

PHARMACY PRACTICE RESIDENT POSITION DESCRIPTION

Department: Pharmacy

Position Title: Pharmacy Resident

Revised: November 2007

- I. Introduction: The Pharmacy Residency is a cooperative program between the Pharmacy Department at Saint Patrick Hospital and Health Science Center (SPH) and The University of Montana, Department of Pharmacy Practice Department (UM). It was established on July 1, 2006. The program is under the direction of the Residency Program Site Coordinator, William J. Docktor, Pharm.D., BCPS who serves as a Clinical Coordinator for Pharmacy Services at SPH and also is a Professor of Pharmacy Practice at UM. He also serves as the primary preceptor for the resident. The residency will be located at SPH, which is a 213-bed community hospital.
- II. Requirements: Applicant must have received a Pharm.D. degree from an American Council on Pharmaceutical Education (ACPE) accredited pharmacy school. The applicant also must have, or will soon have, a license to practice pharmacy in Montana at the time of starting the residency. Licensure is critical to completion of the residency requirements and, therefore the resident must have obtained licensure in Montana by August 15th of the residency year. Failure to attain licensure may result in suspension or dismissal from the residency.
- III. Purpose of program: The purpose of the program is to provide a setting in a community hospital in which the resident will have the opportunity to develop the abilities to progress in the clinical practice of pharmacy in various healthcare settings and to function as a clinical pharmacy preceptor, and possibly a pharmacy faculty member.
- IV. Goals & Objectives of the residency: The “Goal Statements, Objectives, and Instructional Objectives for Pharmacy Practice Residency Training” by the American Society of Health-System Pharmacists (ASHP) are embraced as those of the program. The resident will have the opportunity to:
 1. Practice personal and professional responsibility and communication skills to patients, other healthcare practitioners, and others.
 2. Further develop his/her drug therapy assessment ability by drug therapy review, physician rounding, patient contact, and interaction with healthcare personnel.
 3. Provide quality patient care by involvement with medical care, provision of drug delivery, pharmacy systems, inservice activities, and quality assurance related to medications.
 4. Develop skills related to the provision of drug information, formulary considerations, pharmacokinetic consultations, clinical recommendations for therapy, and patient medication counseling.
 5. Act as a preceptor to pharmacy students completing clinical clerkships.
 6. Participate in educational activities such as pharmacy student case conferences, physician journal club, staff development, and other interdisciplinary programs.

7. Conduct a project related to pharmacy practice.
 8. Function as a pharmacy representative in various interdisciplinary committees.
 9. Become familiar with investigational drug studies.
- V. Duration of Appointment: 1 year period from July 1 to June 30th
- VI. Benefits of resident position: The University of Montana governs benefits associated with the position, since the residency is “administrated” from that institution.
1. annual stipend of \$35,000
 2. 2 weeks annual leave
 3. sick leave: as in UM contract
 4. professional development/travel expenses of \$2000
 5. professional leave as required for professional meetings (travel for interviews are not considered professional leave).
 6. other benefits as outlined by the University of Montana, e.g. health insurance
- VII. Resident responsibilities: The resident is an important member of the Pharmacy Department at SPH. The responsibilities for each resident will differ depending on the demands on the Pharmacy as a whole. However, certain aspects of the resident’s responsibilities may be outlined:
1. Become competent in management of the pharmacy distribution system in order to work independently in any position within the Pharmacy.
 2. Participate in committee activities.
 3. Actively participate and promote the clinical pharmacy activities of the Pharmacy. This may be done by involvement in protocol management, such as the Pain Protocol, direct interaction with physicians, nurses and other healthcare workers, and development of new programs as dictated by the Director of Pharmacy, Clinical Manager, Clinical Coordinator, and perhaps staff pharmacists. The resident is expected to develop the ability and confidence to independently practice in all clinical settings in the hospital.
 4. Enhance communication and drug information provision provided by the Pharmacy to healthcare workers and patients.
 5. Actively participate in the education of pharmacy students.
 6. Develop interpersonal communication skills and become an effective member of a healthcare team approach to patient care.
 7. Complete a project promoting pharmacy practice.
 8. Work in concert with the Residency Site Coordinator to enhance the residency experience for future residents.

- VIII. Failure to complete the residency: A resident may fail to complete the residency on June 30 of the residency year, due to various causes such as significant family or sick leave or failure to attain competence in a residency requirement (Section VII above). In cases of incompleteness due to excessive leave and if the Residency Site Coordinator and preceptors agree that the resident will successfully complete the requirements, the resident will be allowed to finish the residency. However, completion of the residency must occur immediately following the June 30 date, as an extension of the residency year. Compensation for the extra time in the residency likely will not be available. The resident and Residency Site Coordinator will meet to develop and mutually agree to expectations and a timeline for completion of the residency. No certificate of completion will be awarded until all requirements of the residency are fulfilled.
- IX. Dismissal of resident from program: The resident will be dismissed from the program for the following reasons if he/she:
1. Commits a crime that is a felony or significantly impacts his/her ability to practice pharmacy. This would result in immediate dismissal.
 2. If he/she fails to progress towards attainment of the residency goals. A written warning of the risk of dismissal which will outline the reasons for possible dismissal will be given by the Residency Site Coordinator to the resident, who will then have 1 month to address the outlined issues. During the 1 month period, the Residency Site Coordinator will meet with the resident on a weekly basis to discuss progress towards remediation of the identified performance issues.
 3. Gross misconduct towards the Residency Site Coordinator, any member of the Pharmacy Department, other healthcare worker, or patient will result in a warning and, based on the severity, a written warning as outlined in point (2) above.
 4. Chronic absenteeism may be considered to impede progress towards residency goals attainment and can result in a written warning.
- X. Professional liability: As a member of the SPH Pharmacy Professional staff, the resident actions will be covered to some degree by the UM insurance. However, it is always recommended that a resident obtain personal liability insurance, since he/she will commonly be acting as an independent practitioner.

XI. Ages of Patients Served:

Group	Ages
* Neonate	0-28 days
* Infant/Child	28 Days – 11 Years
* Adolescent	12 Years – 17 Years
* Adult	18 Years – 65 Years
* Geriatric	65 + Years