**POSITION DESCRIPTION: CMC Residency**

Department: Pharmacy

Position Title: Pharmacy Resident Revised: Dec 2019

1. Introduction: The Pharmacy Residency is a postgraduate year one (PGY1) residency that is located within the Pharmacy Department at Community Medical Center (CMC) and it was originally established as a joint program between The University of Montana Pharmacy Practice Department (UM) and CMC on July 1, 2001. The program is under the direction of the Residency Program Director (RPD) Michael Rivey, M.S., FASHP who serves as Clinical Consultant for Pharmacy Services at CMC. He is a retired Professor Emeritus and the past Chair of Pharmacy Practice at UM. He also serves as a co-preceptor for some resident rotations. Also involved with program Kevin Cady, Pharm.D. who serves as Director of Pharmacy and Clinical Manager at CMC. Dr, Cady has identified Clinical Leaders within the staff to assist with Clinical Manager duties.

 The residency will be located at CMC, which is a 151-bed community hospital.

1. Requirements: Applicant must have received a Pharm.D. degree from an American Council on Pharmaceutical Education (ACPE) accredited pharmacy school. The applicant also must have, or will soon have, a license to practice pharmacy in Montana at the time of starting the residency. Licensure is critical to completion of the residency requirements and, therefore the resident must have obtained licensure in Montana by September 15th of the residency year. Failure to attain licensure may result in suspension or dismissal from the residency.
2. Purpose of program: The purpose of the program is to provide a setting in a community hospital with ambulatory care clinics in which the resident will have the opportunity to develop the knowledge, skills, and abilities to progress in the clinical practice of pharmacy in various healthcare settings and to function as a clinical pharmacy preceptor, and possibly a pharmacy faculty member.
3. Outcomes, Goals & Objectives of the residency: The “Goal Statements, Objectives, and Instructional Objectives for Pharmacy Practice Residency Training” by the American Society of Health-System Pharmacists (ASHP) are embraced as those of the program. In that regard, the program recognizes 4 primary outcomes for residency training:
	1. Provide evidence-based, patient-centered medication therapy management in collaboration with the health care team to provide safe and effective patient care
	2. Demonstrate competency in areas that advance practice and improve patient care
	3. Develop leadership and management skills
	4. Design and use effective methods in teaching, education, and dissemination of knowledge

Our residency also has additional focus in the outcome area of advanced development of teaching and learning activities.

1. The resident will have the opportunity to:
	1. Practice personal and professional responsibility and communication skills to patients, other healthcare practitioners, and others.
	2. Further develop his/her drug therapy assessment ability by drug therapy review, physician rounding, patient contact, and interaction with healthcare personnel.
	3. Provide quality patient care by involvement with medical care, provision of drug delivery, pharmacy systems, inservice activities, and quality assurance related to medications.
	4. Develop skills related to the provision of drug information, formulary considerations, pharmacokinetic consultations, clinical recommendations for therapy, and patient medication counseling.
	5. Utilize medical informatics.
	6. Complete a formal Teaching Certificate program administered by UM faculty.
	7. Develop skills related to becoming a preceptor and to pharmacy students completing clinical clerkships, including direct supervision.
	8. Participate in educational activities such as pharmacy student case conferences, physician journal club, staff development, and other interdisciplinary programs.
	9. Conduct a project related to pharmacy practice.
	10. Function as a pharmacy representative in various interdisciplinary committees, such as Infection Control, Pharmacy & Therapeutics Committee, Pain Service, Diabetes Task Force, and others.
	11. Become familiar with investigational drug studies.
2. Duration of Appointment: 1 year period from July 1 to June 30th. The resident should consult the Licensure & Extended Leave Policy.
3. Benefits of resident position: CMC will be responsible to pay all salary plus benefits costs associated with the position, since the residency is “administrated” from that institution.
	1. annual stipend of $47,500
	2. Paid annual leave (PAL) per the CMC full time position, approximately 160 hours, to include hours for both sick leave and personal days.
	3. professional development and travel expenses of $2375
	4. professional leave as required for professional meetings (travel for future position interviews are not considered professional leave).
	5. other benefits as outlined by CMC, e.g. medical/dental insurance
4. Resident responsibilities: The resident is an important member of the Pharmacy Dept. at CMC. The responsibilities for each resident will differ depending on the demands on the Pharmacy as a whole. However, certain aspects of the resident’s responsibilities may be outlined:
	1. Become competent in management of the pharmacy distribution system in order to work independently in any position within the Pharmacy.
	2. Participate in committee activities of the Pharmacy & Therapeutics Committee, Infection Control Committee, Diabetes Task Force, Medication Safety Committee, and others.
	3. Actively participate and promote the clinical pharmacy activities of the Pharmacy. This may be done by involvement in protocol management, such as the Pain Protocol, direct interaction with physicians, nurses and other healthcare workers, and development of new programs as dictated by the Director of Pharmacy, Clinical Manager, Clinical Coordinator, and perhaps staff pharmacists. The resident will independently staff the Anticoagulation or other Ambulatory Care clinic 2 half-days each week. The resident is expected to develop the ability and confidence to independently practice in all clinical settings in the hospital.
	4. Enhance communication and drug information provision provided by the Pharmacy to healthcare workers and patients.
	5. Actively participate in the education of pharmacy students, including functioning as a preceptor.
	6. Develop interpersonal communication skills and become an effective member of a healthcare team approach to patient care.
	7. Complete a project promoting pharmacy practice.
	8. Work in concert with the RPD to enhance the residency experience for future residents.
5. Staffing
6. In order for the resident to gain adequate exposure to all pharmacy services they will have a staffing obligation which includes:
	1. Staffing a pharmacy service every third weekend
		1. Weekend staffing is in addition to the resident’s normal schedule. However, the resident will be given a day off during one of the weeks around the weekend staffing, to avoid 12 straight days of work. The time given will be variable, depending on the rotation the resident is presently completing.
		2. Staffing weekends are not eligible for PPL, but the resident may switch with another pharmacist if it is necessary for them to have a given weekend off
	2. The resident will independently staff the Anticoagulation/Amb Care clinic 2 half-days each week. The aim of this staffing responsibility is to allow the resident to manage a group of patients on a longitudinal basis throughout their residency year.
	3. Staffing on their current rotation as part of their training when their preceptor deems the resident is qualified. Once qualified, the resident may also may cover for is an absent preceptor if there is not another pharmacist scheduled or available to do so.
	4. Coverage for staffing shortages
		1. Effort is made in the residency to NOT use residents for staffing shortages during clinical rotations
		2. The resident will be limited to filling in a maximum of four shifts that take them away from their rotational experiences in any given month
7. Staffing at this residency is incorporated with the aim to meet the residency objectives, rather than to cover daily pharmacy services.
8. Site of residency: The residency is located at Community Medical Center in Missoula. The hospital is a 151-bed community hospital serviced by private physicians and hospitalists. Areas of practice in the hospital are general internal medicine including infectious disease, adult intensive care, surgery including a significant orthopedic component, and women/children. The hospital has an obstetrics service, which is complemented by a neonatal intensive care, pediatric surgery, pediatric intensive care, and general pediatrics services. The hospital is also home to a Rehabilitation Unit, lending to a focus in neurological disorders, and has interventional cardiology services. The hospital also has an affiliated Cancer Care Center. Ambulatory Care clinics are a significant aspect of care at CMC and within the residency. The hospital does not have a significant service component in the areas of neurosurgery, psychiatry, or surgical cardiology.

The CMC pharmacy is a mixture of centralized and decentralized unit-based services, with Cerner electronic medical record and Pyxis automation. A wide scope of clinical services is provided, augmented by the association of the clinical faculty from UM. A pharmacist-managed Pain Protocol is a focus area in the area of Orthopedics, established in 2001. An ICU-based clinical pharmacist position was approved in November 2007. An Ambulatory Care clinical pharmacist position was approved in October 2012. And, a decentralized staff clinical pharmacist position was established in the Med-Surg area in 2011. Additional Ambulatory Care clinical staff was added in July 2015. The resident is an important component of the clinical services at this hospital.

1. Residency Graduation criteria
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		1. The resident must achieve a minimum rating of Satisfactory Progress (SP) on all objectives set forth in the program with the Achieved (ACH) rating being the goal.
		2. The resident must provide the following items to the RPD by the end of the residency year
			1. A copy of their major project for the residency in manuscript format
			2. A copy of their Drug Utilization Evaluation (DUE)
			3. Presentation of a minimum of one drug class review, drug monograph, treatment guideline, or protocol to the P&T committee
			4. A copy of successful completion of the Teaching Certificate
		3. The resident must receive a rating of “Achieved for Residency” (ACHR) on 75% of required goals & objectives to graduate from the residency (see Section IV)
			1. This evaluation status may be conferred by a preceptor or more commonly by the RPD on review of cumulative rotation evaluations.
			2. The ACHR is rarely achieved until the second half of the residency for any goal and objective
	2. For dismissal criteria refer to the Resident Corrective Action & Dismissal Policy (<http://health.umt.edu/pharmacypractice/Current%20Students/Residency%20Opportunities.php>)
		1. Failure to complete the residency: A resident may fail to complete the residency on June 30 of the residency year, due to various causes such as significant family or sick leave or failure to attain competence in a residency requirement (Section IV above). In cases of incompletion due to excessive leave and if the RPD and preceptors agree that the resident will successfully complete the requirements (see Resident Corrective Action & Dismissal Policy), the resident will be allowed to finish the residency. However, completion of the residency must occur immediately following the June 30 date, as an extension of the residency year. Compensation for the extra time in the residency likely will not be available. The resident and RPD will meet to develop and mutually agree to expectations and a timeline for completion of the residency. No certificate of completion will be awarded until all requirements of the residency are fulfilled. See Licensure & Extended Leave Policy (<http://health.umt.edu/pharmacypractice/Current%20Students/Residency%20Opportunities.php>)
2. Dismissal of resident from program. A policy regarding Corrective Action & Dismissal should be reviewed for detail on this issue. The resident may be dismissed from the program by the residency administration; however, the resident understands that CMC has the right to immediately remove a resident from its facilities if CMC believes the resident’s actions or behavior threatens patient safety or is inconsistent with CMC policies. Basically, the resident can/will be dismissed from the program by CMC for the following reasons if he/she:
3. Commits a crime that is a felony or significantly impacts his/her ability to practice pharmacy. This would result in immediate dismissal.
4. Fails to progress towards attainment of the residency goals. A written warning of the risk of dismissal which will outlines the reasons for possible dismissal will be given by the RPD to the resident, who will then have 1 month to address the outlined issues.
5. Gross misconduct towards the RPD, any member of the Pharmacy Department, other healthcare worker, or patient will result in a warning and, based on the severity, a written warning as outlined in point (2) above.
6. Chronic absenteeism may be considered to impede progress towards residency goals attainment.
7. Professional liability: The resident actions will be covered to some degree by CMC insurance. However, it is always recommended that a resident obtain personal liability insurance, since he/she will commonly be acting as an independent practitioner.
8. Ages of Patients Served:

 **Group Ages**

 **\*** Neonate 0-28 days

 \* Infant/Child 28 Days – 11 Years

 \* Adolescent 12 Years – 17 Years

 \* Adult 18 Years – 65 Years

 \* Geriatric 65 + Years