KernMedical

Health for Life

Pharmacy Residency Manual
2025-2026

The residency manual serves as a guide for residents and preceptors of Kern Medical's Pharmacy Residency Programs. It also serves as an informational resource for applicants to our residency programs. The manual is organized in congruence with Standards 1 through 4 of the American Society of Health-System Pharmacists (ASHP) Accreditation Standards (available here for more information).

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Overview of Kern Medical Pharmacy Residency Programs

Kern Medical Healthcare System

Welcome to Kern Medical Healthcare System which consists of a 222-bed, level-2 trauma center and comprehensive ambulatory care at the the Columbus, Truxtun Ave, Stockdale Hwy, 34th Street, Q Street, and Eye Street outpatient clinics. We deliver healthcare to the citizens of Kern County providing both primary and specialty care to a large proportion of the underserved, Medi-Cal population.

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

Acute Care Pharmacy 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

Clinical Pharmacy Consult Services

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

Services with Prescribing Privileges

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

Ambulatory Care Pharmacy 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 lab work and diagnostic studies as necessary in the monitoring of the medications or the chronic disease(s) they treat to ensure safe and effective medication management. Pharmacists provide care in the following areas and clinics:

- Anticoagulation
- Oncology
- Pharmacotherapy Clinic
- HIV and Immunology Clinic
- Outpatient Parenteral Antimicrobial Therapy (OPAT) Clinic
- Medication Assisted Recovery Clinic (MARC)
- Patient-Centered Medical Homes

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; California State University of Bakersfield and Bakersfield College Schools of Nursing.

Accreditation

Kern Medical is accredited by The Joint Commission (TJC).

The PGY-1 Pharmacy Residency conducted by Kern Medical, Bakersfield, California is accredited by ASHP.

The PGY-2 Ambulatory Care Pharmacy Residency conducted by Kern Medical, Bakersfield, California has an accreditation candidate status with ASHP.

Pharmacy and Residency Leadership

Director of Pharmacy Programs and Education	Jeff Jolliff, PharmD, MBA, APh, BCPS, BCACP, AAHIVP
Director of Pharmacy Operations	Sehjan Bhura, PharmD, BCPS
Senior Clinical Pharmacist	David Lash, PharmD, APh, MPH, CDCES
Senior Inpatient Pharmacist	Heba Taha, PharmD, MBA

PGY-1 Pharmacy Residency

Residency Program Director	Jeff Jolliff, PharmD, MBA, APh, BCPS, BCACP, AAHIVP
Associate Residency Director	David Lash, PharmD, APh, MPH, CDCES

PGY-2 Ambulatory Care Pharmacy Residency

Residency Program Director	Jeff Jolliff, PharmD, MBA, APh, BCPS, BCACP, AAHIVP
Associate Residency Director	Alan Duvall, PharmD, APh BCACP

Pharmacist Preceptors

Raquel Aguirre, PharmD, BCPS, BCGP, CDCES
Jagdeep Bhullar, PharmD, BCPS
Sehjan Bhura, PharmD, BCPS
Lisa Bickford, PharmD, BCPPS
Tinh Duong, PharmD
Alan Duvall, PharmD, APh BCACP
Michelle Fang, PharmD, BCPS, BCIDP
Jeff Jolliff, PharmD, MBA, APh, BCPS, BCACP, AAHIVP
David Lash, PharmD, APh, MPH, CDCES
Yen Nguyen, PharmD
Shereen Ward, PharmD, APh, BCPS, BCGP, CDCES
Everett Yano, PharmD, CDCES

Staff Pharmacists

Quynh 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
Emad Gad, PharmD
David Nguyen, PharmD
Angela Torres, PharmD

Resident Roster 2024 – 2025

PGY-1 Pharmacy Residents

- Kiranjit Rai, PharmD (University of Southern California)
- Reeha Choi, PharmD (University of Washington)

PGY-1 Pharmacy Residency Graduates from Kern Medical

2024 Graduates

- Winny Guan, PharmD
  Acute Care Clinical Pharmacist, Cottage Hospital, Santa Barbara, CA
- Kiranpreet Singh, PharmD
  Clinical Pharmacist, Kern Medical, Bakersfield, CA

2023 Graduates

- Tinh Duong, PharmD
  Critical Care Clinical Pharmacist, Kern Medical, Bakersfield, CA

2022 Graduates

- Karen Pelham Cruz, PharmD
  Ambulatory Care Clinical Pharmacist, Omni Family Health, Bakersfield, CA
- Jaylen Mungcal, PharmD
  Acute Care Clinical Pharmacist, Kaweah Delta, Visalia, CA

2021 Graduates

- Rachael Jongsma, PharmD, BCPS
  Clinical Pharmacist, Adventist Health, Bakersfield, CA
- Morgan Miyake, PharmD, MBA, BCPS
  Clinical Pharmacist, University of Minnesota Medical Center, Minneapolis, MN

2020 Graduates

- Nicole Luu, PharmD, BCPS
  Ambulatory Care Clinical Pharmacist, Sutter Health, Sacramento, CA
- Jagdeep Bhullar, PharmD, BCPS
  Clinical Pharmacist, Sharp Memorial, San Diego, CA

2019 Graduates

- Frantze Agtarap, PharmD, BCPS
  Clinical Pharmacist, Dignity Health, Sacramento, CA
- Rajinder (Nikky) Kaur, PharmD, BCSCP
  Director of Pharmacy, Adventist Health, Bakersfield, CA
- Robert Chiles, PharmD, BCACP
  Ambulatory Care Clinical Pharmacist, Santa Clara Valley Hospital, Santa Clara, CA

2018 Graduates

- Jasmine Ho, PharmD, BCPS
  Clinical Pharmacist, Memorial Valley Hospital, Salinas, CA
- Janet Yoon, PharmD, BCPS
  Ambulatory Care Clinical Pharmacist, Kaiser Permanente, Bakersfield, CA
- Elliott Asarch, PharmD, BCPS, BCCCP
  Clinical Pharmacy Manager, United Health Services, Las Vegas, NV
- Nadia Moghim, PharmD

2017 Graduate:

- Alice Peng, PharmD, BCPS
  Critical Care Clinical Pharmacist, Highland Hospital, Oakland, CA

2016 Graduates

- Jackie Ho, PharmD, MPH, BCPS
  Pharmacy Data Analyst, Cedars-Sinai, Los Angeles, CA
- Pete Fowler, PharmD, MBA, BCPS
  AmCare Clinical Pharmacist, Kaiser Permanente, Martinez, CA

2015 Graduates

- Michelle Nguyen, PharmD, APh, BCPS
  Clinical Pharmacist, Memorial Care IPA, Newport Beach, CA
- David Lash, PharmD, APh, MPH, CDCES
  Senior Clinical Pharmacist, Kern Medical, Bakersfield, CA
- Kernvir Chauhan, PharmD, BCPS
  Pharmacist, Sutter Health, Roseville, CA
- Eileen Vo, PharmD, BCPS
  Ambulatory Care Clinical Pharmacist, Kaiser Permanente, San Jose, CA

2014 Graduates

- Jessica Beck, PharmD, BCPS, BCSCP
  Director of Pharmacy, Marian Regional Medical Center, Santa Maria, CA
- Everett Yano, PharmD, CDCES
  Clinical Pharmacist, Kern Medical, Bakersfield, CA
- Jennifer Rodriguez Conner, PharmD, BCPS
  Clinical Pharmacist, Kaweah Delta Hospital, Visalia, CA

2013 Graduate

- Leah Tribbey, PharmD, BCPS
  Emergency Department Clinical Pharmacist, Kern Medical, Bakersfield, CA

2012 Graduates

- Shereen Ward, PharmD, APh, BCPS, BCGP, CDCES
  Ambulatory Care Clinical Pharmacist, Kern Medical, Bakersfield, CA
- Karissa Jongsma, PharmD, BCPS
  ID Pharmacist, Dignity Health, San Bernardino, CA
- Bethany DeDonato, PharmD, APh, BCACP
  Ambulatory Care Clinical Pharmacist, Kaiser Permanente, Ventura, CA
- Angela Mack, PharmD
  Ambulatory Care Clinical Pharmacist, Kaiser Permanente, Bakersfield, CA

2011 Graduate

- Jeremiah Joson, PharmD, APh, BCPS, BCGP
  Clinical Director and Residency Program Director, Adventist Health, Bakersfield, CA

2010 Graduates

- Pooja Patel, PharmD, BCPS
  Clinical Pharmacist, Cedars-Sinai, Los Angeles, CA
- Jasjinder Cheema, PharmD, BCPS, BCPPS
  Pediatric Clinical Pharmacist, Memorial Hospital, Bakersfield, CA

2009 Graduates

- Radford Henriques, PharmD, BCPS
  Clinical Pharmacist, Torrance Memorial Medical Center, Torrance, CA
- Crystal Kimura, PharmD, BCPS
  Clinical Pharmacist, Kaiser Permanente, Hawaii

2008 Graduates

- Raquel Aguirre, PharmD, BCPS, BCGP, CDCES
  Ambulatory Care Clinical Pharmacist, Kern Medical, Bakersfield, CA
- Betsy Cernero (Moore), PharmD, BCACP
  Clinical Pharmacist, Veterans Affairs Hospital, Los Angeles, CA
- Jeff Jolliff, PharmD, MBA, APh, BCPS, BCACP, AAHIVP
  Director of Pharmacy Programs, Kern Medical, Bakersfield, CA

2007 Graduates

- Matthew Dehner, PharmD, BCPS, BCGP, CDCES
  Health System Clinical Pharmacist, Adventist Health, Sacramento, CA
- Adrian Gonzales, PharmD, BCPS
  System Director of Central Pharmacy, Adventist Health, Roseville, CA
- Kristy Johnson, PharmD
  Inpatient Pharmacist, Adventist Health, San Diego, CA

PGY-2 Ambulatory Care Pharmacy Residency Graduates

2024 Graduates

- Calynn Dioses, PharmD
  Clinical Pharmacist, Roper St. Francis Healthcare, Charleston, SC

Recruitment and Selection of Residents (Standard 1)

Kern Medical is dedicated to serving a diverse patient population and places a high regard on diversity among its pharmacy residents and throughout our pharmacy staff. In an effort to foster inclusivity within its residency programs, Kern Medical actively engages in residency showcases at no expense to participants, and we offer several virtual Open House programs. Virtual interviews are made available to accommodate applicants who may face constraints in participating in on-site interviews. The format of the interview, whether on-site or virtual, will not influence the application evaluation process. Furthermore, Kern Medical is proud to be an equal opportunity employer. All qualified residency applicants will receive consideration without regard to race, color, religion, gender, gender identity, sexual orientation, national origin, age, or disability.

Application Review Process (1.1a)

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

Applicant Scoring

Applicants are scored based a combination of the following:

PGY-1

- GPA
- PhORCAS application
    - Letters of Recommendation
    - Extracurricular Activities
    - Personal Statement
- Interview
- Presentation
- Clinical skills assessment

Applicants who do not have a GPA will be assigned point total equivalent to GPA of 3.0 for purposes of the scoring rubric.

PGY-2

- PhORCAS application
    - Letters of Recommendation
    - Extracurricular Activities
    - Personal Statement
- Interview
    - Panel interview
    - Preceptor interviews
- Presentation
- Clinical skills assessment

Phase II Match Process (1.1e)

In the event that Kern Medical does not match all of its available residency positions, the non-matched positions will be offered through the Phase II match process. Application requirements for Phase II are identical to Phase I applications and will be scored and ranked in an identical manner as well. Due to the abbreviated timeline of the Phase II match process as compared to Phase I, interviews will be offered virtually on a rolling-basis based on the strength of the application. Additionally, Phase II interviews will only involve a panel interview of 2 hours which will include predetermined, objectively scored personality based and clinical questions.

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 results within 14 days. In addition to the acceptance letter they will also receive the contract agreement of the residency, including the list of criteria for successful completion of residency, as well as program policies. 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.

Early Commitment Process (1.1f)

Incoming PGY-1 residents will be informed of the Early Commitment process every year as part of the PGY-1 Orientation process and as part of the Residency Manual. Current Kern Medical PGY-1 residents interested in applying for a PGY-2 Program at Kern Medical may do so through the early commitment process. The RPD of the PGY-2 Program may or may not offer early commitment position(s) annually depending on variables such as interest in the program, preceptor availability, or baseline qualifications of interested candidates. If a Kern Medical PGY-1 resident is interested in pursuing early commitment to a Kern Medical PGY-2 program, they should contact the RPD for the program as early as possible to discuss their interest and evaluate their candidacy. If the RPD agrees to accept early commitment candidates, application materials listed below must be submitted by October 15th annually. Application materials are submitted via email to the PGY-2 RPD with PGY-1 RPD cc'd:

- Letter of Intent (LOI)
- Curriculum Vitae (CV)

An interview will be required if there are multiple residents applying for early commitment. The interview process will occur in October prior to the ASHP Midyear Clinical Meeting and will include interviewing with the PGY-2 RPD, core preceptors, and current PGY-2 pharmacy resident. Early commitment interviews will include a presentation and patient case and will be evaluated in a similar manner to the traditional interview process.

If an offer is made it will occur by November 1st. A letter confirming the offer will be provided and both the early commitment PGY-1 and PGY-2 RPD will follow the steps outlined by the ASHP early commitment process available at: https://natmatch.com/ashprmp/ecp.html. If all PGY-2 positions are filled through the early commitment process, the PGY-2 RPD will immediately close program applications in PhORCAS. Decisions by RPDs and acceptance by PGY-1s who interviewed are due the Wednesday before Thanksgiving annually to allow for planning for potential Midyear and Personnel Placement Service (PPS) participation for both RPDs and PGY-1s if needed.

PGY-1 Applicant Requirements (1.2a)

Applicants to Kern Medical's PGY-1 Pharmacy Residency program must be graduates or candidates for graduation of an Accreditation Council for Pharmacy Education (ACPE) accredited Doctor of Pharmacy (Pharm.D.) degree program (or one in the process of pursuing accreditation). 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
- Letter of Intent
- Letters of Recommendation (3)
    - Applications with more than 3 submitted Letters of Recommendation will not have the fourth letter evaluated

PGY-2 Applicant Requirements (1.2b)

Applicants to Kern Medical's PGY-2 programs 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, an ASHP accredited or candidate status PGY-1 Pharmacy Residency, Community-Based Pharmacy Residency, or Managed Care Pharmacy Residency program. Applicants must submit their complete application via Pharmacy Online Residency Centralized Application Service (PhORCAS) and include the following:

- An official transcript from the School of Pharmacy
- Current Curriculum Vitae
- Letter of Intent
- Letters of Recommendation (3)
    - Applications with more than 3 submitted Letters of Recommendation will not have the fourth letter evaluated

Match Process (1.3)

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 the Rules for the ASHP Pharmacy Resident Matching Program and ***agree that that no person at this site will solicit, accept, or use any ranking-related information from any residency applicant***.

Kern Medical PGY-1 Pharmacy Residency Program

ASHP Accredited: Program Number 92851

National Match Program Code: 133013

Kern Medical PGY-2 Pharmacy Residency Program

ASHP Accreditation Candidate Status: Program Number 92984

National Match Program Code: 675165

Interviews

Highly qualified applicants are invited for an interview consisting of the following:

PGY-1

- Brief PowerPoint presentation on any pharmacy related topic (10min presentation + 5min for questions and answers, typically 12-15 slides total)
- 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 45minutes total)
- Clinical skills assessment with cases or questions (30 minutes)
- Facility Tour (on-site interviews)

- Virtual tour live or recorded for Virtual interviews

PGY-2

- Meet and greet and Panel interview with Program Directors and pharmacy management (60 minutes)
- Meet and greet with preceptors (30 minutes per session for up to 3 sessions depending on preceptor availability)
- Brief PowerPoint presentation on an ambulatory care topic of the applicant's choosing (15min presentation + 10min for questions and answers, typically 12-18 slides total)
- Clinical skills assessment with cases and/or questions (40 minutes)
- Facility Tour (on-site interviews)
- Virtual tour live or recorded for virtual interviews
- Interview with current resident (30 minutes)
- Lunch (1 hour for onsite interviews)

Program Requirements and Policies (Standard 2)

Period of Appointment (2.1)

52 weeks

The PGY-1 starts on approximately July 1

The PGY-2 starts on approximately Aug 1

Salary

$66,560 – PGY-1

$70,560 – PGY-2

Benefits

In addition to the Leave (section 2.2) the resident will also receive 8 federal holidays and 5 days paid education leave to attend CSHP Seminar or ASHP Midyear Clinical Meeting and Western States Residency Conference. There is a travel allowance of up to $3000 for said conferences. Health care insurance with vision and dental is included. Residents are also given a meal allowance of $260 per month to spend on any food or drink item in the Kern Medical 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. Free parking in a dedicated resident parking lot while at the hospital is also included.

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.

Leave (2.2)

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 from the RPD or designee, preferably 2 weeks, and approved before being taken. **Residents cannot be on Annual Leave on the last day of their residency.** It is the resident's responsibility to directly notify the immediate

supervisor and immediate preceptor of the current learning experience 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 learning experiences as well as the overall completion of the residency requirements. The Resident will be paid at the end of the residency for any annual leave that has not been 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 shift, but in any event, not later than 2 hours thereafter. It is the resident's responsibility to directly notify the RPD or designee and immediate preceptor 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.** 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 RPD and Human Resources (see LOA below).

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 RPD or designee as early as possible.

Authorized absence (AA, leave with pay) is granted when you are conducting Kern Medical related activities at a location other than Kern Medical. Field trips and training seminars are two examples that require authorized absence. Authorized absences must be requested in advance in writing, preferably 2 weeks. A justification (including city and state of the training) for the AA should be noted. The request will be submitted to the RPD or designee to be initialed and sent to the DOPPE for approval.

Leave of absence (LOA) may be granted by Human Resources in consultation with RPD. LOAs may be paid using annual leave or sick leave (if qualifying circumstances). LOAs may also qualify for compensation from programs such as Family and Medical Leave Act (FMLA) and California Family Rights Act (CFRA). If a resident has exhausted annual leave and sick leave, then the LOA will be unpaid.

Maximum Time Away From Residency (2.2.a)

Time away from the residency program shall not exceed a combined total of (a) 37 days per 52-week training period or (b) the minimum number of days allowed by applicable federal and/or state laws (allotted time), without requiring an extension of the program.

Time away from residency is defined as the total number of days taken for any vacation (annual leave), sick leave, interviews, personal days, holidays, religious time, jury duty, bereavement, military leave, parental leave, and any leave of absences (regardless of paid or unpaid). Note that the calculation of time away does not include staffing days nor are compensatory days for staffing shifts counted in the calculation of time away.

Maximum Time Away from a Learning Experience

The maximum amount of time away allowed per learning experience is the equivalent of 1 day per week of the learning experience.

The maximum amount of consecutive time away allowed per required learning experience is 5 days.

Any additional time away from a learning experience beyond the above maximums will require an extension of the learning experience that is equal in length to the additional time away and may require an extension of the residency.

Residency Program Extension (2.2.a.1)

- Extensions to residency training for unprotected absences will be decided by the RAC and Human Resources on a case-by-case basis not to extend 90 days total. During the extension period, residents will continue to be compensated and maintain existing fringe benefits.
- Extensions to residency training will be granted for qualified events as protected by state and/or federal law such as Family and Medical Leave Act (FMLA) and California Family Rights Act (CFRA) as approved by Human Resources
- In the event an extension is granted the residency will be extended by the same number of days missed and will be equivalent in experience and competency.
- If the resident requires extension beyond the 90-day maximum then the residency will be terminated and the resident will not receive a certificate of completion.

Health Benefits during a Leave of Absence

Any resident taking a leave of absence must complete a Health Benefits Leave of Absence form, which is available from payroll/personnel clerks in the HR department. Kern Medical will continue to contribute toward coverage as outlined in the Health Benefits Leave of Absence form. If on an unpaid leave, then the resident is responsible to pay their contributions out of pocket. Kern Medical will invoice the resident and continue to pay the employer contribution. A letter detailing the process will be sent the resident address on file as applicable. If the resident fails to pay for their coverage, the resident becomes responsible for payment of COBRA premiums to maintain health coverage and eligibility. For more information, please contact the Kern Medical Human Resources Department or County Administrative Office-Health Benefits Division at (661) 868-3182.

Kern Medical Pharmacy Residency Duty Hour Requirements

Resident Duty Hours (2.3)

It is the policy of Kern Medical Pharmacy Residency Programs to follow and abide by the ASHP Duty Requirements for Pharmacy at all times

- Refer to Kern Medical Policy PHA-HR-100
- Refer to ASHP website for the ASHP Duty Requirements for Pharmacy at https://www.ashp.org/-/media/assets/professional-development/residencies/docs/duty-hour-requirements.pdf (2.3A)

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 Hour Inclusions
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 (e.g., 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 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 Hour Exclusions
Duty hours exclude 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 80 hours per week, averaged over a four-week period, inclusive of all in-house call activities and all moonlighting.

Mandatory Duty-Free Times
Residents must have a minimum of one day in seven days free of duty (when averaged over four weeks). At-home call cannot be assigned on these free days.

Residents must have at a minimum of 8 hours between scheduled duty periods.

Continuous duty is defined as assigned duty periods without breaks for strategic napping or resting to reduce fatigue or sleep deprivation.
Continuous duty periods for residents should not exceed 16 hours.

Tracking of Compliance with Duty Hours (2.3.b)

Monthly Monitoring (2.3.b.1)
At Kern Medical 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 Kern Medical electronic time card monitoring system (e.g. external moonlighting, etc.) to the RPD via the duty hour tracking google form at each week's end. The RPD will review the submitted on a monthly basis to confirm the resident is not violating the ASHP Duty Hour Policy.

Non-Compliance (2.3.b.2)
If the resident is found to be going over duty hours the RPD will meet with the resident to assess the root cause of the resident being in non-compliance with the ASHP Duty Hour Policy. Depending on the root cause the RPD may take actions such as adjusting the resident's schedule, having a discussion on time management, restricting or denying moonlighting, or other actions that would address the root cause along with increased duty hour tracking frequency to prevent future instances of non-compliance. The RPD will also document the steps taken to prevent future instance of the resident being in non-compliance. The above will be noted in an update to the development plan.

Moonlighting (2.3.c)
Moonlighting is defined as any voluntary, compensated, work performed outside the organization (external), or within the organization where the resident is in training (internal).

These are compensated hours beyond the resident's salary and are not part of the scheduled duty periods of the residency program and **are not exclusive to pharmacy jobs**.

Moonlighting (internal or external) must not interfere with the ability of the resident to achieve the educational goals and objectives of the residency program, and must not interfere with the resident's fitness for work nor compromise patient safety. It is at the discretion of the residency program director whether to permit or to withdraw moonlighting privileges.

All moonlighting hours must be counted towards the clinical experience and educational work 80-hour maximum weekly hour limit averaged over a four-week period and included in the tracking of hours.

Programs that allow moonlighting must have a documented structured process that includes at a minimum:

- The type (internal only, external only, or both) and maximum number of moonlighting hours allowed by the program per week, pay period or month.
- Requirement for the resident to receive approval for moonlighting hours and to inform the residency program director of their completed moonlighting hours.
- A plan for how to proceed if residents' participation in moonlighting affects their performance during scheduled duty hours.

Kern Medical Moonlighting Process

- Internal moonlighting is not allowed for PGY-1 or PGY-2 Residents.
- 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
- Approved external moonlighting may not exceed 20 hours per month.
    - Approved moonlighting must not prevent the resident from having 4 duty free days a month.
    - Approved moonlighting must not cause resident to exceed 80-hour maximum weekly limit for clinical experience and educational work when averaged over 4-week period
- Time spent by residents in External Moonlighting must be reported to the RPD as defined in the Duty Hour Tracking section of the residency manual.
- If moonlighting is determined to be interfering with the ability of the resident to achieve the goals and objectives of the residency 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 from the program without a certificate of completion.***

On call (2.3.d)

There is no required On-Call time, but residents are required to respond to any critical labs as they occur for any labs the resident has ordered.

Requirements for Licensure (2.4.a,b)

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 the resident fails to obtain professional pharmacist licensure within 120 days from start of residency, they will be given the option to be dismissed from residency program at that time or to suspend the residency training without pay for a period not to exceed 120 days from the start of the residency, and restart residency training once licensed as a pharmacist. If the resident fails to obtain pharmacist licensure by 120 days from the start of the residency then the resident will be dismissed from the program without a certificate of completion.

Residents must complete at least 2/3 of residency training as a licensed pharmacist; therefore, the length of time in which residency is suspending pending licensure is added on to the length of residency (extends graduation date) to maintain the 2/3 ratio of residency as a licensed pharmacist. The residency will be extended as defined in the Residency Extension section.

Residents who do not have an active California license on day 1 of the residency will be required to have a California Pharmacist Intern license.

Proof of Licensure

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. The copy shall be submitted to the RPD and HR via email and shall be verified through an online licensure check to ensure license is in good standing with the California Board of Pharmacy.

Requirements for Completion of Residency (2.5)

Requirements for overall achievement of educational objectives for the residency (2.5.a)

To be awarded a certificate of completion for the PGY1 program the resident must meet the minimum threshold related to educational objectives as outlined in section 2.5.a.1 and have completed all required deliverables (and uploaded to PharmAcademic if applicable) as outlined in section 2.5.b.

Achievement of educational objectives will be assessed using the ASHP performance indicators in PharmAcademic through evaluations for the learning experiences. The performance indicators, definitions, and requirements for each program are as follows:

PGY-1 Pharmacy Residency

- Needs Improvement (**NI**)
    - Deficient in knowledge/skills in this area
    - Requires assistance to complete the goal/objective in > **30%** of instances
    - Continues to ask for assistance related to an objective despite being previously educated on the object/topic and provided feedback on how to improve
    - Lacks the ability to independently find answers
    - Shows no growth in the objective despite frequent feedback

- Satisfactory Progress (**SP**)
    - Adequate knowledge/skills in this area
    - Requires assistance to complete the goal/objective in **15-30%** of instances
    - Able to handle routine situations related to the objective, but not able to consistently critically evaluate situations and independently find answers prior to seeking guidance

- Actively implementing change based on provided feedback related to the objective
- Shows growth in the objective and is on pace to reach a mark of achieved before the end of the learning experience(s) in which the objective will be assessed

- Achieved (**ACH**)
  - Demonstrated the ability to practice at the level of an experienced practitioner in the ability to perform the goal/objective
  - Requires assistance to complete the goal/objective in **< 15%** of instances; supervision only required in rare/unexpected situations
  - Ability to critically evaluate situations and work out answers prior to asking for assistance for all but the most complex patients
  - Has adapted practice using provided feedback related to the objective
- Achieved for Residency (**ACHR**)
  - An objective may be achieved for the residency (ACHR) if it has been marked as ACH at least twice during residency for R1.1, R1.2, and R4 objectives
  - An objective may be achieved for the residency (ACHR) if it has been marked as ACH at least once during residency for R1.3, R1.4, R2 and R3 objectives

PGY-2 Ambulatory Care Pharmacy

- Needs Improvement (**NI**)
  - Deficient in knowledge/skills in this area
  - Requires assistance to complete the goal/objective in **> 30%** of instances
  - Continues to ask for assistance related to an objective despite being previously educated on the object/topic and provided feedback on how to improve
  - Lacks the ability to independently find answers
  - Shows no growth in the objective despite frequent feedback

- Satisfactory Progress (**SP**)
  - Adequate knowledge/skills in this area
  - Requires assistance to complete the goal/objective in **15 - 30%** of instances
  - Able to handle routine situations related to the objective, but not able to consistently critically evaluate situations and independently find answers prior to seeking guidance
  - Actively implementing change based on provided feedback related to the objective
  - Shows growth in the objective and is on pace to reach a mark of achieved before the end of the learning experience(s) in which the objective will be assessed
- Achieved (**ACH**)
  - Demonstrated the ability to practice at the level of an experienced practitioner in the ability to perform the goal/objective

    - Requires assistance to complete the goal/objective in **< 15%** of instances; supervision only required in rare/unexpected situations
    - Ability to critically evaluate situations and work out answers prior to asking for assistance for all but the most complex patients
    - Has adapted practice using provided feedback related to the objective
- Achieved for Residency (**ACHR**)
    - An objective may be achieved for the residency (ACHR) if it has been marked as ACH at least twice during residency for R1.1 and R4 objectives
    - An objective may be achieved for the residency (ACHR) if it has been marked as ACH at least once during residency for R1.2, R2, and R3 objectives

Minimum threshold related to educational objectives that would allow awarding a certificate of completion (2.5.a.1)

- **PGY-1 minimum requirements to be awarded a certificate of completion for educational objectives are:**
    - A mark of ACHR in 85% of objectives in Competency Area R1 (Patient Care)
        - Furthermore, objectives R1.1.1, R1.1.2, R1.1.3, R1.1.4, and R1.1.5 specifically must be marked as ACHR in order to obtain certificate of completion
    - A mark of ACHR in 75% of objectives in Competency Areas R2, R3 and R4
    - No marks of Needs Improvement without successful remediation by the end of the residency
- **PGY-2 minimum requirements to be awarded a certificate of completion for educational objectives are:**
    - A mark of ACHR in 100% of objectives in Competency Area R1, objective E.2.1, and objective E6.1.1
    - A mark of ACHR in 75% of objectives in Competency Areas R2, R3, and R4
    - No marks of Needs Improvement without successful remediation by the end of the residency

List of required deliverables related to educational objectives (2.5.b)

Required deliverables must be submitted prior to the last day of the residency for the resident to receive the certificate of completion. Deliverables will be tracked by the resident in PharmAcademic graduation tracking document and by the RPD in the Quarterly Development Plan.

PGY-1 required deliverables

- 14 Weekend Inpatient Staffing Shifts
- Complete summative self-evaluations on core clinical LEs (IM, AmCare, ID, Crit Care, Adv IM)
- 12 presentations (2 per core non-longitudinal LE and 1 per elective)
- Prepare a drug class review, drug monograph, treatment guideline or protocol for P&T
- Medication Use Evaluation

- 3 Adverse drug event reports
- Poster for Presentation at Southern San Joaquin Research Forum
- Oral Presentation at Western States Conference or other regional conference
- Publishable Manuscript
- Quality Improvement Project
- P&T Newsletter
- Lead or chair one meeting
- 2 CE quality presentations
- 3 In-service Presentations
- Policy creation/revision
- 8 Gold Standard Medication Reconciliations (LeapFrog)
- Patient Education Tool
- 3 Formal Drug Information Write-Ups
- ASHP Program Survey in PharmAcademic
- Exit interview

PGY-2 required deliverables

- Poster for Presentation at Southern San Joaquin Research Forum
- Oral Presentation at Western States Conference or other regional conference
- Publishable Manuscript
- Medication Monograph for P&T Committee
- Policy creation/revision
- Quality Improvement Project
- Patient Education Tool
- 2 CE quality presentations
- 3 In-service Presentations
- 1 Proposal for a new or enhanced pharmacy service
- 1 New or revised protocol for an ambulatory pharmacy service
- 2 Case presentations
- 2 Disease state topic discussions
- 4 Journal Clubs

Appendix requirements, if the program's associated Competency Areas, Goals, and Objectives include a required appendix (2.5.c)

PGY-2 Only

- 20 de-identified patient care notes uploaded into PharmAcademic for at least 8 of the different disease states listed in the below
- The resident will explain signs and symptoms, epidemiology, risk factors, pathogenesis, natural history of disease, pathophysiology, clinical course, etiology, and treatment of diseases and conditions in areas listed below. The resident will also have experience managing patients in these areas.
- The resident will explain the mechanism of action, pharmacokinetics, pharmacodynamics, pharmacogenomics, pharmacoeconomics, usual regimen (dose,

schedule, form, route, and method of administration), indications, contraindications, interactions, adverse reactions, and therapeutics of medications and non-traditional therapies, where relevant, that are applicable to diseases and conditions in the areas listed below.

- The resident will explain various forms of non-medication therapy, including life-style modification and the use of devices for disease prevention and treatment, for diseases and conditions in the areas listed below.
- From the list of 15 areas below, residents are required to have direct patient care experience in at least eight areas. When direct patient care is not possible, up to two of these eight areas may be covered by case-based application through didactic discussion, reading assignments, case presentations, and/or written assignments.
    - Cardiology
    - Dermatology
    - Endocrinology
    - Gastroenterology
    - Geriatrics
    - Hematology – Oncology
    - Infectious diseases
    - Men's health
    - Nephrology
    - Neurology
    - Pediatrics
    - Psychiatry
    - Pulmonology
    - Rheumatology
    - Women's health

Other requirements defined by the program (2.5.d)

An exit interview is required of all residents

Remediation and Discipline (2.6)

Remediation

In the event Resident's performance, at any time, is judged by the Residency Advisory Committee to be unsatisfactory or noncompliant with the terms of the residency contract, the Residency Advisory Committee 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 learning experience(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. If remediation requires extension of the residency, the extension is subject to the Leave policies outlined above (section 2.2). Failure of Resident to comply with the remediation plan may result in withholding of residency certificate and termination of the Resident's appointment. Remediation is not subject to any grievance or appeal procedures. If the 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.

Failure to progress through a learning experience shall be defined as not progressing from a "needs improvement" evaluation to at least satisfactory progress on a specific learning objective between the midpoint evaluation to the final evaluation on a specific learning experience.

Failure to meet longitudinal deadlines shall be defined as not meeting deadlines for a specific project or learning activity more than once, not meeting a deadline for a project or learning experience by more than two business days, or not meeting deadlines for different projects more than twice.

Failure to progress through the residency shall be defined as finishing two consecutive learning experiences with a mark of needs improvement in the first half of the year or finishing one learning experience with a mark of needs improvement in the second half of the year.

Failure to progress through remediation shall be defined as not progressing from needs improvement to at least satisfactory progress by the end of the remediation.

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 Kern Medical or other sites where the 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, (j) plagiarism.

Unprofessional behavior shall be defined as behavior not in line with the values and mission statement of Kern Medical.

Plagiarism shall be defined as a returned percentage of below 15% on an online plagiarism tracker would probably indicate that plagiarism has not occurred. However, if the 15% of matching text is one continuous block this will still be considered plagiarism. Over 15% return on an online plagiarism checker will be consider plagiarism.

Kern Medical does not currently allow the use of artificial intelligence (AI) tools for writing of any work. If any work is found to be created through the use of AI writing it will be treated as plagiarism

If plagiarism is found on a first draft of a project the resident will be given the opportunity to fix the work so that it does not meet the definition of plagiarism. If the resident submits more than 2 project first drafts that have identified plagiarism or submit one second or later draft that are identified as plagiarism then the Program may take corrective actions as outlined below.

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
Kern Medical 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 Kern Medical, whenever it is in good faith determined that the continued appointment of Resident places the safety or health of Kern Medical patients or personnel in jeopardy or to prevent imminent or further disruption of Kern Medical 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 Kern Medical.

Proof of Completion of PGY-1 Residency Training (2.7)

Required upon entry into the PGY-2 Ambulatory Care Pharmacy Residency Program. Proof of completion should be in the form of a graduation certificate from PGY-1 Residency, which will be reviewed by the RPD on the first day of orientation and uploaded into PharmAcademic. If graduation certificate is not available by first day of PGY-2 Residency training, then the RPD will verify successful completion of PGY-1 Residency through completion documentation in PharmAcademic, by communication (phone or email) with resident's PGY-1 RPD, or both. If unable to obtain verification of completion of PGY-1 Residency by the first Friday of orientation the resident will be suspended without pay until such evidence is received. The resident will be dismissed if evidence that the resident did not complete the PGY-1 residency is received or if proof is unable to be obtained in 14 days. Any days missed will be added on to the end of the residency as described in the Residency Extension section.

Residency Program Policy review and acceptance (2.10)

The RPD or Designee shall review program policies with matched candidates and the resident shall acknowledge acceptance of the policies within 14 days from the start of residency. The resident will acknowledge acceptance via a custom evaluation in PharmAcademic.

Resources provided to the resident (2.12)

- The resident shall be provided a dedicated desk and workstation in the clinical pharmacy office. When on rotation in either clinics or on the floor there will be a shared workstation made available to the resident. (2.12.a)
- The workstations will include computers with the necessary software to perform the resident's duties. Access to clinical resources can be found through the Kern Medical intranet. (2.12.b)

The RPD will award a residency certificate of completion only to those who complete the program's requirements as defined in section 2.5 (2.13)

- Resident's completion of the program requirements shall be documented by the RPD or designee.

The certificate of completion is issued in accordance with the provisions of the *ASHP Regulations on Accreditation of Pharmacy Residencies* (2.14)

- The certificate is signed by the RPD and the Chief Executive Officer or appropriate executive. (2.14.a)
- The certificate includes the required elements outlined in the *ASHP Regulations on Accreditation of Pharmacy Residencies.* (2.14.b)

- Organization name
- Residency program type
- City and state where located
- Accreditation status

The Program shall use PharmAcademic for residency program management including (2.15.b):

- Program's objective assignment grid
- Learning experience descriptions
- Residents' schedules
- Evaluations listed in Standards 3.4 and 3.5
- Resident development plans
- Resident close out documentation

2.15.c The Program shall keep a record from the time of each accreditation survey of each residents':

- program application
- acceptance letter
- documented acceptance of program policies
- copy of each resident's licensure
- deliverables
- documentation of completion requirements
- each resident's signed residency certificate of completion

Structure, Design, and Conduct of the Residency Program (Standard 3)

Program structure and design (3.1)

- **The program structure includes:**
  - A list of all required and elective learning experiences
  - The duration of each learning experience
  - For learning experiences that are twelve or more weeks in duration, if specific time is scheduled on a recurring basis, the schedule is clearly documented
  - A learning experience that facilitates orientation of the resident at the beginning of the residency

PGY-1 Program structure

Required learning experiences

- Orientation (2 weeks)
- Ambulatory Care (6 weeks)
- Internal Medicine (6 weeks)

- Infectious Diseases (6 weeks)
- Critical Care (6 weeks)
- Advanced Internal Medicine (4 weeks)

Required longitudinal learning experiences

- Longitudinal Administration (50 weeks)
    - Assigned in four 1-week blocks spaced out throughout the year to facilitation longitudinal projects (1 week each quarter)
    - In addition, there are occasional longitudinal administration responsibilities that occur intermittently concurrent to other core learning experiences (e.g. may have to leave Internal Medicine rounds early to attend P&T meeting, etc) throughout the residency year.
- Longitudinal Research (50 weeks)
    - Resident will work on research project intermittently throughout the residency year beginning after orientation.
- Longitudinal Ambulatory Care (48 weeks)
    - Phone-based anticoagulation management (48 weeks)
        - Resident will be assigned ~10 warfarin patients
        - Patient load will start small and increased up to ~ 10 patients based on the resident's ability
        - Patients will be assigned starting ~Aug 1.
        - The resident will be responsible for monitoring INRs, contacting patient, ordering labs and prescriptions
        - The resident, and all staff, are required to respond to all labs within 24 hours and critical labs within 1 hour.
    - ½ day a week in an AmCare Clinic setting starting in quarter 3 after Ambulatory Care, Internal Medicine, Critical Care, and Infectious Diseases learning experiences are complete.
- Longitudinal Hospital Practice (50 weeks)
    - Assigned in six 1-week blocks spaced out throughout the year which is in addition to the staffing requirements of 14 weekend shifts
        - In Quarter 4, there will be two 1-week blocks assigned consecutively (back-to-back) that focus on pediatrics and NICU patient populations
    - The staffing requirement will not begin until the resident has provided proof of pharmacist licensure. Proper training will be provided prior to start of staffing.
- CE / Inservice Presentations (50 weeks)
    - The resident will engage in many teaching and education exercises throughout their residency and this LE serves as to where residents will be evaluated for these activities.

Elective learning experiences

- Electives are incorporated according to resident interest and preceptor availability. Residents typically select 2 elective experiences and may choose to vary the learning experiences based on their interest. While total amount of time in elective rotations will not exceed 8 weeks, the length of time in elective learning experience may be decreased based on resident individual development plan for circumstances such as remediation of a required learning experience.

Elective learning experiences include, but are not limited to:

- Advanced Ambulatory Care (4 weeks)
- Advanced Infectious Disease (4 weeks)
- Cardiology (4 weeks)
- Emergency Medicine (4 weeks)
- Oncology (4 weeks)
- Psychiatry (4 weeks)

PGY-1 Required Competency Areas, Goals, and Objectives (3.1.b)

- CAGOs are found in PharmAcademic
- All required objectives are assigned to at least one required learning experience or a sequence of learning experiences to allow sufficient practice for their achievement

Four competency areas (required)

Competency Area R1: Patient Care

- Goal R1.1 In collaboration with the health care team, provide safe and effective patient care to a diverse range of patients, including those with multiple co-morbidities, high-risk medication regimens, and multiple medications following a consistent patient care process.
- Goal R1.2 Ensure continuity of care during patient transitions between care settings.
- Goal R1.3 Prepare, dispense, and manage medications to support safe and effective drug therapy for patients.

Competency Area R2: Advancing Practice and Improving Patient Care

- Goal R2.1 Demonstrate ability to manage formulary and medication-use processes, as applicable to the organization.
- Goal R2.2 Demonstrate ability to evaluate and investigate practice, review data, and assimilate scientific evidence to improve patient care and/or the medication use system.

Competency Area R3: Leadership and Management

- Goal R3.1 Demonstrate leadership skills
- Goal R3.2 Demonstrate management skills

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

- Goal R4.1 Provide effective medication and practice-related education to patients, caregivers, health care professionals, students, and the public (individuals and groups).
- Goal R4.2 Effectively employ appropriate preceptors' roles when engaged in teaching (e.g. students, pharmacy technicians, or other health care professionals).
- 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.

PGY-2 Program Structure

The PGY-2 residency is designed to continuously build on the skills learned throughout the year. The core learning experiences of Pharmacotherapy and Patient Centered Medical Home will follow a format of a 1-month block in each experience for clinical skills to be taught and evaluated followed by 3 months of longitudinal practice in all longitudinal experiences to reinforce those skills while becoming proficient at independently practicing, if the Resident has met the qualifications for independent practice. Next the two learning experiences will return to a 1-month block format for each subsequent learning experience. This time the focus of the block will be teaching and evaluating the Administrative skills necessary to manage a clinic. This will then be followed by 3 months of longitudinal practice in all longitudinal LEs with a focus on independently applying the Administrative skills learned in the two-month long blocks.

Required learning experiences

- Orientation (2 weeks)
- Pharmacotherapy (4 weeks followed by 3 months of longitudinal)
- Patient Centered Medical Home (4 weeks followed by 3 months of longitudinal)
- Infectious Disease (2-week block followed by 10 months of longitudinal)
- Pharmacotherapy II (4 weeks plus 3 months of longitudinal)
- Patient Centered Medical Home II (4 weeks plus 3 months of longitudinal)
- Research (50 weeks of longitudinal)
- Administration (50 weeks of longitudinal)

Elective learning experiences

There will be flexibility in the schedule in the second half of the program based on resident interests and needs of the program. Elective learning experiences include, but are not limited to:

- Oncology/Infusion Clinic (4 weeks)
- Medication Assisted Recovery Clinic (MARC) (4 weeks)

PGY-2 Required Competency Areas, Goals, and Objectives (3.1.b)

- CAGOs are found in PharmAcademic
- All required objectives are assigned to at least one required learning experience or a sequence of learning experiences to allow sufficient practice for their achievement

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.

Elective Competency Areas, Goals, and Objectives (required)

Competency Area E2: Credentialing

- Goals E2.1: Where the ambulatory care pharmacy practice is within a setting that allows pharmacist credentialing, successfully apply for credentialing.
- Objective E2.1.1: (Applying) Follow established procedures to successfully apply (may be a hypothetical application if not permitted at the site) for credentialing as an ambulatory care pharmacy practitioner.

Competency Area E6: Continuity of Care

- Goal E6.1: Ensure continuity of care during ambulatory care patient transitions between care settings.
- Objective E6.1.1: (Applying) Manage transitions of care effectively for ambulatory care patients.

Program Design Requirements for PGY-1 and Direct Patient Care PGY-2 Residencies (3.1.c)

- Residents gain experience and independent practice with a variety of disease states and conditions and a diverse range of patients' medication treatments and health-related needs
- Residents gain experience in recurring follow-up of patients assigned, relative to the practice environment
- Residents shall spend two thirds or more of the program in patient care activities
- PGY-1 residents: No more than one-third of direct patient care learning experiences in a twelve-month residency program may focus on a specific disease state or population
- Residents shall be provided sufficient opportunities to provide direct patient care to patients with the required disease states and conditions as defined in the advanced practice area Appendix

Learning Experiences (3.2)

- Learning experience descriptions are documented in PharmAcademic and include:
    - A general description, including the practice area
    - The role of pharmacists in the practice area

    - Expectations of the resident
    - Resident progression
    - Objectives assigned to the learning experience
    - For each objective, a list of learning activities that facilitate its achievement
- Preceptors will orient residents to the learning experience at the beginning of the experience
    - Residents will acknowledge being oriented to the experience by signing a custom eval in PharmAcademic.
    - Orientation to the learning experience shall include:
        - A review of the learning experience description
        - How and when the 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-evaluations, if required for the learning experience
- Preceptors shall use the appropriate preceptor role (direct instruction, modeling, coaching, or facilitating) based on each residents progressing
    - Direct instruction at a level appropriate for residents (as opposed to students), only when necessary
    - Modeling of practice skills described in the educational objectives
    - Coaching skills described in the educational objectives, providing regular, on-going feedback
    - Facilitating by allowing resident to assume increasing levels of responsibility for performance of skills with indirect support of the preceptor as needed

Development Plan (3.3)

Resident development plans are high level summaries of residents' performance and progress throughout the program. Development plans also support resident's practice interests, career development, and resident well-being and resilience. The development plan will also include progress towards completion of program requirements, deliverables, and Appendix. Development plans will use the ASHP Development Plan template and include the following components:

- Resident documented self-reflection and self-evaluation
    - The self-reflection 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 of the resident's skill level related to the program's competency areas.
- RPD documented
    - assessment of the resident's strengths and opportunities for improvement relative to the program's CAGOs
    - Progress towards achievement of objectives for the residency (ACHR)
    - Progress towards achievement of deliverables
    - Progress towards achievement of Appendix if applicable
    - Documentation of when resident has met requirements of readiness for independent practice
- RPD documented planned changes to the resident's residency program for the upcoming quarter

Each resident shall document a self-assessment at the beginning of the residency as part of the initial development plan using the Entering Resident Self-Assessment form and upload into PharmAcademic (3.3.a).

- 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 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 are the highest opportunities of growth

The RPD or designee shall meet with the resident during orientation to review the resident's self-assessment. Together the resident and RPD will discuss the self-assessment and collaboratively create and document an initial development plan within 30 days of the start of the residency (3.3.b).

The RPD or designee shall finalize the resident's development plan and share it with preceptors in PharmAcademic within 30 days from the start of the residency (3.3.c).

The resident's self-assessment and development plan shall be updated, documented, and uploaded into PharmAcademic every 90 days from the start of the residency (3.3.d).

- The update shall include an assessment on progress on areas (3.3.a) in the previous development plan(s), changes to the previous development plan(s) including new strengths or opportunities for improvement, and a current assessment of well-being and resilience.
- The RPD or designee shall review the quarterly development plan with the resident and document updates and discussion points including:
    - An assessment on progress on previously identified opportunities for improvement for the CAGOs.
    - Identification of new areas for improvement related to the CAGOs.
    - Objectives achieved for the residency (ACHR) since the last development plan update.
    - Progress on the Appendix tracking (PGY-2 only)
    - Adjustments to the program
    - Progress towards program completion requirements and deliverables
- Development plans may be updated more often if a situation arises that warrants more frequent adjustment like the need for remediation or the opportunity to expand the program that is time sensitive (e.g., there is an opportunity to place the resident into a new clinic that does not have a pharmacy presence).

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).

Evaluation of the Resident (3.4)

Formative (informal, verbal) Feedback (3.4.a)

- Resident and learning experience preceptors are to meet at a frequency determined by the preceptor based on resident experience, timing of learning experience in the residency year, and needs of the resident.
- Formative feedback shall be documented using the feedback button in PharmAcademic. Frequency of documentation of formative feedback will vary based on the needs of the resident and the timing of the learning experience in the residency year.
    - Feedback will be documented for residents not progressing as expected.
- Preceptors will adjust leaning activities based on the resident's progression.
- Residents and RPD meet at least monthly to discuss and review overall program of the resident.

Learning experience midpoint evaluation of the resident

- Required for all required core LEs.
- Feedback shall focus on progress towards achieved for the required CAGOs and steps to take to attain achieved based on the defined rating scale (see 2.5).

Summative Evaluation of Resident (3.4.b)

- All preceptors involved in an LE shall contribute to the documentation of summative feedback prior to the end of a LE.
- The documented summative evaluation will include the extent of the resident's progress toward achievement of assigned CAGOs based on the defined rating scale (see 2.5).
- The feedback will include qualitative written comments specific to the evaluated CAGOs for the experience.
- The resident will electronically sign the evaluation in PharmAcademic only after having a verbal discussion with the primary preceptor of the LE.
    - The electronic signature in PharmAcademic will signify that the resident has discussed the feedback with the preceptor.

Resident Self-Evaluation

The resident, completes a formal, written self-evaluation using the summative self-evaluation form as documented above (3.4.b) and reviews this with the learning experience preceptor. The resident self-evaluation is compared to the preceptors and used as a tool to help the resident become more proficient at self-evaluations. All evaluations are reviewed by the Program Director and highlights shared with the Residency Advisory Committee.

Evaluation of the Preceptor and Learning Experience (3.5)

Evaluation of Preceptor(s)

Formal, written Preceptor Evaluations are completed at the conclusion of each learning experience, shared with the preceptor at the end-of-experience evaluation session and reviewed by the Program Director. The preceptor will electronically sign the evaluation in PharmAcademic only after having a verbal discussion with the resident. For longitudinal experiences over 3 months in length, evaluations are completed quarterly. Longitudinal experiences 3 months or less will include a midpoint and final evaluation. Residents are required to submit qualitative actionable feedback with at least one area for improvement for the preceptor.

Evaluation of Learning Experience

Formal, written Learning Experience Evaluations are completed at the conclusion of each learning experience, shared with the preceptor at the end-of–experience evaluation session and reviewed

by the Program Director. The preceptor will electronically sign the evaluation in PharmAcademic only after having a verbal discussion with the resident. For longitudinal experiences over 3 months in length, evaluations are completed quarterly. Longitudinal experiences 3 months or less will include a midpoint and final evaluation. Residents are required to submit qualitative actionable feedback with at least one area for improvement for the learning experience.

Standard 4: Requirements of the Residency Program Director and Preceptors.

Director of Pharmacy Programs and Education

The Director of Pharmacy Programs and Education (DOPPE) 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 DOPPE may appoint themselves if they meet qualifications for RPD. The Residency Program Director is a member of the Residency Advisory Committee. The Residency Program Director is accountable for ensuring that:

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

RPD Eligibility (4.2)

- PGY-1 and PGY-2 RPDs are licensed pharmacists from the practice site who meet the eligibility to be an RPD set out by ASHP. https://www.ashp.org/professional-development/residency-information/residency-program-resources
- PGY-1 RPDs are licensed pharmacists from the practice site who has either:
    - Completed an ASHP-accredited PGY-1 residency and a minimum of three years of relevant pharmacy practice experience
    - Completed ASHP-accredited PGY-1 and PGY-2 residencies and a minimum of one year of relevant pharmacy practice experience
    - Has minimum of 5 years of relevant pharmacy experience if they have not completed an ASHP-accredited residency
- PGY-2 RPDs are licensed pharmacists who have either:

- Completed an ASHP-accredited PGY-2 residency in the advanced practice area of the PGY-2 and a minimum of three years of additional practice experience in the PGY-2 advanced practice area
- Has a minimum of five years of experience in the advanced practice area if they have not completed an ASHP-accredited PGY-2 residency in the advanced practice area.

RPD Qualifications (4.3)

RPDs serve as role models for pharmacy practice and professionalism and meet the ASHP requirements of:

- Maintaining BPS certification in the specialty area of the advanced practice area, if available (PGY-2 RPDs only)
- Contribution to pharmacy practice
  - For PGY-2s this must be in the PGY-2 practice area.
- Ongoing participation in drug policy or other committees/workgroups at Kern Medical
- Ongoing professional engagement
- Modeling and creating an environment that promotes outstanding professionalism
- Maintaining regular and ongoing responsibilities in the advanced practice area in which they serve as RPD (PGY-2 RPDs only).
- RPDs shall also lead at least 1 residency development lecture per year

Program Oversight (4.4)

The Residency Advisory Committee (4.4.a)

The Residency Advisory Committee (RAC) governs the residency programs. The RAC is comprised of preceptors and select members of the Pharmacy Administration team. The RAC is chaired by the DOPPE and meets at least quarterly to review and discuss the progress of the resident(s). 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 residents' schedules as necessary.

The RAC shall also be responsible for educating the preceptors on how to improve precepting skills through residency development lectures, training modules and activities, and creation of preceptor development plans.

RAC members must attend at least 3 of the last 4 preceptor development RAC meetings.

RAC Quality Improvement (4.4.b)

The RAC also conducts a robust formal evaluation of the residency program twice a year (scheduled for December and June of each year) and implements program improvements based on the results of resident and preceptor surveys which are sent out twice a year to residents and annually to preceptors. Residents and preceptors are encouraged to give honest and actionable feedback to aid in program improvements.

Formal program evaluation includes:

- Assessment of methods for recruitment

- End-of-the year and mid-year input from residents
- Input from resident evaluations of preceptors and learning experiences
- Input from preceptor surveys
- Documentation of program improvement opportunities and plans to change the program

Appointment and Reappointment of Residency Program Preceptors (4.4.c)

- Initial appointment of residency program preceptors will involve the pharmacist submitting an interest document that expresses interest in precepting along with filling out the APR in PharmAcademic. The RAC will review applications to evaluate if the candidate meets the qualifications set out by ASHP to be a preceptor in addition to specific requirements of Kern Medical which can be found in the Kern Medical Pharmacist Preceptor Appointment/Reappointment procedure document. Those deemed to be ready to qualify as a preceptor based on these standards will have a preceptor development plan created. Preceptors who do not meet all ASHP approved qualifications can still be selected as preceptors with a development plan that outlines the steps needed to achieve the qualifications within two years. Preceptor appointments will be for a time of four years.
- Preceptor reappointment review will be every four years and will involve a review by the RAC of the preceptor's continued qualifications through updated APRs and adherence to the development plan. A new development plan will be created for the next four years. A midpoint evaluation of the preceptor's progress by the RAC will occur every two years and adjustments to the development plan may be made as needed.

Preceptor Development Plan (4.4.d)

The preceptor development plan is created and implemented to support the ongoing refinement of preceptor skills. As part of the development plan preceptors are required to participate in 75% of the residency development activities annually.

Pharmacist Preceptor Eligibility (4.5)

- PGY-1 Preceptors must be licensed pharmacists who meet one of the following criteria:
    - Completed an ASHP-accredited PGY-1 residency and a minimum of one year of pharmacy practice experience.
    - Completed ASHP-accredited PGY-1 and PGY-2 residencies and a minimum of six months of pharmacy practice experience in the area precepted.
    - Has minimum of three years of pharmacy practice experience in the area precepted if they have not completed an ASHP-accredited residency.
- PGY-2 Preceptors must be licensed pharmacists who have either:
    - Completed an ASHP-accredited PGY-2 residency in the advanced practice area of the PGY-2 and a minimum of one year of pharmacy practice experience in the area precepted.
    - Has a minimum of three years of experience of pharmacy practice experience in the area precepted if they have not completed an ASHP-accredited PGY-2 residency program.

Preceptors' Qualifications (4.6)

Preceptors must meet the ASHP qualifications to precept in the following areas. Specific information about each subsection can be found in the Kern Medical Criteria Checklist for Appointment & Re-appointment of Residency Preceptor.

- Content knowledge/expertise in the area(s) precepted.
- Contribution to pharmacy practice in the area(s) precepted.
- Role modeling ongoing professional engagement.
- Attend at least 3 of the last 4 RAC meetings.
- Attend at least 3 of the last 4 preceptor development meetings.

Preceptor requirements (PharmAcademic will serve as supporting evidence for compliance).

- Developing CAGOs for the learning experiences, in conjunction with the Residency Program Director.
- Meeting and discussing with the resident's immediate past preceptor the resident's progress towards achievement of program goals and objectives, reviewing resident's strengths and opportunities for improvement, and discussing any recommended plans for growth for the resident (preceptor handoff) prior to orienting the resident to the learning experience.
- Orienting the residents to the experience using the learning experience in PharmAcademic at the beginning of the experience. Orientation will include reviewing the goals and specific learning objectives for the experience, a general description of the role of the pharmacist (preceptor), expectations of the resident including the expectations of the progression of the resident throughout the learning experience, and review of learning activities and other requirements of the experience. Both preceptor and resident will sign the custom evaluation in PharmAcademic signifying the completion of orientation to the learning experience on Day 1 of the learning experience.
- Introducing the resident to the general work area and people with whom the resident will be working.
- Describing the daily activities and work flow patterns involved in the learning experience, including useful information such as frequently used phone numbers and where to find forms.
- Meeting with the resident on a regularly scheduled basis.
- Helping the resident achieve the learning experience objectives by providing direction to the appropriate resources.
- Providing final evaluation of progress toward the experience's learning objectives which is discussed with the resident.
- Providing midpoint evaluation of progress toward the experience's learning objectives for core required learning experiences which is discussed with the resident.
- Providing final evaluation of progress toward the experience's learning objectives which is discussed with the resident.

Preceptors maintain an active practice and ongoing responsibilities for the area in which they serve as preceptors (4.7)

- If there are multiple preceptors involved in a learning experience than one will be designated as the primary preceptor who will be responsible for oversight of the learning experience and coordinating feedback from the different preceptors.

Non-Pharmacist Preceptors may be utilized with the following requirements (4.8)

- The direct patient care experience is scheduled after the RAC determine the resident is ready for independent practice.
    - Readiness for independent practice will be documented in the resident development plan and is defined as:
        - PGY-1 residents having an active California pharmacist license in good standing, having at least one ACH in half (50%) of R1.1 objectives, no current learning experiences with an evaluation of Needs Improvement without successful remediation, and no documented issues with professionalism.
        - PGY-2 residents having an active California pharmacist license in good standing, being credentialed at Kern Medical if the practice environment requires direct billing, no current learning experiences with an evaluation of Needs Improvement without successful remediation, and no documented issues with professionalism.
- The RPD or Designee will work closely with the non-pharmacist preceptor to select the educational objectives and activities for the learning experience.
- The learning experience description will include the name and credentials of the non-pharmacist preceptor and clearly state the learning experience is precepted by a non-pharmacist.
- The RPD or Designee will serve as a proxy for the non-pharmacist preceptor and collect final summative feedback of the resident's progress towards achievement of the assigned CAGOs, submit the feedback into PharmAcademic for the non-pharmacist preceptor, and discuss with the resident at the end of the learning experience.

Kern Medical Policies and Procedures

Supplemental

Dependent upon assignment, applicants may be required to pass an extensive background investigation, and be fingerprinted. Disqualification for felony, misdemeanor, and traffic offenses will be assessed on a case-by-case basis.

All Kern Medical employees are designated "Disaster Service Workers" through state and local laws (CA Government Code Sec. 3100-3109 and Ordinance Code Title 2 - Administration, Ch. 2.66 Emergency Services.) As Disaster Service Workers, all county employees are expected to remain at work, or to report for work as soon as practicable following a significant emergency or disaster.

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.

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.

- Occurrence/Extended Reporting Period: covers events that occur while the policy is in effect even if reported after the policy expires.
- 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 Kern Medical, 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). • DO de-identify* patient information in email messages. • DO remind patients that email systems are not secure if patients contact you by email. Request that patients call for information. • **DON'T** send PHI through OUTLOOK unless it is de-identified or encrypted. • **DON'T** send email messages containing PHI outside of KMC. • **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. • DO verify that fax numbers are correct. • DO make certain that faxes containing PHI are not sent to public areas. • DO include confidentiality statement on cover sheet in event of error. • **DON'T** let received faxes with PHI sit in machines in public areas. • **DON'T** fax PHI unless you are certain someone is there to receive the fax. • **DON'T** transmit PHI via fax machines unless encrypted.

MESSAGE MACHINES	• DO verify that phone number is correct. • DO leave a message for the patient to call back for information. • **DON'T** leave PHI on answering machines or voicemail systems.
DISPOSAL	• DO de-identify any documents or other items before disposal in trash. • DO shred (or place in shredder disposal boxes) any documents containing PHI. • **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. • 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. • Providers may coordinate care with nursing homes, board & care, community hospitals and other facilities caring for our veteran patients. • DO take reasonable precautions to minimize the chance of disclosures to others nearby. • **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. • Opt Out preference only applies to the INPATIENT DIRECTORY, not to other issues or discussions related to treatment, payment, or healthcare operations. • **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. • DO use curtains, cubicles, offices, or other private areas when possible to safeguard discussions. • **DON'T** discuss patient issues with friends, co-workers, or others who do not have a need to know. • **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.

Orientation Checklists

PGY-1 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
• Review of clinical pharmacy services and the role of pharmacists in the various acute and ambulatory care settings
• Introduction to residency learning experiences (Resident will be scheduled 30min w/ each preceptor to give overview all core and elective experiences offered)
• ASHP Residency Program training
  ○ Review Residency Manual
  ○ Review Residency's Purpose
  ○ Review ASHP Residency Accreditation Standard
  ○ Review competency areas, goals, and objectives applicable to the residency program.
  ○ Review description of required and elective learning experiences.
  ○ Review organization's process for reporting issues around harassment and inappropriate behavior
  ○ Discuss strategies for maintaining well-being and resilience and providing available resources.
• Understanding Learning Activities, Taxonomy, & levels http://www.ashpmedia.org/softchalknewbloomlearningtaxonomiesandlevels-2015-Jan/index.html
• The 4 Preceptor Roles and when to use them http://www.ashpmedia.org/softchalk/softchalk_preceptorroles/index.html
• PharmAcademic training, Evaluation processes, standards, and requirements
• Review of Residency Requirements for Graduation
• Residency Manual and review of all applicable HR and program policies (attendance policy, dress code, PHA-HR-100 pharmacy residency policy)
  ○ Resident has hereby reviewed the manual and additional policies and agrees to abide by these policies as documented with signature below (must be done within 14 days of start of residency)
  ○ Resident signature:_____ Date:_____		

Inpatient Pharmacy Orientation: • Aseptic Technique/IV medication preparation • Pyxis Training		

• Explanation of medication use system and its vulnerabilities to Adverse Drug Events (ADE) and introduction to the process of ADE reporting (Midas) • Meningitis prophylaxis and needle stick protocols • Introduction to IV room, anesthesia trays, and Crash Carts workflows • Policy, Procedures, and Protocols • Accrediting/Regulatory requirements (Joint Commission/MERP/CDPH) • Formulary Management (how to access formulary, how to process non-formulary or restricted medications, and how to process patient's home medications) • Pharmacy to dose protocols: expectation is that resident will be able to address consults in each of these areas, provide patient specific dosing, and document progress notes in each of the following service lines • Vancomycin & Aminoglycoside dosing service • Anticoagulation dosing and monitoring service • Peripheral nutrition dosing service		
Computer Access and Training: • PharmAcademic • Cerner Millennium • Outlook Email • Precise PK • Protentus • Micromedex • CoagClinic • UptoDate		
ASHP Competency Training (PCAC) • Advanced Antimicrobial Stewardship • Aminoglycoside Dosing and Monitoring • Anticoagulation Management • Confidentiality and Patient Rights • Infection Prevention • Intravenous to Oral Therapy Conversion • Medication Safety Basics • Medication Management in Renal Hepatic Impairment • Neonatal and Pediatric Pharmacokinetics • Older Adult Medication Management • Pain Management and Opioid Stewardship • Vancomycin Dosing and Monitoring		
Research • Research project review (review prior projects and potential projects) • Review IRB process and required forms • Complete CITI training for Human Subjects Research		
Security • How to report a code or an emergency • Avade training		

Provision of Lab Coat, Pager, and Parking Pass		
BLS and ACLS Training		
Pharmacy Intern or Pharmacist Licensure/Verification		

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

_____ _____

Resident **Date**

_____ _____

Jeff Jolliff, Pharm.D. Residency Program Director **Date**

PGY-2 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
• Review of clinical pharmacy services and the role of pharmacists in the various acute and ambulatory care settings
• Introduction to residency learning experiences (Resident will be scheduled 30min w/ each preceptor to give overview all core and elective learning experiences offered)
• ASHP Residency Program training
  • Review Residency Manual
  • Review Residency's Purpose
  • Review ASHP Residency Accreditation Standard
  • Review competency areas, goals, and objectives applicable to the residency program.
  • Review description of required and elective learning experiences.
  • Review organization's process for reporting issues around harassment and inappropriate behavior
  • Discuss strategies for maintaining well-being and resilience and providing available resources.
  • Understanding Learning Activities, Taxonomy, & levels http://www.ashpmedia.org/softchalknewbloomlearningtaxonomiesandlevels-2015-Jan/index.html
  • The 4 Preceptor Roles and when to use them http://www.ashpmedia.org/softchalk/softchalk_preceptorroles/index.html
  • ASHP PCAC Competencies, including the following:
  ▪ Advanced Antimicrobial Stewardship
  ▪ Anticoagulation Management
  ▪ Confidentiality and Patient Rights
  ▪ Infection Prevention
  ▪ Medication Safety Basics
  ▪ Medication Management in Renal Hepatic Impairment
  ▪ Older Adult Medication Management
  ▪ Pain Management and Opioid Stewardship
• PharmAcademic training, Evaluation processes, standards, and requirements
• Review of Residency Requirements for Graduation
• Residency Manual Review and review of all applicable HR and program policies (attendance policy, dress code, PHA-HR-100 pharmacy residency policy)
  • Resident has hereby reviewed the residency manual and additional policies and agrees to abide by these policies as documented with signature below *(must be done within 14 days of start of residency)*
  • Resident signature: _____ Date:_____		

Pharmacy Administration Orientation:
• Explanation of medication use system and its vulnerabilities to Adverse Drug Events (ADE) and introduction to the process of ADE reporting
• Policy and Procedures
• Accrediting/Regulatory requirements (Joint Commission/MERP/CDPH)
• Service Expansion Process (business plan review, etc)
• Administrative and Research project review
  ○ Review IRB process and forms
  ○ Complete CITI training for Human Subjects Research		

Computer Access and Training: • PharmAcademic • Cerner Millennium • Outlook Email • Micromedex • CoagClinic • UptoDate • Libreview		
Provision of Lab Coat, Pager, and Parking Pass		
BLS and ACLS Training		
Pharmacy Intern or Pharmacist Licensure/Verification		
PGY-1 Graduation Verification		

I certify that the resident has completed all applicable items on this list and has received a thorough orientation.

_____ _____

Resident **Date**

_____ _____

Jeff Jolliff, PharmD | Residency Program Director **Date**

Example PGY-1 Pharmacy Resident Schedule:

Date	R1	R2
7/1/2025	Orientation	Orientation
7/7/2025	Orientation	Orientation
7/14/2025	Longitudinal Administration	Longitudinal Hospital Practice
7/21/2025	Longitudinal Hospital Practice	Longitudinal Administration
7/28/2025	Ambulatory Care	Internal Medicine
8/4/2025	Ambulatory Care	Internal Medicine
8/11/2025	Ambulatory Care	Internal Medicine
8/18/2025	Ambulatory Care	Internal Medicine
8/25/2025	Ambulatory Care	Internal Medicine
9/1/2025	Ambulatory Care	Internal Medicine
9/8/2025	Longitudinal Administration	Longitudinal Hospital Practice
9/15/2025	Longitudinal Hospital Practice	Longitudinal Administration
9/22/2025	Internal Medicine	Ambulatory Care
9/29/2025	Internal Medicine	Ambulatory Care
10/6/2025	Internal Medicine	Ambulatory Care
10/13/2025	Internal Medicine	Ambulatory Care
10/20/2025	Internal Medicine	Ambulatory Care
10/27/2025	Internal Medicine	Ambulatory Care
11/3/2025	Critical Care	Longitudinal Hospital Practice
11/10/2025	Critical Care	Infectious Disease
11/17/2025	Critical Care	Infectious Disease
11/24/2025	Critical Care	Infectious Disease
12/1/2025	Critical Care	Infectious Disease
12/8/2025	Critical Care	Infectious Disease
12/15/2025	Longitudinal Hospital Practice	Infectious Disease
12/22/2025	vacation	vacation
12/29/2025	vacation	vacation
1/5/2026	Longitudinal Administration	Longitudinal Hospital Practice
1/12/2026	Longitudinal Hospital Practice	Longitudinal Administration
1/19/2026	Infectious Disease	Critical Care
1/26/2026	Infectious Disease	Critical Care
2/2/2026	Infectious Disease	Critical Care
2/9/2026	Infectious Disease	Critical Care
2/16/2026	Infectious Disease	Critical Care
2/23/2026	Infectious Disease	Critical Care

3/2/2026	Longitudinal Research	Longitudinal Administration
3/9/2026	Longitudinal Administration	Longitudinal Research
3/16/2026	Advanced IM	Longitudinal Hospital Practice
3/23/2026	Advanced IM	Longitudinal Hospital Practice
3/30/2026	Advanced IM	Advanced IM
4/6/2026	Advanced IM	Advanced IM
4/13/2026	Longitudinal Hospital Practice	Advanced IM
4/20/2026	Longitudinal Hospital Practice	Advanced IM
4/27/2026	Elective 1	Elective 1
5/4/2026	Elective 1	Elective 1
5/11/2026	Elective 1	Elective 1
5/18/2026	Elective 1	Elective 1
5/25/2026	WSC	WSC
6/1/2026	Elective 2	Elective 2
6/8/2026	Elective 2	Elective 2
6/15/2026	Elective 2	Elective 2
6/22/2026	Elective 2	Elective 2
6/29/2026	Elective 2	Elective 2

Example PGY-2 Ambulatory Care Pharmacy Resident Schedule:

Date	Resident 1
7/28/2025	Orientation
8/4/2025	Orientation
8/11/2025	Pharmacotherapy
8/18/2025	Pharmacotherapy
8/25/2025	Pharmacotherapy
9/1/2025	Pharmacotherapy
9/8/2025	Infectious Disease
9/15/2025	Infectious Disease
9/22/2025	PCMH
9/29/2025	PCMH
10/6/2025	PCMH
10/13/2025	PCMH
10/20/2025	Longitudinal
10/27/2025	Longitudinal
11/3/2025	Longitudinal
11/10/2025	Longitudinal
11/17/2025	Longitudinal
11/24/2025	Longitudinal
12/1/2025	Longitudinal
12/8/2025	Longitudinal
12/15/2025	Longitudinal
12/22/2025	Longitudinal
12/29/2025	Longitudinal
1/5/2026	Longitudinal
1/12/2026	Longitudinal
1/19/2026	Longitudinal
1/26/2026	Vacation
2/2/2026	Elective
2/9/2026	Elective
2/16/2026	Elective
2/23/2026	Elective
3/2/2026	Pharmacotherapy 2
3/9/2026	Pharmacotherapy 2
3/16/2026	Pharmacotherapy 2
3/23/2026	Pharmacotherapy 2
3/30/2026	PCMH 2
4/6/2026	PCMH 2
4/13/2026	PCMH 2
4/20/2026	PCMH 2

4/27/2026	Longitudinal
5/4/2026	Longitudinal
5/11/2026	Longitudinal
5/18/2026	Longitudinal
5/25/2026	Longitudinal
6/1/2026	Longitudinal
6/8/2026	Longitudinal
6/15/2026	Longitudinal
6/22/2026	Longitudinal
6/29/2026	Longitudinal
7/6/2026	Longitudinal
7/13/2026	Longitudinal
7/20/2026	Longitudinal
7/27/2026	Longitudinal

Example PGY-2 Ambulatory Care Pharmacy Longitudinal Schedule:

	Monday	**Tuesday**	**Wednesday**	**Thursday**	**Friday**
8 am	PCMH	Pharmaco-therapy Clinic	Pharmaco-therapy Clinic	PCMH	PCMH
9 am					
10 am					
11 am					
12 pm	Lunch	Lunch	Lunch	Lunch	Lunch
1 pm	Infectious Disease (OPAT)	Protected time	Infectious Disease (HIV)	Pharmaco-therapy Clinic	Protected time
2 pm					
3 pm					
4 pm					

Anticoag clinic: warfarin phone monitoring prn basis throughout each week, typically done in afternoons

Monitoring of inpatient anticoagulation patients once every ~8 weeks from 8am – 12pm Saturday and Sunday