

Pharmacy Residency Program Manual

2024-2025



Erlanger
Chattanooga, Tennessee

Dear Resident,

Congratulations on beginning your Pharmacy Residency training at Erlanger. We are very excited to welcome you as a member of our highly trained and dedicated pharmacy team. Your residency year will be both exciting and challenging as it provides you with a wide variety of high-quality learning experiences to broaden your skills as a clinician.

The primary emphasis of your residency program will be on the development of clinical pharmacy practice skills. You will be delegated clinical responsibilities under the preceptorship of an experienced clinical pharmacist to develop your knowledge and skillset. You will be given teaching responsibilities to further refine your communication skills and abilities as a teacher. You will participate in ongoing service activities to further develop your problem solving skills and your ability to work with others.

We will work together to customize your experience to your specific interests, strengths, and areas for improvement so that you are well-positioned to achieve your professional goals. The year ahead will be a busy one, but you will experience substantial professional and personal growth that is directly proportional to the level of commitment, dedication, and self-direction you apply. Your investment of time, talent, and energy will reap rewards in the future.

We are excited to mentor you and help guide you through this exciting year as you gain independence in becoming a clinical pharmacist. We are honored to be your residency program directors and look forward to being a resource for you.

Sincerely,

Emily Garrett, PharmD, BCPS

PGY1 Residency Program Director

Bre Carter, PharmD, MBA, BCPS, BCCCP

PGY2 Critical Care Residency Program Director

OUR MISSION

To provide safe, quality care to those we serve through innovation, efficiency, expertise, and cost effective solutions.

OUR VISION

Pharmacy patient care is the process through which a pharmacist collaborates with providers in designing, implementing, and monitoring a patient's therapeutic plan to produce specific outcomes for the patient.

ASHP PGY1 PROGRAM PURPOSE

The PGY1 pharmacy residency program builds on Doctor of Pharmacy (Pharm.D.) education and outcomes to contribute to the development of clinical pharmacists responsible for medication-related care of patients with a wide range of conditions, eligible for board certification, and eligible for postgraduate year two (PGY2) pharmacy residency training.

ASHP PGY2 PROGRAM PURPOSE

The PGY2 Critical Care residency program build on Doctor of Pharmacy (PharmD) education and PGY1 pharmacy residency programs to contribute to the development of clinical pharmacists in specialized areas of practice. PGY2 residencies provide residents with opportunities to function independently as practitioners by conceptualizing and integrating accumulated experience and knowledge and incorporating both into the provision of patient care of other advanced practice settings. Residents who successfully complete an accredited PGY2 pharmacy residency are prepared for advanced patient care, academic, or other specialized positions, along with board certification, if available.

RESIDENCY PROGRAM POSITION DEFINITIONS

Residency Program Director (RPD): individual responsible for directing the activities of a residency program and is responsible for completion of the PharmAcademic quarterly Resident Development plan and final evaluations. The RPD will ensure that the overall program goals and specific learning objectives are met, training schedules are maintained, appropriate preceptor oversight for each training period are provided, and that resident evaluations are conducted routinely.

Preceptor: individual assigned to educate, train, and evaluate the resident within their practice area or area of expertise. The preceptor reviews resident performance on an ongoing basis and conducts a final verbal and written evaluation at the conclusion of the learning experience.

Resident Advisory Council (RAC): a group comprised of clinical pharmacists and department management that serves as a forum to discuss all matters associated with the operation of the PGY-1 and PGY2 programs. RAC will meet monthly and may call additional meetings as needed to address issues as they arise. RAC serves in an advisory capacity to the RPDs and strives to maintain the quality and consistency of the residency programs.

Critical Care Workgroup (CCW): a group comprised of pharmacists who practice in critical care settings to discuss matters associated with the advancement of critical care initiatives and matters associated with the operation of the PGY-2 critical care pharmacy residency program and progression of the PGY2 critical care resident. The CCW will meet monthly and may call additional meetings as needed to address issues as they arise. CCW serves in an advisory capacity to the RPD and strives to maintain the quality and consistency of the residency program.

EXPECTATIONS AND RESPONSIBILITIES OF THE RESIDENT

Professional Conduct

Pharmacy Residents are expected to act responsibly and adhere to the Standards of Conduct and Discipline Policy. Plagerism will not be tolerated and is a very serious violation of ethical standards and will result in disciplinary action during the residency program. Unfortunately, this is often committed without ill intent due to the writer not fully understanding how to paraphrase and cite correctly- Residents should be proactive at reaching out to preceptors or look for guidance if they are unsure. The use of AI to complete assignments is prohibited, however augmentation of resident work with AI is permitted (ie. creation of a creative presentation title). Resident should ask for guidance on permissible use if unsure.

Professional Dress

The pharmacy resident represents the department of pharmacy when interacting with hospital medical staff and patients. **Professional dress is to be worn at all times.** Hunter green scrubs may be worn on staffing days only or at the discretion of individual preceptors. Employee identification badge should be worn at all times above the waist and is necessary for access to various areas of the hospital, including the pharmacy. Please review the Erlanger Professional Dress Code Policy.

Patient Confidentiality

Patient confidentiality will be strictly maintained by all residents. Any consultations concerning patients will be held in private with concern for the patients' and families' emotional, as well as physical, well-being. Residents will complete HIPAA training during their orientation. Residents will not leave confidential documents (profiles, charts, prescriptions, etc) in public places or access the medical records of patients not directly under their care. Residents who do not abide by the constructs of patient confidentiality will face disciplinary action, which may include personnel record notation(s) up to dismissal from the program. Personal computers should be locked when the resident is not at his/her desk and patient materials stored appropriately.

Attendance

Residents are expected to attend **all work functions on time.** All leave requests should be discussed in advance with the involved preceptor to assure that service responsibilities can be fulfilled, then sent to the RPD and Director of Pharmacy Services. All PTO days must be added to the shared Outlook Clinical Schedule. **If the resident is unable to work due to acute illness, both the primary preceptor and the RPD should be notified no later than 2 hours prior to the start of the assigned shift.** The resident will need to comply with the Erlanger Attendance and Punctuality Policy regarding tardies and call outs.

Licensing Requirement

Erlanger PGY1 pharmacy residents shall obtain a pharmacist license in the state of Tennessee within 90 days of beginning the residency program. All required licenses and materials will be provided by the resident to the residency program director. This is consistent with the ASHP standards that a minimum of two-thirds of the residency program must be completed with a license. Residents unable to be licensed by this date will face dismissal from the program.

Erlanger PGY2 Critical Care pharmacy residents shall obtain a pharmacist license in the state of Tennessee within 60 days from the start of PGY2. PGY2 residents who are unable to obtain a license within this timeframe will be suspended from the program until licensure can be obtained for a period of no more than 30 days. During suspension the resident will not be paid, but can continue to receive benefits if paid for out of pocket consistent with the Standards of Conduct and Discipline Policy. After a 30-day suspension if licensure cannot be obtained the resident will be dismissed from the program. This is consistent with the ASHP standards that a minimum of two-thirds of the residency program must be completed with a license. Residents unable to be licensed by this date will face dismissal from the program. If suspended from the program and re-instated, the resident will still need to comply with the ASHP policy that no more than 37 training days are allotted to be missed from training during the residency program (see Erlanger's Leaves of Absence policy).

Rare circumstances of extended medical/personal leave that delay licensure, and therefore potentially delay successful completion of the program will be evaluated on a case by case basis by the RPD and Senior Director of Pharmacy. Residency extensions beyond one calendar month are unable to be accommodated (i.e. final end date no later than July 31st). Residents will only be paid for a total of 52 weeks of employment, even if time must be added to the end of the traditional residency year in order to fulfill the two-thirds licensed requirement.

Liability Insurance

Residents are required to carry personal liability insurance for the duration of the residency program. This may be obtained through several sources and record must be given to the RPD for filing by July 31. Recommendations available if desired.

PGY 1 Documentation

It is the responsibility of the PGY1 resident to prepare and maintain an activities sheet for each rotation. Daily activities should be recorded along with hours worked each day. Any presentation, project, or educational material prepared for a rotation should be kept with the activities sheet for that rotation and stored in the residency binder. **A copy of the activities sheet should be saved to the Pharmacy X:drive at the end of each rotation experience.** Additionally, documentation of time spent with preceptors (Preceptor Time Sheet) should be kept on a bi-weekly basis in a pre-approved spreadsheet found in the Pharmacy X:drive. This is utilized for reimbursement and is vital for the continuation and growth of the residency

program. Failure to maintain this will result in disciplinary action at the discretion of the RPD and Senior Director of Pharmacy. You can find the Pharmacy X:drive by going to “This PC” and selecting “Pharmacy ([\\EHS-MSFS02](#)) (X:).”

FAILURE TO PROGRESS AND DISMISSAL OF THE RESIDENT FROM RESIDENCY

Failure to comply with the policies and procedures of Erlanger the Department of Pharmacy, or the requirements set forth within the residency manual may result in implementation of a performance improvement plan and disciplinary action including dismissal from the residency program. The resident is an employee of Erlanger and must conduct him/herself in accordance with the policies and standards of the facility as well as ASHP residency standards. Furthermore, any act of dishonesty, plagiarism, or violation of HIPAA may result in immediate dismissal as deemed appropriate by the RAC, RPD, and Department Management.

1) Problem identification

- a. Failure to progress can include but is not limited to
 - i. Receiving a “needs improvement” on a residency objective on more than one learning experience
 - ii. Receiving a “needs improvement” on more than three residency objectives on a single learning experience
 - iii. Documentation in PharmAcademic of unprofessional behavior on more than 2 occasions (i.e. failure to meet deadlines, unprofessional conduct with other members of the healthcare team, tardiness to patient care rounds or required meetings)
 - iv. Submits poor quality work (i.e. for project, presentations) where extensive editing is required beyond expected for the resident level of experience

2) Phase 1- Remediation

- a. Remediation will be approached through a performance improvement plan (PIP) that will be shared with the resident and signed by the resident and RPD documenting understanding of expectations outlined. The purpose of the PIP is to identify specific, measurable, achievable, repeatable and time bound (SMART) goals. The resident will additionally be assigned an advocate which will be another residency preceptor to help them achieve the SMART goals.

3) Phase 2- Failure to achieve goals of remediation

- a. Within 5 working days of the time bound goals deadline identified in the PIP, if the resident was not able to successfully complete the PIP, a meeting including all program RPDs, the assigned resident advocate, and department managers will be convened to assess performance and recommend further action in conjunction with HR.

EXPECTATIONS AND RESPONSIBILITIES OF PRECEPTORS

Pharmacists (and on occasion, non-pharmacists) at Erlanger may participate as preceptors for pharmacy residents. Each preceptor must be appointed at a residency advisory council meeting and must meet the criteria outlined by ASHP standards for preceptors or they will be assigned a preceptor mentor. Being a preceptor is an expectation for all clinical pharmacists. Staff pharmacists who are interested in precepting residents can be appointed preceptor if ASHP standards are met on the APR. Preceptors are required to maintain professional activities consistent with the standards set forth by ASHP. The RPDs will review the ASHP academic and professional records of preceptors at least every 2 years to confirm preceptors meet the standards. Preceptors who fail to meet the standards will be assigned a mentor and development plan until standards are met. The preceptor must show willingness to precept and be proficient in the field for which they will teach and supervise the residents.

Preceptors are expected to provide regular and honest feedback to the resident, emphasizing the strengths of the resident and identifying additional areas of opportunity. Feedback should be specific and qualitative so the resident may improve his or her performance. Formal evaluations, conducted in a timely manner, are also mandatory for all preceptors. Preceptors are encouraged to give formal evaluations by the last day of the learning experience (quarterly if the learning experience is longitudinal). *PharmAcademic evaluations must be completed no later than seven (7) days after the end of the rotation experience.*

At the midpoint of an evaluated learning experience, the assigned preceptor will complete an evaluation of the residents' performance. Written midpoints in PharmAcademic are not mandatory, but verbal feedback will be provided to the resident. The preceptor should assess whether or not the resident is progressing according to the expected progression outlined in the learning experience in order to successfully complete the requirements of the particular learning experience. If the preceptor feels the resident is not progressing satisfactorily, the RPD must be notified immediately and additional action may occur.

Preceptor development will be an ongoing effort provided by the program, with the purpose of providing targeted education and training to the preceptors by focusing on accreditation requirements set forth by ASHP. A preceptor development coordinator will be identified to manage preceptor education. Ideas for preceptor development will be solicited for at RAC meetings as a standing agenda item. Topics may include, but are not limited to: providing evaluation and feedback to the resident; the four preceptor roles; learning experience description development; development of learning assignments targeted towards Competency Areas, Goals, and Objectives (CAGOs); recruitment; and interviewing skills. Preceptors will need to participate in at least 2 sessions offered per year when averaged over a 2-year period or attend other programs/ courses consistent with preceptor development if unable to attend ones offered here.

UNLAWFUL HARASSMENT AND RETALIATION

This section is meant to be an adjunct to existing Erlanger Unlawful Harassment, Discrimination, and Retaliation Policy. Residents who wish to report an incident related to discrimination and harassment may contact their residency program director, pharmacy department leadership, preceptor, or any other pharmacy staff. We are all available to guide you in how to report and to find resources and assistance to address these matters. We have an open door policy should you need to discuss anything. As a program, we will NOT knowingly collaborate with those who harass, intimidate or bully our residents, trainees or colleagues. We stand strongly against discrimination, bullying and harassment of any kind. Please do not hesitate to reach out at any time should you need assistance with navigating any issues.

CHIEF RESIDENT

The PGY2 critical care resident will be the chief resident for all residency programs. The chief resident will be responsible for activities including, but not limited to: liaison to RAC, coordinating the application for the spring research CE program, coordinating practice sessions for ASHP mid-year and SERC, and coordination of a resident social activity or teambuilding activity. Chief residents will be expected to be leaders among the pharmacy residency programs and display exemplary behavior and professionalism. If a chief resident is unable to fulfill duties as outlined, the RPDs reserve the right to remove the resident from this position and appoint an alternative resident.

QUALIFICATIONS OF PHARMACY RESIDENT APPLICANTS

Applicants must be a citizen of the United States with anticipated completion/possession of a Doctor of Pharmacy degree from an ACPE-accredited college or school of pharmacy or have a foreign pharmacy graduate equivalency committee certificate from the NABP, with eligibility for licensure in the state of Tennessee. Applications are only accepted via PhORCAS and must be completed prior to the application deadline of January 3rd.

PGY2 residents must additionally have completed or be anticipated to complete an ASHP accredited PGY1 residency (or in process of ASHP accreditation). The PGY2 RPDs will confirm the resident is enrolled in a PGY1 residency and on track for completion after matching with the PGY1 resident. An electronic copy of the PGY1 residency certificate will be obtained after graduation and kept on file if graduate tracking is unavailable in PharmAcademic from the PGY1 program. The completion of a PGY1 program will be confirmed within 14 days of the PGY2 start date.

PGY1 Required application materials include:

Application in PhORCAS, letter of intent, curriculum vitae, official pharmacy school transcript(s), three letters of recommendation (clinical preceptors preferred)

All applications will be scored on a standardized rubric evaluated by clinical pharmacist preceptors. Clinical preceptors review pre-assigned components (same components scored by the same clinical pharmacist for consistency), assigned by the RPD. PGY1 scoring rubric includes evaluation of the applicant's letter of intent, clinical rotation experiences, GPA, leadership and organizational involvement, work experience, presentations, publications/research, and letters of recommendation. Any questions or clarifications with regard to scoring will be evaluated and decided upon by the RPD. Candidates with a GPA of <3.2 are automatically excluded from the application review process. Selected applicants will be invited to interview with Erlanger , Baroness Campus, through the PhORCAS system. Either onsite or virtual interviews are offered. A limited number of applicants will be invited to interview based on the number of interview days that are able to be offered.

PGY2 Required application materials include:

Application in PhORCAS, Letter of Intent, Curriculum Vitae, official pharmacy school transcripts, three letters of recommendation (clinical preceptors preferred, a critical care or emergency medicine preceptor required for the PGY2 Critical Care Pharmacy Residency). PGY2 scoring rubric includes evaluation of the applicant's letter of intent, clinical rotation experiences, leadership and organizational involvement, presentations, publications/research, and letters of recommendation. Progression through a PGY1 residency program and letters of recommendation will be heavily weighed. All applications will be scored on a standardized rubric evaluated by the residency program director or clinical pharmacist preceptors if needed. Any questions or clarifications with regard to scoring will be evaluated and decided upon by the RPD. A limited number of applicants will be invited to interview based on the number of interview days that are able to be offered. Selected applicants will be invited to an onsite

interview at Erlanger, Baroness Campus, through the PhORCAS system. Either onsite or virtual interviews are offered.

Residency Interviews

Residency candidates will be asked a series of designated questions covering topics such as communication skills, professional goals, critical thinking, and leadership by members of the clinical pharmacy staff. A presentation or patient case may be required for interviews for a PGY2 program and will be determined by the RPD. Interview questions and processes are evaluated on a yearly basis by the RAC or CCW for effectiveness and optimization.

At the completion of interviews, preceptors will rank the candidates individually prior to discussing with the interview committee in order to reduce bias. The interview committee will then meet to tabulate, discuss, and rank the candidates for the Match as a group. The interview committee reserves the right to modify the ranking of the candidates by a maximum of three places based on multiple factors including but not limited to: personal correspondence with applicant preceptors, prior experience with the candidate (i.e. student who rotated at this practice site), unprofessional behavior during the interview or other encounters, prior knowledge of previous work experience, and candidate interests. The RPD has final say/tie-break authority.

Second Match

ASHP instituted a Second Match to meet the needs of the rapidly growing number of pharmacists and student pharmacists who are seeking residencies as well as residency programs that are seeking applicants. Erlanger will participate in this second match process in event all positions are not filled with the first match. Eligible applicants must submit the same materials as in the first match. A truncated scoring tool will be utilized in Phase II due to the abbreviated time frame. Invited candidates will be interviewed via Zoom (or other similar technology) in a similar process to Phase I. After interviews, residency applications are ranked in order of numerical rank preference and if necessary, revised based on the discretion of the RPD.

If the program does not match through Phase II, it will proceed into the scramble should it be necessary. The program will review applications and interview with the same truncated criteria.

Early Commitment

Current Erlanger PGY1 residents interested in pursuing a specialty PGY2 program offered at Erlanger are encouraged to apply for early commitment. The early commitment process starts prior to ASHP Midyear Clinical Meeting and consists of submitting an official application to the PGY2 RPD by November 15 which includes a written letter of intent and an updated CV. Interviews for the PGY2 positions will occur in November prior to ASHP Midyear Clinical Meeting. Preceptors having significant interactions with the interested PGY1 residents and the PGY1 RPD will be asked for comment on the PGY1 resident's capabilities and ability to perform in an advanced residency program. The CCW will determine if an early commit position will be offered after interviews. If an early commit position is offered and there is more than one applicant for the position, standardized scoring of internal candidates will take place and candidates will be ranked by the interview committee. The PGY2 RPD has final say/tie-break authority.

Of note, the early commitment process is NOT a requirement to apply for a PGY2 program at Erlanger. If the resident has hesitation around the PGY2 choice and/or whether or not pursuing a PGY2 is the right option, residents are encouraged to apply to the program within the normal match timelines (application deadline in early January, interviews in Jan/Feb and Match submission in March). Additionally, the PGY2 program reserves the right to forgo any early commitment and request interested residents to apply during the Match.

RESIDENCY BENEFITS

PGY1 Resident Stipend: \$57,193; paid out every two weeks

PGY2 Resident Stipend: \$62,146; paid out every two weeks

Leave: The resident will accrue 20 days of Paid Time Off (PTO) throughout the residency year. Refer to the Paid Time Off ("PTO") Policy.

Health Insurance: Residents will be offered health, dental, vision insurance during their residency employment. Insurance will be addressed during the onboarding process and at hospital orientation.

Parking: Free parking is provided in approved staff lots. Residents must use their badge to enter staff lots, per hospital policy. Parking will be addressed during hospital orientation.

Travel: Resident registration and travel to ASHP Midyear Clinical Meeting and to the Southeastern Residency Conference will be funded/reimbursed by the Department of Pharmacy. Forms must be filled out in accordance with the Erlanger Reimbursement for Travel and Business Meetings Policy.

ELECTRONIC RESIDENCY DOCUMENTS

Residents are required to maintain a record of residency documents for the duration of the residency. All forms and documents will be saved to the Pharmacy X:drive. Electronic Resident Binders should be updated monthly throughout the residency year. The following documents are required to be uploaded:

- Resident Curriculum Vitae
- Resident Academic and Professional Record
- Quarterly reports (PGY1 only)
- Drafts and completed assignments and presentations throughout the year along with any documents that highlight the learning experience of the resident
- Final copies of all completed assignments and presentations marked “FINAL”
- Examples of formative evaluations, including evaluation forms from required presentations
- Rotation hours log (PGY1 only)
- Preceptor Time Sheet (PGY1 only)

ITEMS ISSUED TO THE RESIDENT

Technology: Residents will be provided with a laptop that will be available for use while performing patient care activities. The laptop will be signed out at the beginning of the year and will be returned at the end of the residency year. Residents will be held financially responsible for their assigned laptops (in case of loss, breakage due to neglect, etc). Use of smartphones, tablets, or other devices is allowed in accordance to the Use of Personal Mobile Phones/Smart Phones and Other Personal Communication Devices While at Work Policy.

Keys: Residents will be issued a key to the clinical office at the beginning of the year that must be returned at the end of the year. Resident ID badge will serve to provide access to restricted areas of the hospital, including the main pharmacy.

WORK HOURS

Duty hours are defined as all scheduled clinical and academic activities related to the pharmacy residency program. This includes inpatient and outpatient care; in-house call; administrative duties; and scheduled and assigned activities, such as conferences and committee meetings that are required to meet the goals and objectives of the residency program. Duty hours must be addressed by a well-documented, structured process.

Duty hours do not include: reading, studying, and academic preparation time for presentations, journal clubs, and research; travel time to and from conferences; and hours that are not scheduled by the residency program director or a preceptor.

Duty hours must be limited to 80 hours per week, averaged over a four-week period, and include all in-house call and moonlighting (both internal and external). Residents must be scheduled for a minimum of one day free of duty every week, when averaged over four weeks and no at home call will be assigned on these days. Consecutive duty hours for a PGY1 resident must not exceed 16 hours in duration. Residents must have a minimum of 8 hours free from duty between scheduled duties but should ideally have 10 hours of duty free time. Duty hours will be tracked on PharmAcademic and reviewed monthly. Residents are required to inform the program director if duty hours are projected to be exceeded. If the hours are exceeded, the resident will discuss with RPD to identify cause and ensure future compliance.

Residents can view the ASHP duty hour requirements for pharmacy residencies policy here: <https://www.ashp.org/-/media/assets/professional-development/residencies/docs/duty-hour-requirements.ashx>

Moonlighting is voluntary, compensated, pharmacy-related work performed outside the organization (external) or within the organization where the resident is training (internal), or at any of its related participating sites. These are compensated hours beyond the resident's salary and are not part of the scheduled duty periods of the residency program. Moonlighting must not interfere with the ability to achieve the goals and objectives of the residency program. Residents are responsible for ensuring that moonlighting and other outside activities do not result in fatigue that might affect patient care or learning.

The RPD must be notified of moonlighting by the resident **prior** to beginning moonlighting shifts via email for tracking; details must include the site, hours, and expectations. The residency program director will monitor resident performance to ensure that moonlighting activities are not adversely affecting patient care, learning, or resulting in resident fatigue. If the residency program director determines the resident's performance does not meet expectations, permission to moonlight will be withdrawn.

RESIDENT LEAVE

Paid Time Off: each resident will accrue paid time off (PTO) of twenty (20) days which are to be used for vacation or personal days, sick days, or professional interviews. At the end of the residency, any PTO time not used will be paid to the resident two weeks after the last paycheck is issued. The following guidelines will be observed when using PTO:

- To request a PTO day (not illness related), the resident should submit the request at least two weeks in advance to the RPD, *after discussion with the primary preceptor.*
- Using PTO days for vacation time (greater than three consecutive weekdays) is most appropriate during research months, in order to maximize rotation learning experiences. **A resident must work a minimum of 15 days on each one-month rotation.**
- If using PTO days for sick time, the resident must speak directly to the preceptor and RPD two hours prior to the beginning of the work day.
- When using PTO days, the resident must submit the used hours (7.5 hours/day) to the Director of Pharmacy Services
- Unpaid leave exceeding the 20 accrued PTO days will require a meeting with the RAC to discuss how the resident may still fulfill the requirements of the program within the allotted residency year.

Extended Leave of Absence: Paid time off (PTO) is available to the resident and is accrued per Erlanger Paid Time Off (“PTO”) Policy. *Short Term Disability (STD)* is available to the resident and is accrued per Erlanger Short-Term Disability Bank Policy. A resident is entitled to *Bereavement Leave* per Erlanger Bereavement Leave Policy.

The residency program consists of 52-weeks of full-time pharmacy practice. Any unpaid leave of absence in excess of the sum of PTO and STD hours must be made up at the end of training. For example, a resident who is on leave for a 6-week disability leave but only has enough PTO/STD hours to allow 4 weeks, will make up the remaining two weeks at the end of the residency program. If a resident does not have sufficient PTO or STD then the leave will be unpaid. In order to graduate from the program, all requirements must be met in accordance with the certificate of completion statement. Residents who do not fulfill the above requirements will not be granted a certificate of completion.

Per ASHP, time away from the residency program must not exceed 37 days per 52-week training period. Thirty-seven days is defined as 37 scheduled training days and does not include compensatory days for staffing shifts. Per ASHP this includes vacation time, sick time, religious time, parental leave, interview time, personal time, military leave, jury duty time, leave of absence, extended leave, and conference days (though considered a required part of the program). Any absences longer than this will be required to be made up by July 31 to complete training.

Professional/Educational Leave: Professional or Educational Leave is provided to attend conferences and meetings. Leave requests to attend conferences (outside of ASHP Midyear and SERC) must be provided to the RPD and Director of Pharmacy at least ninety days (90) prior to

the conference. Registration, arranged travel, and reserved hotel rooms will not be considered prior to approving the request. Decisions to grant additional educational or professional leave will be based on the following criteria:

- Resident willingness to use his/her own resources to attend the meeting
- Resident rotation and duties may be covered by another resident or current preceptor
- Resident's role, if any, at the conference

RESIDENT SELF ASSESSMENT

Each resident will complete the ASHP Resident Entering Self-Assessment form outlining their practice experience and/or competency at the beginning of the residency year in PharmAcademic. These evaluations should be completed no later than July 1.

RESIDENT CUSTOMIZED PLAN

The RPD will utilize the above initial assessment to customize the training program for each resident based upon an assessment of the entering resident's knowledge, skills, abilities, and interests. Modifications may be made throughout the residency year if needed; pending preceptor availability and progress in achieving the ASHP established goals and objectives. An electronic copy of the customized plan will be available in PharmAcademic. The goals and plan will be updated and progress evaluated on a quarterly basis, discussed with both the resident and the RAC. Specific comments will be made indicating how the program's plan has been modified to account for the residents' strengths and weaknesses. The plan will also include reference to the effectiveness of previous actions taken. The initial plan will be completed prior to the end of the orientation period.

RESIDENCY EVALUATION PROCEDURES

Resident Evaluation of Preceptor and Rotation Experience: each resident will complete an evaluation of the preceptor, the rotation experience, and a summative evaluation of their performance prior to the final evaluation meeting with the preceptor. The evaluations should contain qualitative assessments of performance and focus on strengths and areas for improvement, rather than a recitation of activities performed. The preceptor will review the resident's self-evaluation and include feedback in their evaluation of the resident. The preceptor will provide verbal feedback regarding their evaluation of the resident in a timely manner. ***All evaluations must be completed within seven (7) days of the end of the rotation.***

Preceptor's Evaluation of Resident's Rotation Performance: each preceptor will complete a criteria-based evaluation of the resident after reviewing the resident's learning experience evaluation, preceptor evaluation, and summative self-evaluation. This should be completed on the last day of the rotation but no later than 7 days following the end of a rotation. Minimum requirements necessary to satisfy the **required rotations** are included in the Learning Experience expectations. Evaluation definitions include the following:

Needs Improvement (NI): the resident exhibits the need for continued practice, improvement, or exposure, or may not be able to complete the objective independently. The resident is deficient in knowledge or skills in this area, requires assistance to complete the goal or objective, or is unable to ask appropriate questions to supplement learning.

-Resident possesses some knowledge about concepts and processes but requires extensive preceptor intervention to complete tasks.

Satisfactory Progress (SP): the resident is able to complete the task, but still has specific areas for improvement. The resident has adequate knowledge or skill in this area but may occasionally require assistance to complete a goal or objective, is able to ask appropriate questions to supplement learning, and requires skill development over more than one rotation.

-Resident demonstrates skill and performs mostly independently but requires directed preceptor intervention to complete tasks.

Achieved (ACH): the resident is able to complete the task independently at the level expected by the RPD. The resident fully accomplished the ability to perform the goal or objective, requires assistance to complete the goal or objective in minimal instances, and minimum supervision is required, and requires no further developmental work in this area.

-Resident is developing the ability to practice independently with limited supervision from the preceptor.

Achieved for Residency (AchR): the resident is able to complete the task independently at the level expected by the RPD. This indicates that the resident has mastered this goal or objective and can perform associated tasks independently across the scope of pharmacy practice.

- Resident demonstrates ability to perform skill and self-monitor quality. The resident is capable of practicing independently with minimal supervision.

- Objectives related to direct patient care in R.1.1 will need to be marked as “achieved” at least twice to be marked as “achieved for residency” for the PGY1 and the PGY2 critical care programs. Other objectives need to be marked as achieved only once to be considered “achieved for residency” for these programs or for the PGY2 Infectious Diseases program.

Formative Evaluations: each preceptor must provide periodic opportunities for the resident to practice and document criteria-based, formative self-evaluation of aspects of their routine performance. These opportunities may include written feedback on notes, in-services or presentations, or rotation activities. When completed, the resident should upload this feedback into PharmAcademic and into their personal Residency (electronic) folder on the X:Drive.

Longitudinal Learning Experience Evaluation: All longitudinal learning experiences will be evaluated at periods consistent with ASHP. Evaluations must be completed within three days of the end of the quarter to allow time for incorporation into the resident’s Quarterly Evaluation by the RPD. Additional evaluations (“On Demand”) may be assigned if needed during individual learning experiences.

Quarterly Evaluations: the RPD will evaluate the resident quarterly based on the resident’s progress toward achieving the criteria-based residency program goals and objectives and individualized goals established by the resident and RPD at the beginning of the residency year, as well as overall performance feedback. The RPD will incorporate evaluations completed by preceptors and the resident’s criteria-based self-assessment. The RPD and resident will meet in person to discuss progress and plans for the upcoming quarter.

Quarter	Date Due to RPD
1 st Quarter: July 1 -September 30	September 30
2 nd Quarter: October 1-December 31	December 31
3 rd Quarter: January 1-March 31	March 31
4 th Quarter: April 1-June 27	June 20

GENERAL RESIDENCY ACTIVITIES

Resident Orientation

A formal orientation program for residents is scheduled at the beginning of each residency year. Each resident will gain experience and develop an understanding of the hospital's medication distribution system, establishing a solid foundation for the remainder of the residency year. Residents will gain experience in the steps required to ensure that medications are distributed to patients in the facility in an accurate and efficient manner, including use of pharmacy automation, Omnicell, sterile compounding, cart fill, and order entry. Residents will also discuss topics such as the design of the residency program, rotation experiences, research, medication use evaluations, professionalism, and communication skills. The RPD or designee will review the program policies with the matched candidates and will document acceptance in PharmAcademic within 14 days from the start of the residency.

Medication Use Evaluations

Each resident will perform a Medication Use Evaluation (MUE) which will aim to support or improve patient care at Erlanger. MUE topics may be determined prior to the beginning of the residency year, based on topics of interest to the department. A thorough timeline of MUE assignments and deadlines will be provided to the PGY1 resident during Orientation. PGY2 residents may have MUE assignments and deadlines provided at a later date as needs arise, but no later than May 1 of the residency year.

Research

The residency research project is an ASHP requirement and must be completed prior to graduation from the residency program. The residents will complete an original research project, problem solving exercise, or the development, enhancement or evaluation of an aspect of pharmacy services. Each research project will have a primary and secondary preceptor assigned to ensure appropriateness and completion. The research project is a longitudinal project that will be completed in stages during the course of the residency year and for PGY1 residents includes the month of February, which will be dedicated to research. **A manuscript, suitable for publication, must be submitted prior to residency graduation.** Preliminary projects will be presented at the ASHP Midyear Clinical Meeting and finalized projects will be presented at the Southeastern Residency Conference (SERC) in Athens, Georgia in late spring. The decision to publish and the publishing timeline will be up to the resident and their research team.

Academic Lectures/Case Presentations/Department Meetings

Residents must attend a minimum of 80% of academic lectures, student/resident presentations, Pharmacy and Therapeutics Committee meetings, and clinical pharmacy meetings given over the course of the residency year. Additional lectures, such as hospital-wide Grand Rounds, may be required by individual preceptors. Clinical Pharmacy Meetings are held on the third Wednesday of each month from 12:00-1:30pm in the pharmacy conference room (PCR).

Continuing Education

Each resident will present one formal continuing education lecture to the pharmacy department. The goal of this presentation is to enhance the resident's communication skills and presentation techniques. The topic of the presentation will be selected by the resident, but must receive approval from the continuing education chair and should involve a therapeutic area or therapeutic/practice controversy. An hour will be allotted for each presentation, and the content provided by the resident should be limited to 50 minutes, with 10 minutes allowed for questions. Per ACPE guidelines, interaction with the audience should be included (case studies, post-test, quiz, etc). A detailed timeline will be provided to each resident but CE application materials will be submitted to the continuing education chair a minimum of 30-days prior to the scheduled activity.

Teaching Responsibilities

Residents will participate in teaching activities at the direction/discretion of the Department of Pharmacy. The purpose of teaching activities will be to develop and refine resident communication skills and to promote the effectiveness of the resident as a teacher. Teaching responsibilities may include clinical or didactic teaching for pharmacy students, medical students, medical residents, or hospital personnel. Activities may include precepting on experiential rotations, formal lectures, case presentations, journal clubs, in-service presentations, or topic discussions throughout the residency year. The resident should seek an active role in determining opportunities to participate in teaching activities. Residents will have the opportunity to complete a teaching and learning certificate program through an associated college of pharmacy, information to be presented at the beginning of the residency year.

Recruitment

Each resident will assist with the recruitment efforts of the pharmacy program. Residents provide an important source of information and advice for potential residency candidates and will be required to participate during the Residency Showcase at the ASHP Midyear Clinical Meeting. Residents may also be given the opportunity to participate in recruitment at state residency showcases in the fall, prior to Midyear. Additionally, residents will be given time to interact with potential residents during the formal interview process.

Conference and Meeting Attendance

Attendance at the annual ASHP Midyear Clinical Meeting and the Southeastern Residency Conference (SERC) is expected as long as the resident is meeting residency requirements. The resident will participate in the active recruitment of interested candidates during the residency showcase and present the preliminary results of his or her research project at the ASHP Midyear Clinical Meeting. The formal research project will be presented at SERC. Travel expenses will be covered by the Department of Pharmacy.

PGY2 residents will be given an additional opportunity to attend a specialty conference during the residency year. Funding may be available through the Department of Pharmacy to offset conference and travel costs.

PGY1 ENTRUSTED PROFESSIONAL ACTIVITIES

Upon entry into the PGY1 Pharmacy Residency:

- Medication History/Reconciliation
- Discharge Medication Counseling
- Warfarin Education
- Drug Information Questions
- IV to PO Conversions
- Renal dose adjustments
- Appropriate literature search and review

End of Quarter One

- Communication Skills
- Anticoagulation Consults
- Pharmacokinetic Consults
- Renal Dosing Consults
- Basic central pharmacy staffing
- Documentation of Interventions
- EPIC proficiency
- Journal Club Presentation

End of Quarter Two

- Adverse Drug Event Reporting
- TPN Consults
- Leading a topic discussion/ teaching a topic to a learner
- Identify drug therapy usage issues within the hospital

End of Quarter Three

- Proficient at ACLS/Code Attendance
- CRRT/ECMO Pharmacy Consults
- Providing constructive feedback to learners
- Improving/Solving drug therapy usage issue (identified in Q2)
- Function as an independent learner in Family Medicine Clinic

End of Quarter Four

- Run a service-line independently
- Perform the shift lead role in the central pharmacy
- Collaborate with a multidisciplinary team to have interventions implemented
- Serve as a primary preceptor for a student pharmacist

PGY1 ROTATION CALENDAR

A detailed calendar will be created during the initial Resident Development meeting with the RPD which will include a plan for Orientation, TPN Boot Camp, and Rotations 1-9.

PGY1 RESIDENCY STRUCTURE

Required Rotations	Elective Rotations	Longitudinal Rotations
Orientation	Advanced Required Rotation	Nutrition Support
Internal Medicine	Family Medicine Inpatient	Anticoagulation
Critical Care (Medical Intensive Care, Surgical/Trauma Critical Care)	Emergency Medicine I and II	Pharmacokinetics
Infectious Diseases	General Pediatrics	Hospital Practice
Ambulatory Care	Neonatology	Research Project
Research	Trauma Surgery	Continuing Education Lecture
	Transitions of Care	Medication Use Evaluation
	HIV Clinic	Code Blue
	Cardiovascular Critical Care	
	Leadership	
	Management	
	Drug Diversion	
	Medication Safety	

*With the exception of TPN boot camp and Rotation #1, rotations are month-long rotations following the calendar months. TPN boot camp is limited to 2 weeks, and Rotation #1 will be approximately six weeks.

Additional Longitudinal Activities for PGY1 residents

- Nutrition Rounds
 - Mondays at 12:30 in the WW3 Conference Room
 - Attend the Monday after your weekend
- Code Response
 - Additional orientation/training will occur for codes
 - Will respond to codes Saturday-Friday following scheduled work weekends (including your work weekend)
 - Will have another pharmacist attend with you until independence has been achieved
- Pharmacokinetic/Anticoagulation Consults
 - Will be assigned by the PGY1 Chief Resident

- Expected to do at least one consult of each type per day
- Pharmacy Practice (Staffing)
 - Every 4th weekend
 - One day per week from 4pm-8pm

PGY1 PHARMACY RESIDENCY GRADUATION CHECKLIST

Each PGY1 Pharmacy Resident is expected to complete all items on the PGY1 Residency Graduation Checklist in order to successfully graduate and receive a certificate of completion from the program.

- “Achieve” 80% of Residency Goals and Objectives with “Satisfactory Progress” on the remaining 20% of Goals and Objectives with no “Needs Improvement”
- Complete Employee Online Learning per department and hospital policy
- Complete required and elective rotation experiences (52 weeks)
- Conduct one Medication Use Evaluation (MUE)
- Present results of MUE at Pharmacy and Therapeutics Committee
- Prepare and present research poster at a regional or national Clinical Meeting
- Complete year-long research project and present at Southeastern Residency Conference
- Present results of the research project to the pharmacy staff
- Complete manuscript of research project in publishable form
- Provide three de-identified patient care notes appropriately documented in the medical record
- Prepare and present two journal clubs
- Prepare and present one hour-long continuing education lecture to pharmacy staff
- Complete all required staffing shifts (every fourth weekend and one assigned afternoon per week) with absences in accordance with hospital absenteeism policy
- Participate in recruitment efforts of the department
- Complete all PharmAcademic Evaluations
- Completed preceptor time sheets (bi-weekly)
- Maintenance of electronic residency documents

PGY2 CRITICAL CARE RESIDENCY PROGRAM STRUCTURE

Required rotations (4 weeks unless specified) 4- week Elective options (2 choices)

- Orientation (2 weeks)
- Emergency medicine (6 weeks)
- Surgical/Trauma Critical Care I and II
- Medical Intensive Care I and II
- Cardiovascular ICU
- Infectious Diseases

- Pediatric ICU
- Neurocritical Care

Additional electives may be selected based on resident interest

2 week elective options (1 choice)

- Toxicology

Additional electives may be selected based on resident interest

Longitudinal Components

- Nutrition Support
 - 2 week nutrition bootcamp
 - Year long TPN management
 - Nutrition rounds with PGY1 preceptee
- Presentations
 - Critical Care Journal Club and Case Conference
 - One- hour long CE presentation
 - In-services and opportunity for UTCOP lecture
- Critical Care Management
 - Attendance at critical care related meetings
 - Critical care workgroup once per month
 - Critical care committee once per month
 - Other activities may be assigned as they arise (i.e. developing a drug shortage plan)
 - Code blue attendance
- Precepting and Teaching
 - Longitudinal precepting of PGY1 residents during the code blue experience and nutrition experience
 - Precepting students and residents during month long rotation
- Emergency Hospital Staffing
 - The critical care PGY2 resident will complete staffing in the emergency department every 3rd weekend
- Research
 - The resident will design and conduct a residency research project
 - Project weeks will be built in throughout the year to allow for facilitation of data collection
 - A MUE will also be conducted and presented. Usually this is a project that results in optimizing or creating a protocol

PGY2 CRITICAL CARE PHARMACY RESIDENCY GRADUATION CHECKLIST

The PGY2 Critical Care Pharmacy Resident is expected to complete all items in order to successfully graduate and receive a certificate of completion from the program.

- “Achieve” 80% of Residency Goals and Objectives with “Satisfactory Progress” on the remaining 20% of Goals and Objectives with no “Needs Improvement”
- Complete Employee Online Learning per department and hospital policy
- Complete required and elective rotation experiences (52 weeks)
- Conduct one Medication Use Evaluation (MUE)
- Develop or revise one protocol or conduct or revise a drug class review/monograph
- Prepare and present research poster at National or Regional Clinical Meeting
- Complete year-long research project
- Manuscript on any residency project completed during PGY2 approved by the project preceptors and RPD as suitable for publication
- Prepare and present two journal clubs
- Present four patient case presentations
- Prepare and present one hour-long continuing education lecture to pharmacy staff
- Complete required staffing shifts with absences in accordance with hospital absenteeism policy
- Participate in recruitment efforts of the department
- Complete all PharmAcademic Evaluations
- Maintenance of electronic residency documents
- Complete all ASHP required appendix topics with areas listed in the appendix encountered through patient care (as required) or didactic discussions.