

Fruth Pharmacy/UCSOP PGY1 Community- Based Pharmacy Residency

Resident Handbook

2022-2023



Fruth Pharmacy

- partnered with -

University of Charleston School of Pharmacy



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INTRODUCTION

Welcome to the Fruth Pharmacy/UCSOP PGY1 Community-Based Pharmacy Residency Program. We are excited to welcome you as the newest member of our clinical team!

Fruth is a regional chain of pharmacies providing care to patients in West Virginia, Ohio and Kentucky. Jack Fruth founded the company in 1952 as a single, hometown pharmacy in Point Pleasant, WV. In the early days, Jack posted a sign on the door that said, "In case of emergency, call Jack Fruth at home." His desire to serve the community was evident not only in his willingness to come out in the middle of the night, but also with his involvement with local projects like the founding of Pleasant Valley Hospital. Fruth now consists of 31 stores and is growing, but still maintains the values of being "Your Hometown, Family Pharmacy."

The Fruth Pharmacy/UCSOP PGY1 Community-Based Pharmacy Residency Program provides the resident with opportunities for involvement in MTM programs, medication distribution and use process, immunization services, wellness programs, classroom teaching, and in-store and corporate leadership experience.

We hope you enjoy your residency year, and we look forward to your contributions to our program!

Gannett Monk, PharmD
*Associate Professor of Pharmacy Practice, University of Charleston School of Pharmacy
Residency Program Director*

PURPOSE STATEMENT

To build upon the Doctor of Pharmacy (PharmD) education and outcomes to develop community-based pharmacist practitioners with diverse patient care, leadership, and education skills who are eligible to pursue advanced training opportunities including postgraduate year two (PGY2) residencies and professional certifications.

The Fruth Pharmacy/UCSOP PGY1 Community-Based Pharmacy Residency Program will develop the skills needed to provide advanced pharmaceutical care for patients in community and ambulatory care settings. Our program is designed to provide graduating residents the confidence and capability to develop, implement, and manage community-based patient care services, as well as effectively educate patients and other healthcare providers.

DESCRIPTION OF PROGRAM

The Fruth Pharmacy/UCSOP PGY1 Community-Based Pharmacy Residency Program will be a yearlong program running from June 20th, 2022, through June 23rd, 2023. Throughout the year, the resident will be assigned multiple longitudinal and concentrated learning experiences (LE). Duties and assignments will vary based upon the assigned LE, in order to facilitate achievement of associated learning objectives. Residency preceptors will provide a description for the LE in which they are responsible.

Longitudinal learning experiences (12 months in length):

- Patient care in community pharmacy setting (PCC)
 - 2 days/week
- Patient-centered dispensing services
 - 1 day/week
- Ambulatory care
 - 1 day/week at Charleston Internal Medicine in Quarters 1 and 2
 - 1 day/week at Health Right in Quarters 3 and 4
- Pharmacy education
 - ½ day/week
- Practice-related research project
 - ½ day/week
- Corporate pharmacy management
 - 1 day/month

Concentrated learning experiences (3 months):

- Orientation – Quarter 1
- Elective – Quarter 3:
- Elective – Quarter 4:
- Elective options include (but are not limited to):
 - Advanced Academia
 - Advanced Corporate Management
 - Ambulatory Care -- Cardiology
 - Ambulatory Care -- Heart Failure
 - Ambulatory Care -- Family Medicine
 - Transplant

Estimated breakdown of time:

- Patient care – 80%
- Pharmacy education – 10%
- Management – 10%

PAY AND BENEFITS

Length of commitment: 12 months

Salary: \$41,000/year

Benefits: 5 days (one working week) of paid vacation, medical insurance, professional travel reimbursement, office space and laptop

Vacation time and professional travel must be authorized by RPD in advance—see the Leave Policy for details (**Appendix A**)

RESIDENT RESPONSIBILITIES AND EXPECTATIONS

LICENSURE

The resident must complete requirements for licensure in the state of West Virginia no later than August 1st. A pharmacy intern license is sufficient during the interim, but must be valid in the state of West Virginia for the duration of time the resident is not licensed as a pharmacist. Licensure in the state of Ohio and Kentucky is optional. Fruth will reimburse the cost of the secondary state licensing exams (MPJE-WV, MPJE-OH, and/or MPJE-KY). The resident must also meet the requirements to immunize in at least West Virginia, but also Kentucky and Ohio if they choose to be licensed in those states.

Residents that fail to obtain licensure before the deadlines described above will be asked to meet with the residency advisory committee to decide their fate in the program, which may result in dismissal from the residency program. In order to comply with residency standards, all residents must be licensed for a minimum of 2/3 of the residency year; therefore, **residents who are not licensed by November 1st will be dismissed from the program with no exceptions.**

State Licensure Contact Information:

www.wvbop.com

West Virginia Board of Pharmacy
2310 Kanawha Blvd E
Charleston, WV 25311

www.pharmacy.ohio.gov

Ohio Board of Pharmacy
77 S High Street, Rm 1702
Columbus, OH 43215

www.pharmacy.ky.gov

Kentucky Board of Pharmacy
State Office Building Annex, Suite 300
125 Holmes Street
Frankfort, KY40601

EXPECTATIONS

- Follow all Fruth and University of Charleston codes of conduct
- Prompt attendance for assigned learning experiences, meetings, conferences....etc.
- Adhere to the dress codes of both Fruth and the University of Charleston
- Submit projects within deadline or give reasonable notification of delays
- Complete all required evaluations in a timely manner
- Notify preceptor and residency program director of any absences
- Complete all residency requirements within the residency year

GENERAL RESPONSIBILITIES

- Daily – report to assigned preceptors and complete assigned daily duties
- Weekly – check-in with RPD or site coordinator on a bi-weekly basis for updates
- Quarterly – complete assigned evaluation of preceptor and learning experience and self-evaluations using PharmAcademic; review these evaluations with appropriate preceptors; meet with RPD to discuss progress and create customized plan for the upcoming quarter
- Annually – participate in various annual residency recruiting activities, attend APhA conference in March, complete research project and present results at APhA meeting, prepare a written manuscript for submission to a peer review journal, prepare a professional portfolio

DUTY HOURS

In the interest of safety and public health, specific guidance about weekly work hours for the Resident is defined in the ASHP “**Duty-Hour Requirements for Pharmacy Residencies.**” The Resident is required to print, read and sign this document, and return a signed copy (**Appendix B**).

The PGY1 program is the primary occupation of the resident for the duration of the program. Any outside employment is not allowed. See the “moonlighting” section of Appendix B: Duty-Hour Requirements for Pharmacy Residencies for further details.

EVALUATIONS

The evaluation process of the residency involves evaluations at the completion of each concentrated learning experience, quarterly evaluations for longitudinal experiences, and a final evaluation before completion of the residency. The resident must evaluate the preceptor, the learning experience, and perform a self-evaluation a minimum of

quarterly. The preceptor will also complete an evaluation and discuss this with the resident. All evaluations will be completed and submitted using PharmAcademic. The RPD is responsible for reviewing the evaluations and creating a customized plan based on progress and the resident's strengths and weaknesses.

PharmAcademic Summative Evaluation Scale:

- Needs Improvement (NI) – *Resident has significant deficiencies in meeting the outcome **OR** is not making satisfactory progress toward achieving the outcome without significant assistance.*
- Satisfactory Progress (SP) – *Resident is performing and progressing at a level that should eventually lead to mastery of the goal/objective.*
- Achieved (ACH) – Resident's performance is ideal and completes the outcome with minimal or no assistance.
- Achieved for Residency (ACHR) – Resident has consistently achieved the outcome on 2 or more learning experiences.

REQUIREMENTS FOR SUCCESSFUL COMPLETION OF THE PROGRAM

- Documentation of the quarterly evaluations described above, including a resident intake and outgoing self-assessment
- Overall achievement (ACHR) of $\geq 80\%$ of educational objectives for the residency program, indicating that the resident is able to act independently in the assigned pharmacy area
- Achievement of $\geq 80\%$ of learning objectives associated with each assigned learning experience, and "satisfactory progress" with the learning objectives that are not achieved
- Successful completion of the following major projects:
 - Research project
 - Must include generation of original data
 - Project is summarized in written form and is suitable for publication
 - Results must be submitted for presentation at the APhA annual meeting
 - Development of treatment guideline/protocol
 - Quality improvement project
 - Implementation of a new service, must include:
 - Business plan
 - Proposal presentation
 - Marketing plan
 - Creation of collaborative practice agreement (theoretical if necessary)
 - Presentation related to patient care to other healthcare providers
 - Write at least 2 articles for the Fruth pharmacists' newsletter
- Teaching Certificate minimum requirements*:

- Complete all online modules and activities
- 3 hours of didactic teaching (at least one large group and one small group)
- One session of laboratory instruction (may be any length of time)
- 30 min to 1 hour educating other health care professionals (includes journal clubs, seminars or other presentations)
- Ongoing patient education (no minimum time)
- 8 hours of precepting
- Create a teaching portfolio for end-of-year submission
 - *Consult syllabus for more details

Resident progression throughout the program will be evaluated quarterly by the RPD, RAC, and preceptors. These assessments, including any deficiencies or areas for improvement, must be communicated to the resident during quarterly evaluation reviews, and should also be addressed during day-to-day interactions.

RESIDENT’S SIGNATURE OF ACCEPTANCE

By signing this document, the resident acknowledges receipt, understanding, and agreement to the terms and conditions within the 2022-23 Resident Handbook.

Resident’s signature

Date signed

Resident’s signature of acknowledgment of duty hours
(See Appendix B for Duty-Hour Standards for Pharmacy Residencies)

Date signed

APPENDIX A

Leave Policy

1. For any one calendar month, the maximum amount of allowed time off is 5 business days. If additional days are needed or required, the resident must work with the rotation preceptor and the program director to develop a plan to make up the required time.
2. Residents are expected to be present during the final week of the residency, and leave should not be “stored up” until that time. Exceptions may be considered due to extenuating circumstances on a case- by-case basis, but approval of leave during this time is not guaranteed.
3. Federal Holidays: Residents will not be scheduled to work on seven federal holidays. The seven federal holidays are:
 - a. New Year’s Day
 - b. Easter Sunday
 - c. Memorial Day
 - d. Independence Day
 - e. Labor Day
 - f. Thanksgiving Day
 - g. Christmas Day
4. Vacation: The pharmacy resident is allowed one week (5 business days) of paid vacation leave throughout the residency year. Resident’s vacation leave will be arranged with prior written approval of preceptor(s) and residency program director (RPD).

The RPD and preceptor(s) must approve vacation leave 30 days in advance. Early planning for leave (e.g., at the beginning of the residency year) between the pharmacy resident, residency program director, and preceptors is encouraged so that leave is distributed appropriately throughout the residency year
5. Sick Leave: 2 days of paid sick leave are available to the resident. In the event of an acute illness, the resident should contact his/her current preceptor and RPD by phone or pager as soon as possible to discuss the situation. Email notification is

not considered adequate notification. The resident will be required to provide written documentation by healthcare professional of acute illness extending beyond one day. For illnesses lasting beyond 2 days, vacation time must be used. Once all sick leave and vacation time is exhausted, see the “Extended Leave” section below.

6. Professional Leave: The resident may be allowed unpaid time to attend professional meetings (beyond those that are required) or seminars for professional development directly related to their residency program. This must be approved by the rotation preceptor and the residency program director. Advance notice is required.
For job interviews and PGY2 interviews, the vacation leave must be approved by the residency director and preceptor(s) prior to accepting the interview offer date. No more than 5 days of unpaid professional leave may be taken in the residency year. Beyond 5 days, vacation time must be utilized.
7. Court Leave: Jury duty during the 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 be mandated to participate, you must notify the RPD as early as possible. This time will be unpaid leave. In the event that >3 days of the residency are missed due to court leave, the time must be made up using evenings, weekends or an extension of the residency.
8. Extended Leave: Unpaid extended leave is granted on a case-by-case basis. If leave will result in the resident being unable to complete requirements of the program in the allotted time, program extension without pay may be an option. Extended leave may be requested by a resident, and requires approval by both the RPD and the RAC. In such circumstances, a specific date of return to duty will be contracted. If approval is granted, it will be leave without pay. The Resident may return on the contracted date to resume employment with Fruth and complete the requirements of the residency program to achieve the certificate. The maximum length of such extended leave may not exceed 3 months, to assure the ability to continuously fund residency programming, and to assure 12 months of training for each resident. Any absence resulting in greater than 3 months away from the residency program will result in dismissal from the residency.

Duty-Hour Requirements for Pharmacy Residencies

1. Definitions:

Duty Hours: Duty hours are defined as all scheduled clinical and academic activities related to the pharmacy residency program. This includes inpatient and outpatient care; in-house call; administrative duties; and 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 and journal clubs; travel time to and from conferences; and hours that are not scheduled by the residency program director or a preceptor.

Scheduled duty periods: Assigned duties, regardless of setting, that are required to meet the educational goals and objectives of the residency program. These duty periods are usually assigned by the residency program director or preceptor and may encompass hours which may be within the normal workday, beyond the normal workday, or a combination of both.

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

Continuous Duty: Assigned duty periods without breaks for strategic napping or resting to reduce fatigue or sleep deprivation.

Strategic napping: Short sleep periods, taken as a component of fatigue management, which can mitigate the adverse effects of sleep loss.

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

- A. Duty hours must be limited to 80 hours per week, averaged over a four-week period, inclusive of all in-house activities and all moonlighting.
- B. Mandatory time free of duty: residents must have a minimum of one day in seven days free of duty (when averaged over four weeks).

3. Moonlighting:

- A. Moonlighting (internal or external) must not interfere with the ability of the resident to achieve the educational goals and objectives of the residency program.
- B. External moonlighting is not permitted. Internal moonlighting may be allowed after licensure and as training, research, and patient care responsibilities permit. Residents are required to receive permission from the RPD prior to beginning any moonlighting activities. After initial approval, all moonlighting hours must be approved in person or via email by the Program Director or Pharmacy Manager.
- C. Moonlighting hours must be counted toward the 80-hour maximum weekly hour limit.
- D. The maximum moonlighting hours allowed is 16 hour per week.
- E. If a pharmacist believes the resident is exhibiting signs of fatigue (excessive yawning or sedation), the resident should be relieved of their duty. The pharmacist and resident will notify the program director and the resident will be prohibited from moonlighting for a minimum of 4 weeks.
- F. Moonlighting will also be prohibited if it appears to be interfering with the resident's judgement or ability to achieve educational goals and objectives of the residency program.

DUTY-HOUR REQUIREMENTS

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

I. Personal and Professional Responsibility for Patient Safety

- A. Residency program directors must educate residents and preceptors about their professional responsibilities to be appropriately rested and fit for duty to provide services required by patients.
- B. Residency program directors must educate residents and preceptors to recognize signs of fatigue and sleep deprivation, and adopt processes to manage negative effects of fatigue and sleep deprivation to ensure safe patient care and successful

learning.

- C. Residents and preceptors must accept personal and professional responsibility for patient care that supersedes self-interest. At times, it may be in the best interest of patients to transition care to another qualified, rested provider.
- D. If the program implements any type of on-call program, there must be a written description that includes:
 - the level of supervision a resident will be provided based on the level of training and competency of the resident and the learning experiences expected during the on-call period; and,
 - identification of a backup system if the resident needs assistance to complete the responsibilities required of the on-call program.
- E. The residency program director must ensure that residents participate in structured handoff processes when they complete their duty hours to facilitate information exchange to maintain continuity-of-care and patient safety.

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

- A. Duty hours must be limited to 80 hours per week, averaged over a four-week period, inclusive of all in- house call activities and all moonlighting.
- B. Moonlighting (internal or external) must not interfere with the ability of the resident to achieve the educational goals and objectives of the residency program.
 - 1. All moonlighting hours must be counted towards the 80-hour maximum weekly hour limit.
 - 2. Programs that allow moonlighting must have a documented structured process to monitor moonlighting that includes at a minimum:
 - a. The type and number of moonlighting hours allowed by the program.
 - b. A reporting mechanism for residents to inform the residency program directors of their moonlighting hours.
 - c. A mechanism for evaluating residents' overall performance or residents' judgment while on scheduled duty periods and affect their ability to achieve the educational goals and objectives of their residency program and provide safe patient care.
 - d. A plan for what to do if residents' participation in moonlighting affects their judgment while on scheduled duty hours.
- C. Mandatory time free of duty: residents must have a minimum of one day in seven days free of duty (when averaged over four weeks). At-home call cannot be assigned on these free days.

- D. Residents should have 10 hours free of duty between scheduled duty, and must have at a minimum 8 hours between scheduled duty periods.
- E. If a program has a 24-hour in-house call program, residents must have at least 14 hours free of duty after the 24 hours of in-house duty.

III. Maximum Duty-Period Length

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

B. In-House Call Programs

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

C. At-Home or other Call Programs

1. At-home call must not be so frequent or taxing as to preclude rest or reasonable personal time for each resident.
2. Program directors must have a method for evaluating the impact on residents of the at-home or other call program to ensure there is not a negative effect on patient care or residents' learning due to sleep deprivation or serious fatigue.
3. Program directors must define the level of supervision provided to residents during at-home or other call.
4. At-home or other call hours are not included in the 80 hours a week duty-hour calculation, unless the resident is called into the hospital/organization.
5. If a resident is called into the hospital/organization from at-home or

- other call program, the time spent in the hospital/organization by the resident must count towards the 80-hour maximum weekly hour limit.
6. The frequency of at-home call must satisfy the requirement for one-day-in-seven free of duty, when averaged over four weeks. No at-home call can occur on the day free of duty.

Approved by the ASHP Commission on Credentialing on March 4, 2012 and the ASHP Board of Directors on April 13, 2012. Updated with new ASHP logo, title, and minor editing on March 8, 2020.

Discipline and Dismissal Policy

Our progressive discipline policy and procedure is designed to provide a structured corrective action process to improve and prevent a recurrence of undesirable behavior and/or performance issues. It has been designed consistent with our organizational values, HR best practices and employment laws.

Outlined below are the steps of our progressive discipline policy and procedure. ***Fruth Pharmacy reserves the right to combine or skip steps depending upon facts of each situation and the nature of the offense.*** The level of disciplinary intervention may also vary. Some of the factors that will be considered depend upon whether the offense is repeated despite coaching, counseling and/or training, the resident's work record and the impact the conduct and performance issues have on our organization.

Discipline Procedure

Step 1: Counseling and Verbal Warning

Step 1 creates an opportunity for the immediate supervisor to schedule a meeting with a resident to bring attention to the existing performance, conduct or attendance issue. The supervisor should discuss with the resident the nature of the problem or violation of company policies and procedures. The supervisor is expected to clearly outline expectations and steps the resident must take to improve performance or resolve the problem.

The supervisor will prepare written documentation of a step 1 meeting. This documentation does not require resident signature but does need to be placed in the employee file. The resident program director must be notified of this occurrence.

Step 2: Written Warning

A written warning involves a more formal documentation of the performance, conduct or attendance issues and consequences. During step 2, the immediate supervisor and/or the residency program director will meet with the resident and review any additional incidents or information about the performance, conduct or attendance issues as well as any prior relevant corrective action plans.

The residency program director will outline the consequences for the resident of his or her continued failure to meet performance and/or conduct expectations. A formal performance improvement plan (PIP) requiring the resident's immediate and

sustained corrective action may be issued in this step 2 meeting. A warning outlining that the resident may be subject to additional discipline, up to and including termination, if immediate and sustained corrective action is not taken may also be included in the written warning.

Step 3: Suspension or Termination of Employment

There may be performance, conduct or safety incidents so problematic and harmful that the most effective action may be the temporary removal of the resident from the workplace. When immediate action is necessary to ensure the safety of the resident or others, the residency program director may suspend the resident pending the results of an investigation.

Depending upon the seriousness of the infraction, the resident may be suspended without pay in full-day increments consistent with federal, state and local wage-and-hour employment laws.

Nonexempt/hourly employees may not substitute, or use accrued paid vacation or sick day in lieu of the unpaid suspension. Due to Fair Labor Standards Act (FLSA) compliance issues, unpaid suspension of salaried/exempt employees is reserved for workplace safety or conduct issues. Pay may be restored to the employee if an investigation of the incident or infraction absolves the employee.

Recommendation to terminate employment (and thereby the residency) is the final step in the disciplinary process. Generally, Fruth Pharmacy will try to exercise the progressive nature of this policy by first providing warnings and a final written warning before proceeding to a recommendation to terminate employment.

However, Fruth reserves the right to combine and skip steps depending upon the circumstances of each situation and the nature of the offense. Furthermore, employees may be terminated without prior notice or disciplinary action.

Nothing in this policy provides any contractual rights regarding employee discipline or counseling, nor should anything in this policy be read or construed as modifying or altering the employment-at-will relationship between Fruth Pharmacy and its employees.

Performance and Conduct Issues Not Subject to Progressive Discipline

Behavior that is illegal is not subject to progressive discipline and may be reported to local law enforcement. Theft, fighting and other acts of violence are also not subject to progressive discipline and may be grounds for immediate termination.