



PHARMACY RESIDENCY MANUAL

Table of Contents

Program Operator Introduction	3
Our Mission	3
Our Values	3
Pharmacy Services	3
Residency Program Purpose and Administration	4
Program Personnel.....	4
Pharmacist Preceptor:.....	4
Residency Program Director (RPD):	4
Residency Advisory Committee (RAC)	4
Primary Practice Site	5
Program Standards.....	5
Standard 1: Recruitment and Selection of Residents	5
Standard 2: Program Requirements and Policies.....	5
2.1 Minimum Term of Residency	5
2.2 Time Away Definitions and Requirements.....	5
Definition.....	5
Rotation Requirements	5
Residency Requirements.....	5
Allotted Time Off.....	6
2.3 Duty Hour Requirements	6
Definition of Duty hours.....	6
Maximum Hours of Work per Week	6
Mandatory Duty-Free Times	7
Continuous Duty Requirements.....	7
After Hours and On-Call	7
2.4 Requirements for Licensure	7
2.5 Requirements for Successful Completion of the Residency	7
2.6 Grievances, Disciplinary Action, Remediation, and Dismissal	7
Grievances.....	7
Kelsey-Seybold Clinic Policies.....	8

KSC Residency Program Policies.....	8
Dismissal	8
2.7 Professional Affiliations and Meeting Attendance.....	8
Professional Affiliations.....	8
Professional Meetings.....	9
2.8 Resident Work Space	9
Standard 3: Structure, Design, and Conduct of the Residency Program	9
3.1 Program Structure and Design.....	9
3.1.a. Program and Rotation Objectives	9
3.2 Learning Experiences	9
3.2.a Evaluations and Feedback.....	10
3.3 Development Plans	10
3.3.a Development Plan Structure.....	10
3.3.b Self Reflection and Self-Assessments.....	11
3.3.c Development Plan Updates.....	11

Program Operator Introduction

Kelsey-Seybold has delivered accountable, coordinated care to patients for more than 70 years and is the longest-standing ACO in Houston and the nation's first National Committee for Quality Assurance-accredited ACO. At Kelsey-Seybold, the coordination of care across multiple specialties and in different care settings is powered by advanced technologies, including an electronic medical record system and a digital imaging and archiving infrastructure, which eliminates the need for duplicate medical testing.

Our Mission

- To improve the quality and value of healthcare delivered in our communities.
- To provide our patients with comprehensive medical care through a preeminent, multispecialty group practice.
- To provide our staff with exceptional opportunities for personal and professional growth.

Our Values

- Patient Care
- Customer Satisfaction
- Honesty
- Mutual Respect
- Supportive Environment
- Creativity
- Enthusiasm

Pharmacy Services

Kelsey-Seybold clinic pharmacists provide patient care and administrative services through various clinics and initiatives including but not limited to:

- Health Plan Pharmacy Operations & Administration
- Pharmacy Benefit Manager (PBM) Oversight
- Medicare Part D Regulations & Compliance
- KelseyCare Advantage Part D Clinical Consulting
- Centralized Pharmacy Anticoagulation Service
- Medication Therapy Management
- Pharmacy Adherence Services
- Electronic Prior Authorizations (ePA)
- Virtual Hypertension Clinic
- Community Pharmacy
- Infusion Pharmacy

Residency Program Purpose and Administration

The Kelsey-Seybold Clinic PGY-1 Managed Care Pharmacy Residency Program, referred to as the KSC Residency Program here on forth, builds upon the upon the Doctor of Pharmacy (Pharm.D.) education and outcomes to develop managed care pharmacist clinicians with diverse managed care expertise, patient care, leadership and education skills

A managed care pharmacy residency will provide systematic training of pharmacists to achieve professional competence in the delivery of patient care and managed care pharmacy practice.

Program Personnel

Pharmacist Preceptor: a licensed pharmacist who gives practical experience and training to a pharmacy resident during a learning experience. Pharmacist preceptors also have responsibility for the evaluation of resident performance. All preceptors are also members of the Residency Advisory Committee for the respective pharmacy residency program.

Residency Program Director (RPD): A licensed pharmacist responsible for direction, conduct, and oversight of the residency program.

Current RPD Kirti Gandhi, PharmD, RPh

Residency Program Coordinator (RPC): A licensed pharmacist responsible for recruitment, management of daily residency program activities, and promoting resident success and personal and professional wellbeing.

Residency Advisory Committee (RAC)

The Residency Advisory Committee is comprised of select pharmacist preceptors as appointed by the RPD and the RPC. The RAC members serve to ensure adherence program standards in recruitment and administration of the residency program and promote resident learning and wellbeing. RAC member selection is based upon preceptor interest and availability.

Preceptor requirements for selection include:

1. Attend at least 3 out of 4 quarterly preceptor development meetings
2. Assist with reviewing and providing feedback based on predetermined objective evaluations for residency program candidates as assigned
3. Attend at least 80% of residency interviews and screenings for annual resident selection processes

All RAC members are considered active voting members in program considerations requiring committee voting.

A quorum will be necessary to vote on and approve any official business. A quorum will be considered present when 75% of voting members are in attendance at the RAC meeting.

Primary Practice Site

The KSC Residency Program is a Single Practice-Site Residency. The Pearland Administrative Office Building (PAOB) located in Pearland, TX serves as the single Primary Practice Site, for a minimum of 60% of the training for all residents in the program. No other Practice Site is used for more than 25% of any resident's training.

Program Standards

First established in 2009, the KSC Residency Program is recognized by the Academy of Managed Care Pharmacy (AMCP) as a PGY-1 Managed Care Pharmacy Residency program.

Standard 1: Recruitment and Selection of Residents

All components of this standard are described in the Recruitment and Selection of Residents Manual.

Standard 2: Program Requirements and Policies

2.1 Minimum Term of Residency

The minimum term of resident appointment is 52 weeks.

2.2 Time Away Definitions and Requirements

Definition

Time away from the program is defined as the total number of days taken for vacation, sick, interview, and personal days; holidays; religious time; jury duty; bereavement leave; military leave; parental leave; leaves of absence; and, extended leave. Conference and/or education days, are also defined as "time away."

The calculation of time away DOES NOT include service commitment/staffing days nor are compensatory days for staffing shifts counted in the calculation.

Rotation Requirements

Time away from rotation may not exceed 20% of scheduled workdays to ensure that proficiency in all learning requirements are met. Residents are discouraged from taking more than 3 consecutive days off in one work week, unless as required for conference attendance.

Residents must request leave at least 2 weeks in advance, in writing (email is acceptable), to the RPD/RPC. Upon receiving approval from the RPD/RPC, the request must be sent in writing to the rotation preceptor for approval.

Residency Requirements

Time away from the residency program cannot exceed a combined total of the greater of (a) 37 days per 52-week training period without requiring extension of the program.

If a resident exceeds 37 days away from the program, in order to fulfil the requirements of the Standard, the program must be extended by the number of days the resident is away from the program in excess of 37.

Allotted Time Off

Paid time off (PTO) is accrued in accordance with the Kelsey-Seybold Clinic PTO policy and procedures. Refer to the accompanying organization policy for benefits.

KSC observes 6 holiday days. Residents may be expected to work select holidays as assigned per longitudinal or rotation requirements.

KSC provides an Extended Illness Bank (EIB) of accrued hours for employees to use when they are unable to work their normal work hours due to an extended period of absence for their own illness or incapacitation due to a medical condition or that of an immediate family member. Please refer to the Extended Illness Bank policy for additional information.

KSC provides eligible employees to take up to 12 weeks (up to 26 weeks Military Family Leave) of paid or unpaid leave during a rolling 12-month period. Absences meeting the requirements of FMLA are defined as qualified Family Medical Leave (FML). Please refer to the Family Medical Leave policy for additional information.

2.3 Duty Hour Requirements

Definition of Duty hours

Defined as all hours spent on scheduled clinical and academic activities, regardless of setting, related to the pharmacy residency program that are required to meet the educational goals and objectives of the program.

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 committee meetings, classroom time for teaching certificate 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 excludes reading, studying, and academic preparation time (e.g. presentations, journal clubs, closing knowledge gaps); travel time (e.g., to and from work); and hours that are not scheduled by the residency program director or a preceptor.

Maximum Hours of Work per Week

Duty hours must be limited to no more than 60 hours per week, averaged over a four-week period. KSC Residency does not have any moonlighting requirements.

Mandatory Duty-Free Times

1. Residents will 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.
2. Residents will have at a minimum of 8 hours between scheduled duty periods.

Continuous Duty Requirements

Continuous Duty is defined as assigned duty periods without breaks for strategic napping or resting to reduce fatigue or sleep deprivation. The KSC Residency program does not require continuous duty.

After Hours and On-Call

Residents will be provided with on-call expectations and requirements annually based on scheduled learnings.

2.4 Requirements for Licensure

2.4.a Residents are required by the program to be licensed pharmacists in Texas prior to or within 90 days of the program's start date. Residents are encouraged to take their licensure examinations prior to or within the first month of the residency program.

2.4.b Residents who fail one or more licensure examinations must plan to retake the exam as soon as possible as allowed by the examination organization.

- If the next allowed licensure examination day is within 90 days of the program's start date, the resident must work with the RPD to create a development plan to ensure success in the next attempt. The resident's schedule and learning experiences may require adjustments to accommodate in accordance with Texas State Board of Pharmacy restrictions for pharmacy interns that fail licensure examinations.

2.5 Requirements for Successful Completion of the Residency

2.5.a In order to receive a certificate of completion the resident must:

- Successfully complete 12 months of training including required rotations, longitudinal activities, and elective rotations (if applicable).
- Successfully complete all required rotations as determined by the rotation preceptor and/or RAC.
- Attend and document progress in the resident development plan at the initiation of the program and all quarterly development meetings.
- Successfully complete and present a final residency project to an appropriate audience as determined by the RAC.

2.6 Grievances, Disciplinary Action, Remediation, and Dismissal

Grievances

Residents are encouraged to provide feedback to preceptors throughout the rotation. If a resident has a rotation-specific grievance, it is recommended that they address it with the

rotation preceptor first. If the preceptor cannot resolve the issue, the resident should contact the KSC Managed Care Residency Program Director and/or Coordinator, who will attempt to resolve the complaint.

If the problem is unresolved, the KSC Managed Care RPD/RPC, and a minimum of three KSC staff members will form an ad hoc committee to review the complaint. This committee will meet with both the resident and the preceptor to gather information and make a recommendation to the KSC Managed Care RPD/RPC. The KSC Managed Care RPD and/or RPC will make a determination as to the resolution of the complaint.

Kelsey-Seybold Clinic Policies

All KSC employees including Pharmacy Residents must abide by the clinic policies and procedures. Any divergence from these policies will result in corrective action as described in such policies and/or addressed by the Human Resources (HR) team. Dismissal from KSC will result in dismissal from the residency program.

KSC Residency Program Policies

Residents will face disciplinary action if:

1. Rotation requirements are not met as described and evaluated by the program preceptor.
2. Longitudinal responsibilities are not fulfilled.
3. Time Away from the program exceeds the defined amount in this policy.

Residents facing disciplinary action will be required to draft a corrective action plan with any applicable preceptors, the RPC and RPD.

Dismissal

Upon recommendation of the KSC Managed Care RPD/RPC and after review by the RAC committee, a resident may be terminated. The final decision to terminate a resident can be made solely at the discretion of the Program Director.

Dismissal will be immediate upon failure to meet KSC Policies and Procedures in accordance with the criteria set forth in the procedure and upon HR recommendation.

Dismissal will be immediate upon violation and regulations of Texas State Board of Pharmacy.

Dismissal will be considered upon failure to improve after facing disciplinary action.

2.7 Professional Affiliations and Meeting Attendance

Professional Affiliations

All residents must maintain an active membership in AMCP. Residents are encouraged to maintain professional membership in other pharmacy or non-pharmacy organization to enhance their personal and professional skills. Dues for these memberships will be the responsibility of the resident.

Professional Meetings

The residents are required to participate at professional meetings at the local, state and national levels.

Attendance at AMCP Nexus, AMCP Annual, and other local, regional or national conferences may be requested. All eligible, approved expenses will be reimbursed by the program. Attendance is mandatory upon request. Eligible expenses and funding will be communicated on a case-by-case basis to the residents prior to attending the meeting. Residents are expected to attend professional seminars, educational sessions, and networking events during program funded activities.

Attendance at local meetings, showcases, or other college of pharmacy or organization affiliated programs may be required of the residents throughout the residency program.

Attendance at these events is mandatory. Any conflicts must be communicated with the RPD/RPC and approval must be received for complete or partial absence.

2.8 Resident Work Space

The resident will spend the majority of the program at the Pearland Administrative Office Building (PAOB) located in Pearland, TX. Residents will be provided with a workspace and required technology to complete daily rotation activities.

Remote work is available to residents for on-call weekends upon receiving appropriate training and approval from preceptors. Remote work must be in compliance with KSC remote work policies. If the resident cannot comply with the organization's requirements, they must complete on-call activities at the PAOB offices.

Certain rotations or electives may require travel to other KSC sites. The resident must communicate any travel and workspace requirements with their preceptor prior to each rotation.

Standard 3: Structure, Design, and Conduct of the Residency Program

3.1 Program Structure and Design

3.1.a. Program and Rotation Objectives

The program's structure supports the program purpose and facilitates achievement of all required objectives. All required program objectives are assigned to at least one required learning experience or a sequence of learning experiences to allow sufficient practice for the residents' achievement.

3.2 Learning Experiences

Residents will be provided with learning experience descriptions by their preceptor prior to initiation of each rotation. The description will clearly document resident expectation and

progression. Residents should utilize the learning experience descriptions to ensure that rotation expectations and goals are met.

3.2.a Evaluations and Feedback

Residents will be oriented at the beginning of each learning experience to

- How and when preceptors will provide feedback to the resident.
- How and when residents will provide preceptor and learning experience feedback.
- Review of expectations for documented resident self-evaluation, if required for the learning experience.

Final evaluations will be documented formally by the primary preceptor at the end of each learning experience.

Residents are encouraged to ask and apply feedback regularly in order to ensure successful progression in the experience.

3.3 Development Plans

The residents will be required to create a development plan no later than 30 days after the initiation of the residency program to be reviewed with the RAC to create tangible goals for the upcoming year.

Residents are required to update development plans prior to scheduled development meetings for further discussion and evaluation with the RAC.

3.3.a Development Plan Structure

Residents' development plans are high level summaries of resident's performance and progress throughout the program. Development plans also support resident's practice interests, career development, and resident well-being and resilience and may include progress towards completion of program requirements if not tracked elsewhere.

Development plans include three required components:

1. Resident documented self-reflection and self-evaluation: The self-reflection component includes, but is not limited to, documented reflection by the resident on career goals, practice interests, and well-being and resilience. The self-evaluation component includes self-evaluation on the resident's skill level related to the program's competency areas.
2. RPD documented assessment of the resident's strengths and opportunities for improvement relative to the program's competency areas, goals, and objectives; progress towards achievement of objectives for the residency (ACHR) and all other completion requirements of the program; and analysis of the effectiveness of the previous quarter's changes.
3. RPD documented planned changes to the resident's residency program for the upcoming quarter.

3.3.b Self Reflection and Self-Assessments

1. Resident self-assessment includes both self-reflection and self-evaluation. Self-reflection is defined as thinking about one's self, including one's behavior, values, knowledge, and growth opportunities. Residents document self-reflection on career goals, areas of clinical interest, personal strengths and opportunities for improvement, and stress management strategies as part of the initial self-assessment. Self-evaluation is comparing one's performance to a benchmark. Residents will compare their current skills to each competency area and identify specific areas of strength and specific areas that the resident feels are the highest opportunities for growth.
2. Residents will document their initial self-assessment by completing the program-specific assessment as assigned by the RPC/RPD.

3.3.c Development Plan Updates

An update to the resident's self-assessment and an update to the development plan are reviewed and discussed with the RAC. Development plans will be utilized to determine appropriate next steps by the RAC, preceptors, and residents to ensure optimal learning outcomes.

Prior to each development plan update, the resident will document an updated self-assessment that includes:

1. An assessment of their progress on previously identified opportunities for improvement related to the competency areas.
2. Identification of the new strengths and opportunities for improvement related to the competency areas.
3. Changes in their practice interests.
4. Changes in their careers goals immediately post residency.
5. Current assessment of their well-being and resilience.
6. The RPD or designee reviews the resident's self-assessment and documents the following in each development plan update and discusses with resident:
 - a. An assessment of progress on previously identified opportunities for improvement related to the competency areas.
 - b. Identification of new strengths and opportunities for improvement related to the competency areas.
 - c. Objectives achieved for the residency since last plan update.
 - d. Objectives requiring improvement since last plan update.
 - e. Adjustments to the program for the resident for the upcoming learning experiences.
7. Adjustments to the plan are based on resident's strengths and opportunities for improvement relative to the programs competency areas, practice interests, and career goals.