- No person shall possess or have control of any firearm, deadly weapon, or prohibited knife while on KMC property except as authorized by the police, CEO, and security.
- Any person who is the subject of or witness to a suspected violation of this standard should report the violation to their supervisor. Any emergency, perceived emergency, or suspected criminal conduct should be reported immediately to Police and Security.

## Pharmacy Resident Initial Orientation & Training Checklist

Residents must complete the following as part of orientation.

| **Pharmacy Resident Name:** | Preceptor Initials | Resident Initials |
|---|---|---|
| **New Employee Orientation** (HIPPA, Sexual Harassment, Privacy, Benefits, Conduct, Mission, etc.) | | |
| **Clinical Pharmacy Services & Residency Accreditation Standards Orientation**<br>- Review of clinical pharmacy services and the role of pharmacists in the various acute and ambulatory care settings<br>- Introduction to residency learning experiences (Resident will be scheduled 30min w/ each preceptor to give overview all core and elective rotations offered)<br>- ASHP training<br>o Understanding Learning Activities, Taxonomy, & levels http://www.ashpmedia.org/softchalknewbloomlearningtaxonomiesandlevels-2015-Jan/index.html<br>o The 4 Preceptor Roles and when to use them http://www.ashpmedia.org/softchalk/softchalk_preceptorroles/index.html<br>- Residency Manual Review<br>- Pharmacademic training, Evaluation processes, standards, and requirements<br>- Review of Residency Requirements for Graduation | | |
| **Pharmacy Administration Orientation:**<br>- Pyxis Training<br>- Explanation of medication use system and its vulnerabilities to Adverse Drug Events (ADE) and introduction to the process of ADE reporting<br>- Policy and Procedures<br>- Accrediting/Regulatory requirements (Joint Commission/MERP/CDPH)<br>- Service Expansion Process (business plan review, etc)<br>- Administrative and Research project review | | |
| **Computer Access and Training:**<br>- Pharmacademic -CoagClinic<br>- Cerner Millennium -Micromedex<br>- Outlook Email | | |
| **Provision of Lab Coat, Pager, and Parking Pass** | | |
| **BLS and ACLS Training** | | |
| **Pharmacy Intern or Pharmacist Licensure/Verification** | | |
| **PGY-1 Graduation Verification** | | |
| **Residency Binder Review** | | |

I certify that the pharmacy resident has completed all applicable items on this list and has received a thorough orientation to the best of my ability.

**Jeff Jolliff, Pharm.D.** **Date**

## Example Resident Schedule:

| | Monday | Tuesday | Wednesday | Thursday | Friday |
|---|---|---|---|---|---|
| 8 am | Oncology | Diabetes Clinic | Diabetes Phone Clinic | PCMH | PCMH |
| 9 am | | | | | |
| 10 am | | | | | |
| 11 am | | | | | |
| 12 pm | Lunch | Lunch | Lunch | Lunch | Lunch |
| 1 pm | OPAT | Protected | HIV | Diabetes Clinic | Protected |
| 2 pm | | | | | |
| 3 pm | | | | | |
| 4 pm | | | | | |

Anticoag clinic: warfarin phone monitoring prn basis throughout each week, typically done in afternoons
On call monitoring of inpatient coags once every 8 weeks from 8am – 12pm Saturday and Sunday