



Sumner Regional Medical Center



Pharmacy Residency Manual

The PGY-1 Pharmacy Residency conducted by Sumner Regional Medical Center is accredited by ASHP

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This Residency Manual will serve as the terms and conditions of the residency

Overview of Residency Program

Purpose Statement

- The PGY1 Pharmacy Residency Program at Sumner Regional Medical Center (SRMC) builds on the 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.
- The residency training focuses on the development of skills necessary to provide optimal drug therapy to patients in a small/suburban community, function competently on inter-professional teams, and become leaders in the medication use process.

Special Features

- This is a 52 week program which can be tailored to the background and interests of the individual resident, starting July 1st.
- Pharmacy residents will work closely with SRMC providers during the experiences.
- Pharmacy residents will have opportunity to provide comprehensive medical care in a suburban community

General Residency Requirements:

- The requirements for the residency program are determined by the Residency Advisory Committee (RAC) with reference to the American Society of Health-System Pharmacists (ASHP) required outcomes, goals and objectives for residency program.
- The outcomes selected for the residency program include ASHP required outcomes, goals, and objectives.
- Residents need to satisfactorily complete all of the following tasks and assignments in order to complete the program:
 - Drug Monograph or Formulary Class Review
 - Medication Utilization Evaluation (MUE)
 - Learning experience presentations: including at least one journal club, one provider in-service, one staff in-service; one pharmacy in-service
 - Research project with manuscript suitable for publication

Residency Site:

- The residency program experiences will be at SRMC, a 167 bed community hospital
- The PGY-1 Pharmacy Residency is ASHP accredited.
- The goals and objectives, and evaluation processes are consistent with those established by ASHP for PGY1 Pharmacy Residency programs.

Residency Advisory Committee

- The Residency Advisory Committee (RAC) is responsible for and provides oversight of the SRMC Pharmacy Residency Program. The RAC is responsible for:
 - Establishing criteria for selecting residency candidates
 - Ranking of the residency candidates
 - Determining SRMC specific objectives of the residency program
 - Determining the criteria for successful completion of the residency program
- The RAC is composed of Residency Program Director (RPD), Residency Coordinator (RC), and residency preceptors. The Committee is chaired by the RPD.
- Residents are responsible for fulfilling the goals and objectives of their program as set forth by the RAC.

Overview of Pharmacy Residency Learning Experiences

Block (Rotation) Experiences

Required (5 weeks)	
Pharmacy Practice	Transitions of Care
Critical Care	Antimicrobial Stewardship
Internal Medicine	Practice Management

Electives (5 weeks) Resident chooses 3	
Anticoagulation Inpatient Services	Critical Care- Advanced
Antimicrobial Stewardship - Advanced	Internal Medicine- Advanced
Emergency Medicine	Transitions of Care - Advanced

Longitudinal Experiences

Type	Experience Examples
Education & Professional Development (52 weeks)	Journal Club, In-services, New Provider Orientation, ACLS & PALS Certification, Research Project; Drug Information Responses; Meetings (ASHP, Residency Conf., Etc) Teaching Certificate (optional)
Staffing (Aug-June) Every 3 rd weekend	Work Experience
Practice Management (10 weeks)	Practice Management

Outcomes, Goals, and Objectives of Learning Experiences:

- The experiences selected for the SRMC residency program include ASHP required outcomes, goals, and objective (Appendix A).
- Specific required and elective experiences as outlined by the ASHP and the Residency Advisory Committee for the PGY1 residency are listed in (Appendix B).

Learning Experience Guidelines

- Residents shall provide complete pharmacy services in coordination with departmental professional and support staff that are consistent with departmental policies and procedures for operations and clinical practice and meet all the requirements and obligations of pharmacists on staff.
- Residents shall actively participate in learning experience activities including team meetings, rounds, and other interdisciplinary conferences. The preceptors shall be responsible for identifying these opportunities and committing residents to effectively participate.
- Residents shall identify therapeutic problems, then develop and present therapeutic recommendations. They will also present in-services to the medical, nursing, and pharmacy staffs addressing those issues as needed.
- Residents are encouraged to seek opportunities to educate other ancillary health care practitioners such as physician's assistants, nurse practitioners, physical therapists, etc., on subjects relating to pharmacology and drug use.
- Residents shall provide clinical instruction for Doctor of Pharmacy students on pharmacy practice rotations under the supervision and guidance of their preceptors.
- The SRMC Residency Program takes a holistic approach to postgraduate training. An interdisciplinary team philosophy will be used. The team member with the greatest experience will provide leadership and mentorship to other team members.

Residency Participation Requirements

Pharmacy Department Meetings:

- Pharmacy residents are members of the SRMC Pharmacy department.
- Resident attendance at scheduled department brief and staff meetings is expected. Residents are responsible for all materials covered at the meeting. If unable to attend, residents are required to obtain a copy and read the staff meeting minutes or review pharmacy briefing update posted in the pharmacy.
- Any questions on materials covered in meetings should be addressed with the RPD or the Director of Pharmacy.

Pharmacy Department In-services:

- Residents are encouraged to attend all in-services within the Pharmacy Department.

Hospital Meetings:

- Residents are required to attend and participate in the Pharmacy and Therapeutics Committee.
- Residents are required to attend and participate in Quality associated meetings as scheduled while on learning experiences.
- Residents may be asked to participate and present at other hospital committee meetings such as Medication Safety, Antimicrobial Stewardship, Infection Control, Patient Safety Clinical Quality, and Critical Care Committee.

Required Professional Meetings:

- ASHP Clinical Midyear and a Residency Conference
 - Each resident is encouraged to submit an abstract to and present a poster detailing his/her project outline and methodology at the ASHP Midyear Clinical meeting.
- Each resident is expected to submit an abstract and complete a platform presentation at a Pharmacy Residents Conference.
- Residents with accepted posters and/or platform presentations will receive educational leave, paid registration, and travel expenses to attend these meetings.

Other Professional Meetings:

- Residents may be granted additional time to attend other professional meetings based on the approval of the RPD. Approval to attend these meetings does not guarantee that funding will be provided for registration, travel or expenses. Availability of funding will be reviewed on a case-by-case basis.

Residency Recruitment:

- All residents must participate in the recruitment efforts of SRMC's residency program. Each resident is an important source of information and advice for potential candidates. There will be scheduled time within the interview process for candidates to interact with current residents.
- Current residents are required to spend time providing information to interested parties during the ASHP Midyear Clinical Meeting or other recruitment event as assigned.

Presentations:

- Residents are required to perform:
 - Learning experience presentations
 - New provider and Nursing orientation
 - The residency project presentation given at a Pharmacy Residents Conference with practice sessions presented to the staff preceding the Conference.
- Presentation Evaluation Form should be complete by preceptors and shared with residents (Appendix C)
- Residents may complete at least one evaluation of a Preceptors presentation and discuss feedback with the preceptor.

Journal Club:

- Resident journal club is a forum where residents present a recent, original research journal article for discussion with pharmacy students, other residents, preceptors, and staff. The goal of this experience is to provide an arena for critical literature evaluation and presentation interaction not uniformly available to all residents via other established activities. Residents, along with their preceptors, will facilitate discussion and interaction throughout the presentation.
- Residents are required to attend at least 80% of pharmacy journal club sessions.

Drug Monograph or Drug Class Review:

- Each resident must complete a drug monograph for SRMC Formulary Review. The drug monograph review should include at a minimum: pharmacology of the medication, adverse events, issues related to administration, and cost information on the medication. Residents should review current medical literature and summarize the key clinical trials of the medication. Residents should consider the efficacy, toxicities, and costs of the agent being reviewed in formulating a recommendation on the medication.
- Residents may be asked to conduct a medication class review in lieu of a drug monograph.
- The drug monograph or drug class review should be presented to P&T or other appropriate hospital committees. Residents are also responsible for disseminating information related to formulary change to the medical and nursing staff.
- If a new medication is added to the formulary, the resident is responsible for ensuring that appropriate procedures and monitoring are in place for proper use of the medication.
- The RPD and/or RC are responsible for assigning and approving all drug monograph or drug class reviews.

Medication Utilization Evaluation (MUE):

- Each resident shall complete a Medication Utilization Evaluation to develop an understanding of the medication use cycle. The MUE should include: reason(s) for selecting the medication, a summary of background information on the medication, a detailed description of the methodology on how the information was collected and analyzed, a summary of results of their findings, and recommendations. The MUE will be presented to an appropriate committee to which the information is being reported.
- The RPD and/or RC must approve all MUEs. Satisfactory performance, as determined by RPD, is required for successful completion of the residency program. Additional MUEs may be requested as part of activities on a specific rotation but are not required for completion of the residency program.

Staffing Commitment Guidelines

Goal:

- The goal of the staffing commitment is to ensure that each resident can function independently as a pharmacist within the SRMC Department of Pharmacy.

Description

- The minimum staffing requirement is one weekend out of every three weekends on Saturday and Sunday. Residents will receive the Monday following each staffing weekend off (or appropriate commiserate time as coordinated by the resident, RPD and preceptor). Additional staffing during one day of the week for a limited number of hours may occur based on the residents staffing progress and training needs.
- Each resident will train with preceptors as assigned. Basic training will take place during Orientation and Pharmacy Practice experience. At the conclusion of the training period, the resident and the resident's preceptors in collaboration with the RPD will determine in

what areas the resident is ready to function independently and areas that require additional training. Training competencies that have been met will be documented on the Inpatient Staffing Training checklist for Pharmacy Residents (Appendix D).

- At the conclusion of the training period, a list of areas requiring additional training will be formulated. A specific plan will be developed with input from the preceptors and the resident to provide additional training/experience. Progress on this plan will be evaluated at least quarterly.
- Residents may be permitted to work additional shifts within the Pharmacy Department. These shifts **must not** interfere with any of the residents' learning experience requirements and must be approved by the residents' preceptors and the RPD. Residents will only be scheduled to work in the area(s) in which they have trained. The residents' work schedule will be made at least 2 weeks in advance of their scheduled work dates. For further details, see Policies: Duty Hours and Moonlighting.

Research Project

Requirements

- Each resident will complete a research project during the residency.
- All projects must be approved by research preceptors.

Project selection/Scope of projects/Approval

- The topic for the research project is based on the interests of the resident, the needs of SRMC, the safety and benefits to participating subjects, feasibility of the project, and time and resources required. To assist with the selection of a research topic, a list of potential research topics may be provided to the residents at the beginning of the residency. Residents are encouraged to develop and bring their own ideas for a research project.
- Residents will follow the Research Process/Timeline Example (Appendix E)
- Residents will submit the first draft of an abstract/protocol to their research preceptors by the second Monday of September. The research preceptors will review all proposals and determine the feasibility of the projects. Research preceptors will provide feedback and additional recommendations to the residents.
- Residents will write up the proposal and submit it to the SRMC RAC for review. Residents will be required to address concerns and make appropriate modifications to gain SRMC RAC approval. The approval must be obtained before the residents can proceed with collecting patient data for their projects.
- Project weeks: Residents will be assigned project weeks. Most research projects will not be able to be completed during the assigned weeks. This will require the residents to work on the project longitudinally during other experiences. The research project should not interfere with the completion of other duties and assignment of other experiences.
- Residents must submit slides for review to their research preceptors as defined in the Research Process Timeline. Research preceptors will provide timely feedback to the residents.
- Residents will make revisions to presentation based on comments from research preceptors. Residents will give a finalized presentation to research preceptors and RPD

at least one week prior to the Residency Conference deadline for submission. Residents will attend the Residency Conference and present their research in an appropriate forum.

Research Project Evaluations:

- The progress of research projects shall be evaluated at least quarterly in the Education and Professional development longitudinal experience in PharmAcademic.

Research Project Completion:

- The project will be considered complete when the stated objectives are met. Each resident is required to prepare a manuscript of his/her research project in a form that is suitable for publication.
- The exact format of the manuscript will be dependent upon where the residents and preceptors plan to submit their manuscripts. If a resident has no specific plan to submit his/her manuscript, it should be prepared consistent with the guidelines for the American Journal of Health System Pharmacy.
- A draft manuscript must be submitted to research preceptors and the RPD approximately four weeks prior to completion of the program. The resident must make changes to the manuscript as recommended by research preceptors and provide a final version approximately 1 week prior to completion of the program.
- The residency certificate will not be awarded until the project is completed and the RPD deem the manuscript written as acceptable. The manuscript must be included in the resident's electronic portfolio and uploaded to Pharmacademic. The manuscript does not need to be accepted for publication in order for the resident to complete the program.

Resident Assessment Strategy

Initial Resident Self-Evaluation

- The RPD will send the ASHP Self-Assessment form to incoming residents approximately one month prior to the beginning of their residency. The incoming residents are required to complete the Self-Assessment form and submit them back to the RPD no later than the first week of the program.

Resident Development Plan

- Based on information from the ASHP Self-Assessment, each resident, along with the RPD, will create an initial plan for the resident. This plan should include the resident's areas of interests, specific objectives for the resident to accomplish based on the individualized goals, the resident's strengths and weaknesses, and any specific plans or learning experiences for the residency. The RPD will compare the resident's strengths and weaknesses against each of the program's required educational objectives and use the findings to adjust the program's basic design components to meet residents' needs. The RPD will review all initial development plans with each resident and make recommendations for modifications to the plan in achieving research requirements.

- The initial plan will be updated quarterly by each resident and reviewed by the RPD. The initial plan and updates to the plan will be shared with all preceptors quarterly. Residents and Preceptors should review them prior to the beginning of each learning experience. Updates to the plan should address any changes in the interests or plans of each resident and any changes in perceived weaknesses or strengths. The quarterly plan should include current status of the research project and progress made.
- Each time the plan is updated, the status of residency requirements along with goals and objectives for the residency will be reviewed and documented. Goals and objectives that have been met may be determined to be achieved for the residency. Those goals and objectives that are determined to be 'Achieved for Residency' will be marked as such by the RPD in PharmAcademic. RPD will also track and document residents' completion of program requirements.

Feedback

- Regularly scheduled feedback sessions should occur for each experience. Preceptors are encouraged to give feedback on a weekly basis and document these sessions in PharmAcademic. These formative assessments should be used to monitor the learning process and improve communication.

Evaluations for Learning Experiences:

Midpoint and End of Experience summative self-evaluation:

- A midpoint evaluation is optional. If used, it should be completed independently by the learning experience preceptor and the resident around the midpoint of the experience and saved but not submitted in PharmAcademic. The preceptor and resident evaluations should be completed independently so as to encourage the resident to develop self-evaluation skills. The resident is responsible for scheduling time with the preceptor to discuss the midpoint evaluation. Both the preceptor and the resident should print out a copy of their midpoint evaluations to bring to the discussion.
- Midpoint evaluations should be completed and discussed around the midpoint of the experience and are encouraged for Longitudinal experiences.

Summative Evaluation and Summative Self-Evaluation:

- The summative evaluation and self-evaluation are based on the specific objectives and goals set for the experience. The preceptor and the resident evaluations should be completed independently so as to encourage the resident to develop self-evaluation skills and not to bias the evaluation of the other. The evaluations should be completed and saved but not submitted in PharmAcademic.
- The objectives of the summative evaluation are scored on a scale of 'Needs Improvement', 'Satisfactory Progress', 'Achieved' and 'Not Applicable' (Appendix G). This evaluation summarizes the resident's performance throughout the learning experience. Both the resident and preceptor will independently complete the summative evaluation, commenting on the resident's progress toward achieving the assigned objectives with reference to specific criteria on how the resident can improve his/her performance in subsequent learning experiences. The resident and preceptor will then compare and discuss the evaluation no later than 7 days from the end of the experience. This discussion will include qualitative feedback on the resident's

performance of the activities, opportunities for improvement, and accuracy of the residents' self-assessment skills.

- The resident is responsible for scheduling time with the preceptor to discuss the summative evaluations. The discussion will be documented in comments section at PharmAcademic evaluation. The resident and the preceptor need to sign off and provide comments on each other's evaluations in PharmAcademic within 7 days. Summative evaluations are then forwarded to the RPD for review and comment. The summative evaluations will be provided to and reviewed by the preceptors in subsequent learning experiences.
- All summative evaluations should be completed by the last day of the learning experience. Any summative evaluations that are more than 10 days past due may prevent a resident from advancing to the next experience until which time the evaluations are completed.

Longitudinal Experiences:

- Longitudinal experiences require quarterly summative evaluations by the preceptors and self-evaluations by the residents (optional). Preceptors may choose to use an alternative periodic evaluation strategy as long as it provides adequate opportunity for evaluation and is conducted quarterly.
- The resident and the preceptor evaluations should be completed independently in PharmAcademic so as to encourage the resident to develop self-evaluation skills. The resident is responsible for scheduling time with their preceptor to discuss the quarterly evaluation. Both the preceptor and the resident should print out a copy of their evaluations to bring to the discussion.
- After the discussion of the evaluations, the preceptor and resident should submit their evaluations in PharmAcademic. The resident and the preceptor need to sign off and provide comments on each other's evaluations in PharmAcademic within 7 days. The signed evaluations are then submitted to the RPD for review and signature.

Resident's Evaluation of Preceptors and Learning Experiences

- Each resident will complete a Resident's Evaluation of Preceptor and Learning Experience form at the end of each learning experience via PharmAcademic. The resident evaluation of the preceptor and learning experience should be saved in PharmAcademic, and discussed with the preceptor during the meeting to discuss the summative evaluations.
- These evaluations should then be submitted within 7 days of the end of the experience and signed off by the residency preceptor in PharmAcademic.
- These evaluations will then be forwarded to the RPD for comment and review.
- All Preceptor and Learning Experience Evaluation forms should be completed by the last day of the learning experience. Any Preceptor and Learning Experience Evaluation forms that are more than 10 days past due may prevent a resident from advancing to the next rotation until which time the evaluations are completed.

Evaluation of Program

- Residents will be expected to bring program issues to the attention of the RPD, the RC, or to the RAC at any time.

Residency Evaluation Summary

Residents:

- Initial self-assessment form
- Initial resident development plan
- Learning experiences: Summative evaluations at midpoint (optional), summative self-evaluations (optional), preceptor evaluations and learning experience evaluations by the last day of the learning experience
- Longitudinal: Summative self-evaluations quarterly (optional), preceptor evaluations and learning experience evaluations by the last day of the learning experience
- Quarterly updates to resident development plan

Preceptors:

- Learning Experiences: mid-point formative evaluations (optional) and end of experience summative evaluations by the last day of the learning experience
- Longitudinal: Summative evaluations quarterly

Residency Program Director

- Meet with each resident at beginning of program to review interests and self-assessment
- Assist with the development of the initial resident development plan
- Review and sign off all learning experience and longitudinal evaluations, preceptor evaluations, and self-evaluations
- Update resident development plan at least quarterly. During this update, requirements of the residency will be documented and goals and objectives that have been achieved will be marked as 'Achieved for Residency'. Progress of the Research Project will be reviewed and documented.

Compliance with Established Evaluation Policy

Compliance with this evaluation policy as approved by the Residency Advisory Committee and consistent with ASHP guidelines for Residency Training is essential for the professional maturation of the residents and the residency program. Failure to comply with the policy will be addressed by the Residency Advisory Committee. Non-compliance with the evaluation policy by a resident may prevent the resident from advancing to next scheduled experience. Continued failure to comply with the evaluation policy by a resident may result in dismissal from the residency program. Non-compliance with the evaluation policy by a preceptor may result in elimination of an experience and/or suspension of the preceptor from participating in the residency program.

Duty Hours and Moonlighting Policy

Duty 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, committee meetings, and health fairs that are required to meet the goals and objectives of the residency program.

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

SRMC will adhere to the ASHP Duty-Hour Requirements for Pharmacy Residencies (revised 2022). Residents will attest to compliance with Duty Hours policy at least monthly in PharmAcademic.

[Duty-Hour Policy \(ashp.org\)](https://www.ashp.org/education/residency/program-requirements/duty-hours)

Limitation on work hours

- Duty hours must be limited to 80 hours per week over a 4 week period, inclusive of all in-house call and moonlighting activities.
- Mandatory time free of duty: 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.
- Continuous duty periods of residents should not exceed 16 hours. Residents must have at a minimum 8 hours between scheduled duty periods. Duty hours will be tracked via PharmAcademic and may be tracked on the Duty Hour Log Sheet if concerns arise (Appendix H)

Moonlighting:

Moonlighting is defined as voluntary, compensated, pharmacy-related work performed outside the organization or within the organization, or any of its related participating sites where the resident is training. These are compensated hours beyond the resident's salary and are not part of the scheduled duty periods of the residency program.

Should the resident participate in moonlighting activities, such activities may not interfere with the ability of the resident to achieve the educational goals and objectives of the residency program.

The resident is allowed to moonlight up to a maximum of 10 hours per week. Moonlighting is prohibited during resident duty hours. Moonlighting hours will be added to the duty-hour limits and the Resident hours must remain in compliance with the ASHP Duty-Hour Requirements for Pharmacy Residencies

Procedures for moonlighting:

1. Resident must notify RPD and rotation preceptors in advance for any moonlighting activities.
2. Approval for moonlighting by the RPD must be documented in the resident's binder by completing the Moonlighting Approval Form (Appendix I).

3. The resident must log all moonlighting hours as they occur on the Moonlighting Hours Log (Appendix I). The resident should report to RPD immediately if a violation occurs.
4. The RPD should review the Moonlighting Hours Log monthly upon resident completion of PharmAcademic™. attestation. The RPD and/or Residency Coordinator will discuss and evaluate the number of moonlighting hours the resident has worked if applicable.
5. Should the resident engage in unauthorized moonlighting activities or is noncompliant with the policy, disciplinary action will be taken. Specific disciplinary action will be determined by the RPD.

Pharmacist Licensure Policy for Pharmacy Residents

The pharmacy resident should submit appropriate documentation to the State Board of Pharmacy where they will pursue pharmacist licensure **as soon as possible after learning where they have matched for their residency program.**

The resident must be fully licensed as a pharmacist (successfully passing the NAPLEX and MPJE exam and having an active pharmacist license) within 90 days of the beginning of the residency.

If the resident is not licensed within 90 days of the beginning of the residency program, the following describes the outcome for the resident:

1. If the resident has not taken both the NAPLEX and MPJE exams within 90 days of the beginning of the program, the resident will be dismissed from the program.
2. If the resident has taken, but not successfully passed either the NAPLEX or MPJE exam, or both, the Resident Advisory Council (RAC) may consider allowing a 30-day extension, which will allow the resident to complete two-thirds of the residency as a licensed pharmacist.
 - a. If approved, this extension will be noted in the RAC minutes.
 - b. If this extension is not approved, the resident will be dismissed.
3. If a 30-day extension has been provided and the resident is still not licensed as a pharmacist, the resident will be dismissed from the program.

Under Tennessee Law, pharmacist interns may perform all functions that pharmacists perform while under the supervision of a pharmacist, therefore, residents practicing as interns are able to perform all assigned duties in the residency program if a pharmacist is overseeing resident activities. **Any Leave required for licensure will come out of the Residents PTO time unless otherwise approved by the RPD. If the resident is not a licensed pharmacist when the residency begins, he or she must show proof of actively pursuing licensure upon start of the program to achieve licensure by the deadlines mentioned above. Failure to do so may result in delay in starting the residency program or possible dismissal from the program pending review by RAC.**

Benefits & Leave Policy

- Residents are classified as regular, full-time, exempt employees of Sumner Regional Medical Center and are eligible for benefits as such. The Pharmacy Resident will follow accepted procedures for the use of leave, and will maintain the responsibility of fulfilling all requirements for completion of their residency program if any such leave is used.
- **Paid Time Off (PTO):** Residents accrue 6.63 hours of PTO (Vacation, Holiday, and Sick leave) per pay period in addition to Extended Illness Bank (EIB) of 2.02 hours per pay period. EIB will not begin accruing until after an employee has completed 90 days of continuous service. Residents are entitled to receive pay for all PTO hours earned but not utilized unless residents are terminated for cause (i.e., violation of Drug and Alcohol Free Workplace Safety policy, violence in the workplace, etc.) and applicable state law permits. If more than the allotted number of PTO is requested prior to being accrued, the time off will be unpaid. Unused PTO accrual payment should be made with the last paycheck in accordance with applicable state law.
 - **Vacation:** Requests for leave are made directly via email to the RPD and experience preceptor. The experience preceptor and RPD may approve or disapprove vacation requests based upon the ability of the resident to complete the appropriate objectives. The RPD will also consider staffing needs of the department if the requested time off corresponds to a scheduled staffing time for the Resident. The resident will not be permitted to take vacation leave during the last two weeks of the residency (i.e., resident must be present on the final day of your residency and complete all appropriate termination forms required).
 - **Sick Leave:** Minor sick leave (PTO) is used when 16 hours (two work days) or less of sick time is used. Major sick leave is used when the resident is sick for more than 3 consecutive days. If a resident is sick for 3 or more consecutive days, a doctor's excuse is required and EIB may then be used. When a resident has an unanticipated sickness, he/she needs to notify their preceptor and RPD directly. If more than the allotted number of PTO hours is used, the time off will be unpaid.
 - **Time off:** To ensure completion of minimum of 52 weeks in the program, Leave-time will be limited to no more than 14 days during the program and no more than 20% for each experience (i.e. 5 days in a 5 week experience). Requested leave time in excess of these limits will be evaluated on a case by case basis by the Preceptor and RPD for ability to make-up time for the experience. The extended leave of absence provision will apply for leave in excess of the 14 day limit.
 - **Holiday Coverage:** Resident coverage of holidays may be required. Minor Holidays include: Memorial Day, July 4th, and Labor Day. Major Holidays include: Thanksgiving Day, Christmas Day, and New Year's Day. Major and minor holidays will be distributed as evenly as possible among residents.
 - The policy Paid Time Off (Vacation/PTO/EIB), can be found at [Document Center - Paid Time Off Program and Extended Illness Bank HR.010.pdf - All Documents \(sharepoint.com\)](#)
- **Health, Dental and Vision Insurance:**
 - Residents are eligible to receive health, dental, and vision insurance through their employment. Information on rates and plans available to the resident is available through the Human Resources department.

- **Educational Leave, Expenses and Travel:**
 - Educational leave may be used for attendance at educational, professional meetings or interview days. The resident may be granted up to 10 days (80 hours) of educational leave for attendance at professional meetings. Education leave needs to be approved by the preceptor and the RPD. The decision to approve educational leave will depend on the relevance of the program to the residency, the ability of the resident to complete the required objectives of the program, and if the resident has an accepted presentation or poster at the meeting.
 - The Residency Program will grant educational leave and fund registration and travel for the resident to attend both the ASHP Midyear Clinical Meeting and a Residency Conference.
 - Approval to attend additional meetings does not guarantee that meeting registration or travel expenses will be covered by the residency program. The resident also needs to submit in writing to the RPD, justifying the request to attend the meeting and cover registration and/or travel to the meeting. The decision to fund registration and/or travel will be dependent on the importance of the meeting to the residency program and the availability of funding.
 - Pre-travel requests for educational meetings should be turned in to the RPD six weeks prior to travel. Each pre-travel request should include the estimated travel expenses, registration fee and a program brochure describing the educational program the resident is attending.
 - Meeting registration and travel related expenses such as airfare, hotels, parking, food, and shuttle will be reimbursed by Sumner Regional Medical Center via completion of Travel Request and Reimbursement Form. All expenditures for professional leave must be verified by submission of receipts. The resident may not submit for reimbursement until he/she has attended the educational conference.

Extended Leave of Absence

- Absence from residency education, in excess of 14 days must be made up, and the time must be added to the projected date of completion of the required 52 weeks of training.
- It is the goal of the Pharmacy Department and SRMC to work with each resident on an individual basis to maintain his/her status and allow for completion of his/her residency.
- RPD and RC will meet with the resident and/or discuss all feasible options on a regular interval to determine if program completion can be accomplished within a mutually amenable time frame. The plan will be presented for approval to the RAC.
- The 52 weeks of training must **not** be extended for **more than 90 days** to allow completion of program requirements. Once the annual salary has been paid out at the amount offered in the offer letter, the time spent in completing requirements will then be unpaid.
- Program dismissal is a last resort and will only be considered if the resident is either physically unable or unwilling to complete program requirements or if a mutually amenable plan is not able to be developed.
- Information on benefits extended to Pharmacy Residents who qualify for a leave of absence can be found under policy number HR.001, Leave of Absence in the Human Resources policy section on Policystat.

Failure to Progress

If expectations for resident performance are not met on required experiences, the resident will be required to repeat the rotation resulting in potential extension of the residency program. If required, further remediation plans will be determined by the RAC.

Disciplinary Action and Dismissal Policy

- Disciplinary actions or dismissal from the program are actions that are considered when residents do not meet program or learning experience expectations. Residents will be informed of program requirements and expectations for conduct at the beginning of the residency experience. Specific rotational expectations will be communicated by the preceptor at the beginning of each rotation and throughout. Residents must abide by the rules, regulations and decisions of the Residency Advisory Committee (RAC) and SRMC. Residents that fail to follow these rules, obtain state licensure in a timely manner, violate patient rights or SRMC policies will be evaluated for disciplinary actions including dismissal from the program.
- The normal steps in a disciplinary action process are as follows:
 1. The resident shall be given verbal counseling by his/her preceptor or the RPD. If the issue involves the performance in work rotation or SRMC issue, the verbal counseling may be conducted by the RPD. He/she will be counseled on the actions necessary to rectify the situation involved. A record of this interaction may be documented in the resident's personnel file. The remedy or disciplinary action will be decided by the RPD in accordance with SRMC policies.
 2. If the resident continues to fail in his/her efforts to meet the requirements of the program, he/she shall be given a written recommendation by the RPD and will be counseled on the actions necessary to rectify the situation. The written recommendation will be placed in the resident's personnel file. The recommendations may be accompanied by a written plan for corrective actions.
 3. Any resident that is given a written plan of corrective actions will need to meet periodically with the RPD to ensure adequate progress is made towards correcting the issues raised in the plan. Failure to make adequate progress following the plan of corrective actions may result in termination from the program and/or failure to successfully complete the program.
- The RPD may consult with the RAC regarding appropriate disciplinary action.
- When disciplinary action is indicated, the RPD (or rotation preceptor in conjunction with the RPD) will take appropriate action based on the situation and circumstances (See Corrective Counseling/Discipline & Behavioral Accountability) via SRMC Intranet:
[Corrective Counseling, Discipline and Behavioral Accountability - HR.005.pdf \(sharepoint.com\)](#)
- When dismissal from the program may be indicated, the RPD will make recommendations to the RAC. The RAC will make the final decision concerning dismissal from the program.
- Dismissal from the program may occur in consultation with Human Resources during the resident's first 3 months of employment. If problems are discovered after this time, the resident will go through disciplinary action as described above.

Successful Completion of PGY1 Pharmacy Residency Program

Residency Certification

A residency certificate is awarded upon the successful completion of all residency requirements. Ordinarily all training requirements must be met within the 52 week residency period.

Requests to complete the residency beyond 52 week time period will be evaluated on a case-by-case basis. The RPD and preceptors will evaluate the circumstances for which the resident is not able to complete all requirements for the residency program during the scheduled time period, and the ability of the program to accommodate the residents after the scheduled end to their residency.

Residency certificates will be withheld until **all** requirements are successfully completed as designated on the residency checklist (Appendix J). Status of the checklist will be reviewed at each quarterly RAC. Requirements for successful completion of the residency are as follows:

- Achieve all SRMC PGY1 Pharmacy Residency Program Critical Learning Objectives (Appendix A) and 75% of the remaining SRMC PGY1 Pharmacy Residency Program required objectives as evidenced by having three quarters (or more) of the objectives marked as “Achieved for Residency” prior to completion of the program. Any remaining goals must be marked as “Achieved” or “Satisfactory Progress” in PharmAcademic™.
- Completion of all assignments and projects as defined by the preceptors and the RPD. Minimal deliverables include:
 - Drug Monograph or Formulary Class Review
 - Medication Use Evaluation (MUE)
 - Learning experience presentations: including at least one journal club, one provider in-service, one staff in-service; one pharmacy in-service
 - Successful presentation of Resident Research Project at an approved Residency Conference or equivalent forum
 - Completion and presentation of a residency project with a manuscript that is suitable for publication and approved by the RPD.
- Completion of all assigned residency evaluation in PharmAcademic™.
- Compliance with all institutional and departmental policies.

Evaluation of the resident’s progress in completing the requirements of their program will be done on a periodic basis and not less than quarterly by the RPD with the residents. This evaluation will include a review of the resident’s progress in the program as reflected in the quarterly development plan.

Residents who complete all requirements and comply with all conditions of the program will be awarded a resident certificate of completion. The language on the certificate will match ASHP’s requirements for certification of graduation. Residents who successfully complete the program will be reported to ASHP.

Expectations and responsibilities of the resident

Residents must abide by all pertinent SRMC Policies and Procedures that apply to employment and conduct at SRMC. All policies can be found online at SRMC Intranet. Expectations and responsibilities contained herein may be in addition to those in force at the SRMC.

Professional Conduct

Residents, as representatives of SRMC and the profession of pharmacy, are responsible to uphold the highest degree of professional conduct at all times. Residents will display an attitude of professionalism in all aspects of their daily practice.

Professional Dress

Residents are expected to dress in an appropriate professional manner (e.g., shirt and slacks for men, blouse and slacks/skirt for women, professional scrubs on appropriate experiences as approved by the preceptor) whenever they are in the institution or attending any function as a representative of SRMC (See SRMC dress code policy for additional information). Any specific problems with an individual's dress will be addressed by the preceptor or the RPD.

Employee Badges

SRMC Security requires all personnel to wear their badges at all times when they are at a SRMC facility. If the employee badge is lost, the resident must report the loss immediately to security and pay a replacement fee. Additional information on the SRMC policy regarding employee badges can be found on the SRMC intranet.

Attendance

Residents are expected to attend all functions as required by the RAC, the RPD, the RC, and learning experience preceptors. The residents are solely responsible for their assigned staffing duties, and assuring that these service commitments are met in the event of their absence. All excused absence requests should be discussed in advance with the involved preceptor to assure that service responsibilities can be fulfilled. An excused absence is defined as annual leave, sick leave, or professional leave discussed with and approved by the RPD and preceptor. If a resident is scheduled to staff for a weekend shift and calls in sick, he/she must work an additional shift on a subsequent schedule.

Patient Confidentiality and Patient Rights

Patient information and medical records are kept at the strictest confidentiality level. No patient information will be discussed in any public areas, such as an elevator, stairway, or cafeteria. Patient information is available only to persons who have a need to know for the care of the patient. Patient confidentiality must be strictly maintained by residents at all time. Any consultations concerning patients will be held in privacy with the utmost concern for the patients' and families' emotional and physical well-being. Any violations of patient confidentiality may result in disciplinary action against the resident up to and including dismissal. Additional information on Patient Confidentiality can be found on the SRMC Intranet site.

Preceptor Development Policy

SRMC will offer educational opportunities for preceptors to improve their precepting skills. Annually, a preceptor development plan will be developed to focus on areas of needs. In addition, new preceptors may be required to complete additional preceptor training. The residency program director, in conjunction with the residency advisory committee, will be responsible for the following on an annual basis:

- An assessment of preceptor needs
- Schedule of activities to address identified needs
- Periodic review of effectiveness of plan

Assessment of Preceptor Development Needs:

- Preceptors will be required to complete the Preceptor Self-Assessment (tool or evaluation) annually.
- The RPD will review residents' evaluations of preceptors as they become available and learning experiences annually to identify potential needs.
- The RPD will solicit feedback from residents annually.
- RPD will review ASHP residency accreditation site visit recommendations, if applicable, to identify any recommendations or areas of partial compliance which pertain to precepting skills.

Development Process for Annual Preceptor Development Plan:

- Preceptor development needs identified through the assessment process will be discussed annually as part of the annual end-of-year preceptor meeting.
- The RPD and preceptors will jointly decide on the areas of preceptor development to focus on during the upcoming year.
- The RPD (or a designee) will develop a tentative preceptor development plan for the upcoming year with activities to address areas of need and a schedule of activities and will be presented to the residency advisory committee (RAC) at the next scheduled RAC meeting.
- If preceptor development needs have been identified for individual preceptor(s) which will not be met by the current preceptor development plan, the RPD may also develop an individual plans for these preceptors in addition to the plan for the preceptor group.
- The preceptor development plan will be publicized to all preceptors and will be documented as an attachment to the July RAC minutes (or at the next scheduled meeting if the July meeting is cancelled).

Review of Effectiveness of Previous Year's Plan:

- Review of current preceptor development plan will occur annually at the end-of year preceptor meeting and documented in the minutes. Effectiveness of the plan will be assessed as follows:
 - Review of current preceptor needs assessment results to determine if any needs addressed through preceptor development activities in the past year are still identified as top areas of need.
 - Discussion with preceptors of the effectiveness of activities utilized on the past year to address preceptor development needs
- The discussion of effectiveness of previous year's plan will be utilized when developing topics, scheduling, and preceptor development activities for upcoming year.

Additional Required Preceptor Training for New Preceptors:

- Read and discuss "Guidance Document for the ASHP Accreditation Standard for Post-Graduate Year One (PGY1) Pharmacy Residency Programs" with RPD.
- Read SRMC Residency Manual and review with RPD

Other Opportunities for Preceptor Development for SRMC Preceptors:

- Preceptors may attend programs locally, regionally, or nationally to enhance their precepting skills. Preceptor will submit a request to the Pharmacy Director if requesting professional leave or travel reimbursement. Attendance at professional meetings is subject to SRMC's travel policy.
- Those who attend meetings which provide education regarding training will share the information at a RAC meeting or other forum as appropriate.
- Material for self-study will be circulated.
- Professional Associations and Pharmacist Letter have educational programs available to orient new preceptors.
- Lipscomb University College of Pharmacy, ASHP, and other web based programs are available.

Selection of Candidates for the Residency Program

- SRMC pharmacy residency program will select candidates through the ASHP residency matching program. The program will be registered with the national matching service and will only consider candidates that have registered with the residency matching program. The program will abide by the rules of the ASHP residency match available at <https://www.natmatch.com/ashprmp/index.html>
- In order to apply to the SRMC Residency program, each candidate must submit an application that includes the following:
 - A letter of intent stating his/her interests and goals
 - Curriculum vitae
 - Copies of all pharmacy school transcripts
 - Letters of recommendation from healthcare professionals who can attest to the candidate's abilities.
- Candidates for the program will be considered for interview based on the following criteria:
 - Curriculum vitae
 - Letter of Intent
 - Leadership experience (Professional and Non-Pharmacy related)
 - Additional relevant degree(s)
 - Pharmacy work experience (not inclusive of pharmacy school IPPE/APPEs)
 - Community service
 - Publications/Presentations
 - Research and Projects
 - Rotation experience (APPEs)
 - Pharmacy school GPA/ Pass Fail assessment
 - Letters of Recommendation
- The above criteria will generally be assigned a score of 0 through 4, with 0 being very poor and 4 being excellent utilizing the facilities Resident Applicant Review Form. Each resident candidate application should be reviewed by at least two members of the RAC. Each resident candidate will receive a score from each reviewer and the average score from all the reviewers will be the candidate's pre-interview score. Additional preceptors may be asked to review a candidate's packet if there are large discrepancies in reviewer's scores or the candidate is on the border of being considered for the program.
- The top candidates based on pre-interview scores and the recommendations of the RAC will be invited for an interview. During the interview the candidates would interview with the RPD, RC, preceptors, residents, and hospital administrators (when available). Each interviewer will be provided a list of standardized questions to ask the candidates. Candidates may also be asked to make a brief presentation or case assessment and be prepared for a question and answer session by interviewers. Interviewers will score each of the residency candidates based on their interview with the candidate utilizing the Pharmacy Resident Interview Rubric and patient case or topic presentation utilizing the Presentation/Assessment Rubric.
- After the interview process is completed, all interviewers will meet to perform the final ranking of candidates based on pre-interview and interview scores.

- The RPD shall submit the approved rank list to ASHP Resident Matching Program before the deadline.
- **Unmatched Positions:** Any unmatched positions after the national match will be attempted to be filled if there is funding available. Interested unmatched candidates will be asked to submit a letter of intent, CV and a copy of their transcripts (unofficial transcripts will be accepted). Preference will be given to candidates that were enrolled in the ASHP match and remained unmatched. The RPD and at least one other member of the Residency Committee will invite the top candidates to interview on site or by phone. The RPD will submit the proposed candidates for selection to the Residency Committee for final approval. Final approval may be obtained by phone or e-mail because of the short timeline committing residents during the post-match period.
- Sumner Regional Medical Center is not influenced or affected by an applicant's race, color, religion, age, gender, ancestry, national origin, disability, sexual orientation, or any other status protected by applicable federal or state law.

Appendix A: Goals and Objectives for SRMC PGY1 Pharmacy Residency

**** SRMC Critical Learning Objectives are highlighted ****

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.

Objective R1.1.1: (Applying) Interact effectively with health care teams to manage patients' medication therapy.

Objective R1.1.2: (Applying) Interact effectively with patients, family members, and caregivers.

Objective R1.1.3: (Analyzing) Collect information on which to base safe and effective medication therapy.

Objective R1.1.4: (Analyzing) Analyze and assess information on which to base safe and effective medication therapy.

Objective R1.1.5: (Creating) Design or redesign safe and effective patient-centered therapeutic regimens and monitoring plans (care plans).

Objective R1.1.6: (Applying) Ensure implementation of therapeutic regimens and monitoring plans (care plans) by taking appropriate follow-up actions.

Objective R1.1.7: (Applying) Document direct patient care activities appropriately in the medical record or where appropriate.

Objective R1.1.8: (Applying) Demonstrate responsibility to patients.

Goal R1.2: Ensure continuity of care during patient transitions between care settings.

Objective R1.2.1: (Applying) Manage transitions of care effectively.

Goal R1.3: Prepare, dispense, and manage medications to support safe and effective drug therapy for patients.

Objective R1.3.1: (Applying) Prepare and dispense medications following best practices and the organization's policies and procedures.

Objective R1.3.2: (Applying) Manage aspects of the medication-use process related to formulary management.

Objective R1.3.3: (Applying) Manage aspects of the medication-use process related to oversight of dispensing.

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.

Objective R2.1.1: (Creating) Prepare a drug class review, monograph, treatment guideline, or protocol.

Objective R2.1.2: (Applying) Participate in a medication-use evaluation.

Objective R2.1.3: (Analyzing) Identify opportunities for improvement of the medication-use system.

Objective R2.1.4: (Applying) Participate in medication event reporting and monitoring.

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.

Objective R2.2.1: (Analyzing) Identify changes needed to improve patient care and/or the medication use system.

Objective R2.2.2: (Creating) Develop a plan to improve patient care and/or the medication-use system.

Objective R2.2.3: (Applying) Implement changes to improve patient care and/or the medication-use system.

Objective R2.2.4: (Evaluating) Assess changes made to improve patient care or the medication-use system.

Objective R2.2.5: (Creating) Effectively develop and present, orally and in writing, a final project report.

Competency Area R3: Leadership and Management

Goal R3.1: Demonstrate leadership skills.

Objective R3.1.1: (Applying) Demonstrate personal, interpersonal, and teamwork skills critical for effective leadership.

Objective R3.1.2: (Applying) Apply a process of ongoing self-evaluation and personal performance improvement.

Goal R3.2: Demonstrate management skills.

Objective R3.2.1: (Understanding) Explain factors that influence departmental planning.

Objective R3.2.2 (Understanding) Explain the elements of the pharmacy enterprise and their relationship to the health care system.

Objective R3.2.3: (Applying) Contribute to departmental management.

Objective R3.2.4: (Applying) Manage one's own practice effectively.

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).

Objective R4.1.1: (Applying) Design effective educational activities.

Objective R4.1.2: (Applying) Use effective presentation and teaching skills to deliver education.

Objective R4.1.3: (Applying) Use effective written communication to disseminate knowledge.

Objective R4.1.4: (Applying) Appropriately assess effectiveness of education.

Goal R4.2: Effectively employ appropriate preceptor roles when engaged in teaching students, pharmacy technicians, or fellow health care professionals.

Objective R4.2.1: (Analyzing) When engaged in teaching, select a preceptor role that meets learners' educational needs.

Objective R4.2.2: (Applying) Effectively employ preceptor roles, as appropriate.

Appendix B:

Overview of Pharmacy Residency Learning Experience Descriptions

SRMC has required core and elective learning experiences. The following abbreviated learning experience descriptions illustrate the foundation of the PGY1 experience. The resident then selects electives to pursue clinical interests and customize their PGY1 experience. Full descriptions for all experiences are maintained on PharmAcademic.

PGY1 Core Learning Experiences:

1. **Orientation:** Program Orientation is a 2 week required experience where the resident will receive orientation to the hospital, pharmacy department, residency program, and practice coverage areas. The residency program director will serve as the primary contact; however, numerous trainers will be involved with the residents' orientation. Residents will be given a pharmacy education & development training schedule and a residency & practice coverage training schedule.
2. **Pharmacy Practice:** The Pharmacy Practice experience is a 5 week experience followed by a longitudinal experience. This experience is an opportunity for the resident to develop foundational practice skills in hospital pharmacy practice. The resident will work in the pharmacy during this component of the residency. The role of a staff pharmacist at SRMC is multi-faceted and on any given day may change depending upon need. Overall, the staff pharmacist is to oversee workflow and drug distribution to patients through order verification, dose adjustment for renal function, clarification and communication with providers, and supervision of pharmacy technicians, including the checking of first doses, sterile and non-sterile compounding, unit dose packaging and Automated Dispensing Cabinet refills. Clinical duties include the initiation of TPN/PPN, aminoglycoside and vancomycin dosing and pharmacokinetic monitoring, first dose anti-coagulation upon consult and to provide support to all physicians, nurses and patients in the realm of drug information. The staff pharmacist promotes antimicrobial stewardship through pharmacy-led initiatives such as automatic IV to PO antibiotic conversion and helps to decrease drug costs and inappropriate administration of acid reducing drug classes by using pharmacosurveillance software to identify patients and evaluate for appropriateness of stress ulcer prophylaxis. Other duties include providing pharmacy presence on interdisciplinary rounding to reduce patient length of stay and other hospital-wide initiatives and committees including the reduction of falls and re-admissions. Teaching is an important aspect of the staff pharmacist job which includes tailoring experiences and feedback for both pharmacy students, pharmacy residents and even nursing residents.
3. **Staffing:** The Staffing experience is a longitudinal experience preceded by the Pharmacy Practice Experience. This experience is an opportunity for the resident to use and enhance skills developed in hospital pharmacy practice experience. The resident will work in the pharmacy during this component of the residency. The role of a staff pharmacist at SRMC is multi-faceted and on any given day may change depending upon need. The staff pharmacist is to oversee workflow and drug distribution to patients through order verification, dose adjustment for renal function, clarification and communication with providers, and supervision of pharmacy technicians, including the checking of first doses, sterile and non-sterile compounding, unit dose packaging and Automated Dispensing Cabinet refills. Clinical duties include the initiation of TPN/PPN, aminoglycoside and vancomycin dosing and pharmacokinetic monitoring, first dose anti-

coagulation upon consult and to provide support to all physicians, nurses and patients in the realm of drug information. The staff pharmacist promotes antimicrobial stewardship through pharmacy-led initiatives such as automatic IV to PO antibiotic conversion and helps to decrease drug costs and inappropriate administration of acid reducing drug classes by using pharmacosurveillance software to identify patients and evaluate for appropriateness of stress ulcer prophylaxis. Other duties include providing pharmacy presence on interdisciplinary rounding. Teaching is an important aspect of the staff pharmacist job which includes tailoring experiences and feedback for both pharmacy students, pharmacy residents and nursing residents.

4. **Internal Medicine:** Internal Medicine is a required, five week learning experience involving the provision of inpatient pharmaceutical care for the patients admitted to the hospitalist service. There are approximately 100 internal medicine beds and numerous hospitalists that round on the admitted patients. The hospitalists are paired up into teams of two and switch off every seven days. Pharmacists work regularly with these hospitalists to identify and resolve medication-related problems for all patients. The clinical pharmacy specialist on the hospitalist team is responsible for ensuring safe and effective medication use for all patients admitted to the assigned hospitalist service. Routine responsibilities include: identification of potential drug therapy problems, therapeutic drug monitoring for vancomycin and aminoglycosides, and anticoagulation management per consult. The pharmacist will also provide drug information and education to healthcare professionals as well as patients and caregivers as necessary. The internal medicine learning experience will expose the resident to advanced concepts in the inpatient management of patients with commonly encountered acute medical illnesses, specifically the identification and resolution of drug therapy problems. Residents will participate in patient case presentations, and document all clinical interventions and drug information that is provided throughout the learning experience.
5. **Critical Care:** Critical Care is a required, five week learning experience involving the provision of inpatient pharmaceutical care for patients on the Critical Care. This learning experience will allow the resident to become familiar with aspects of critical care medicine. Exposure to a variety of disease states and pharmacotherapy management experiences occur during this learning experience. The resident must assume responsibility and accountability for all pharmacotherapy management issues for their assigned patients. The role of the clinical pharmacy specialist on the critical care team is to ensure safe and effective medication use for all patient admitted to the critical care unit. Routine responsibilities include: review all assigned patients prior to interdisciplinary rounds for both medication and disease state-related issues and provide any recommendations for alterations and/or optimization to pharmacotherapy to the intensivist during rounds, order verification for CCU patients, therapeutic drug monitoring for vancomycin and aminoglycosides, anticoagulation management per consult, and attend all codes. The pharmacist will also provide drug information and education to healthcare professionals as well as patients and caregivers as necessary.
6. **Practice Management:** The Practice Management experience is a required 15-week longitudinal learning experience. The focus of the experience will be to understand essential elements of the pharmacy operations, human resources, fiscal responsibility, quality monitoring, safety and other administrative components as they present during the experience. The administrative pharmacist is responsible for administration functions such as participating in director level calls,

leading interdepartmental meetings, and working with SRMC staff to complete pharmacy administrative projects. Independent time will be given for longitudinal assignments, background reading, and other assignments as directed by the preceptor. The resident will be expected to participate or lead administrative assignments on a longitudinal basis until project conclusion. The resident will also be given independent time to learn, evaluate, and make recommendations about medication utilization and current policy and procedures. Elements are dynamic given that mandates change over time and the resident experience may vary depending on current inspections, national policy directives, or other procedural changes occurring in the pharmacy. Independent work and time management skills are essential for success in this experience. The resident will be expected to gain proficiency of the administrative duties through experiences wherever possible. Topic discussions and reading key articles will be used to help develop the resident's skills or acquiring knowledge about experiences not encountered during the experience.

7. **Education and Professional Development:** The Educational and Professional Development experience is a required 52 week-long longitudinal learning experience. The purpose of this learning experience is to provide opportunities to develop the resident professionally and support continued educational needs in the community pharmacy practice environment. The Resident Pharmacist will be obtain experience in the following areas: Research Project, Journal Club, ACLS training: Provided by SRMC if not already certified, Responding to Drug Information Questions, Attending and participating in Professional Meetings (ASHP, Residency Conference, etc), Developing and leading In- services, Developing and leading Provider & Staff Orientation. An optional experience includes the opportunity to obtain a teaching certificate from Lipscomb University
8. **Antimicrobial Stewardship:** Antimicrobial Stewardship is a required, five week learning experience directed at providing care for patients with acute infectious disease processes while practicing antimicrobial stewardship as part of the antimicrobial stewardship team. This rotation will expose the resident to advanced concepts in infectious disease and the continued development of clinical pharmacy skills, specifically the identification and resolution of drug therapy problems in hospitalized patients with infectious diseases.
The role of the antimicrobial stewardship pharmacist is to be responsible for daily monitoring of all patients on antimicrobial therapy. Routine responsibilities include: monitoring and dose adjustment of pharmacokinetic consults, assess appropriate antimicrobial therapy through surveillance software alerts, and provide medication information related to antimicrobial therapies, as well as documenting therapeutic monitoring, and interventions. Surveillance software alerts to be reviewed daily include: protected antimicrobial agents, all C.diff positive patients, all rapid diagnostic results, all final culture results, duplicate coverage alerts, penicillin allergy alert, 48 hour time-out, and drug-bug mismatch alerts. Identification and resolution of pharmacotherapeutic issues, as well as guideline promotion and adherence to ensure safe use of antimicrobial agents is essential.
9. **Transitions of Care:** Transitions of care is a required, five week learning experience directed at providing patients with complete transition of care from the inpatient setting at Sumner Regional Medical Center (SRMC) to home. Effective transition of care can warrant complete care for the patient upon discharge from the inpatient setting by helping patients better understand their medications and what to expect from taking them. This can increase the patients overall health and decrease readmissions.

The goal of the transitions of care learning experience is to optimize the treatment plan for patients during their transition of care. This learning experience will involve assessing patient discharge plans, particularly medications, to ensure appropriateness and completeness, followed by counseling the patient about their medications. This learning experience will also involve follow up calls to ensure the patient is appropriately taking all medications prescribed at discharge and it not experiencing any side effects, financial difficulties or any other causes for patients to not take medications.

The transitions of care pharmacist shall start the day by evaluating assigned patients for length-of-stay rounds. He/she will present any identified issues with medications that may prevent the patient from being discharged and solve those issues with the appropriate prescriber. After rounds are complete, the pharmacist will begin searching for patients with complete discharge orders. Once a patient has been established, an evaluation of the discharge medications will be completed and any identified issues will be corrected. The pharmacist will then complete in-depth discharge counseling for the patient and/or family/caregivers. In between counseling patients on discharge, the pharmacist will conduct follow-up phone calls to patients. Two calls will be made to each patient after discharge: 2-3 days post-discharge and 14 days post-discharge. These calls will cover obtaining medications and any issues they may be experiencing.

PGY1 Elective Experiences

- **Emergency Medicine:** Emergency Medicine is an elective, five week learning experience that will provide a unique training experience for the pharmacy resident. The emergency department (ED) at SRMC is a Level III trauma center with approximately 110 patient visits each day. The pharmacist integrates as a team member with emergency medical technicians, nurses, physicians, and other healthcare professionals to promote the safe and effective use of medication in patients with urgent healthcare needs. In addition to performing direct patient care activities, the pharmacist serves as the drug information resource for the ED and may provide educational in-services to the ED clinical staff and/or pharmacy staff as needed.
The resident will function as the primary pharmacy presence in the Emergency Department. Duties will involve mixing or procuring stat medications for nurses, identifying potential drug therapy problems and communicating with nurses or physicians to make changes, starting pharmacokinetic consults for antibiotics, answering drug information questions, overseeing medication reconciliation technicians, reviewing home medication lists and clarifying errors with the patient, attending codes, reviewing culture and sensitivity reports for the ED and appropriate follow-up with discharged patients, and counseling patients as needed. The resident will work closely with ED physicians during this learning experience as there is not a pharmacist staffed in the Emergency Department. It is expected that the resident will thoroughly document all activities and interventions in the appropriate documentation system.
- **Anticoagulation- Inpatient Services:** An elective 5 week learning experience. The purpose of this learning experience is to develop the resident's anticoagulation knowledge and skills needed in a community hospital environment. Pharmacist are responsible for daily monitoring of all patients on anticoagulation therapy. Identification and resolution of pharmacotherapeutic issues, as well as guideline promotion and adherence to ensure safe use of high risk medication therapies is essential. Routine responsibilities include: initiation, monitoring and dose adjustment of anticoagulation therapies, provide medication information related to anticoagulation

therapies, perform medication counseling, as well as documenting therapeutic monitoring, interventions, and patient education. The pharmacist will evaluate appropriate utilization of anticoagulant reversal therapies and provide education to other health care providers or pharmacists as the need arises.

- **Antimicrobial Stewardship- Advanced**
- **Critical Care- Advanced**
- **Internal Medicine- Advanced**
- **Transitions of Care- Advanced**

All advanced elective experiences build on the required learning experience. The expectation is that the resident will be at a level to practice independently in the area with very limited coaching. In addition, Residents will be expected to precept Advanced Pharmacy Experiences for P4 students

Appendix C:

Competency-Based Evaluation of Presentations

Presenter _____ Evaluator _____

Date _____

Title of Presentation _____

Outcome 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.

OBJ R4.1.1 (Applying) Design effective educational activities.

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Comments
Presentation is at an appropriate level for audience						
Develops measurable learning objectives						
Information presented was evidence-based						

OBJ R4.1.2 (Application) Use effective presentation and teaching skills to deliver education.

OBJ R4.1.3 (Application) Use effective written communication to disseminate knowledge.

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Comments
Uses appropriate terminology						
Appears poised and confident						
Maintains eye contact with the audience						
Speed of delivery and volume is appropriate						
Does not distract with verbal (ah, um) or physical mannerisms						
Presents information in a manner than is interesting and engaging						
Presents information in a logical sequence and effectively communicates information						

OBJ R4.1.4 (Synthesis) Appropriately assess effectiveness of education.

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Comments
Uses active learning techniques and assesses audience's understanding of material presented						
Presentation contained new information or helped refresh my existing knowledge						

Competency-Based Evaluation of Presentation

Overall Comments:

Describe the most positive aspects of the resident's presentation.

Describe areas for further improvement.

Appendix D: Inpatient Staffing Training Checklist for Pharmacy Residents

No.	Pharmacy Resident Staffing Goals	Needs Improvements	Satisfactory Progress	Achieved	Not Applicable	Comments
1	<u>Order Verification and Order Entry</u> : understand the process; review for appropriateness, completeness, accuracy, and calls for clarification as appropriate					
2	Accurately <u>compound and dispense</u> medications as required by law					
3	Demonstrate skills and knowledge to aseptically and correctly <u>prepare sterile IV admixtures</u>					
4	<u>Kinetics Consult</u> : understand the process; able to dose, monitor, and adjust regimen based on patient factors and drug levels					
5	<u>Coumadin Consult</u> : understand the process; able to dose, monitor, and adjust regimen based on patient factors and lab values					
6	<u>Nutrition Consult</u> : understand the process; able to dose, monitor, and adjust regimen based on patient factors and lab values. Consult with interdisciplinary team as needed					
7	<u>IV Batch</u> : understand the process and be able to effectively check IV batches					
8	Provide <u>medication related information</u> to associated team members upon request					
9	Demonstrate knowledge in care for the neonate, pediatric, adolescent, adult, or geriatric patient by <u>applying standards</u> such as weight-based, range, max dose/frequency/duration					
10	Review <u>Admission Med Rec</u>					
11	Review <u>Discharge Med Rec</u> and resolve discrepancies					
12	Know how to <u>retrieve clinical data</u> such as labs, H&P, progress notes and effectively apply the information to patient care activities					
13	Perform <u>therapeutic interchanges</u> per P&T Committee					
14	Perform <u>renal dosing</u> on medications that require renal adjustment					
15	Perform <u>IV to PO conversion</u> per P&T approved criteria					
16	Know how to access <u>Sentri 7</u> to aid clinical activities					
17	Know how to <u>document clinical interventions</u> in Quantifi					
18	<u>AcuDose</u> : understand the process and effectively check the restocking items					
19	<u>Floor Stock</u> : understand the process and effectively check the restocking items					
20	<u>Anesthesia Tray</u> : understand the process and effectively check completed trays					

Appendix E: Summary of Research Progress/Timeline

Tasks	Date	
Complete assigned Research Training	July- Orientation	
Meeting: Research project overview, discuss topic ideas	July - Orientation	
Meeting: Finalize topic selection, overview of writing abstract and protocol	Last week of July	
Draft abstract and protocol	1 st week of September	
Submit proposal to RAC		
Submit 1st draft of abstract/protocol to preceptor and RPD	1 st week of September	
<i>Preceptor and RPD</i> : Return edited 1st draft to resident	2 nd week of September	
Submit 2nd draft of abstract/protocol to preceptor and RPD	3 rd week of September	
<i>Preceptor and RPD</i> : Return edited 2nd draft to resident	4 th week of September	
DEADLINE to submit Poster Abstracts for ASHP Midyear	(See ASHP Midyear site guidelines)	
Initial draft of poster for ASHP Midyear due	1 st week of November	
Final draft of poster for ASHP Midyear due	2 nd week of November	
Present poster at ASHP Midyear Meeting	1 st week of December	
<u>Research Month</u> Data collection	December	
Collection of data completed, begin analysis		
DEADLINE to submit Abstract for Residency Conference	~March 1	
Initial draft of Conference presentation complete	March 15	
Conference presentation practice begins	April 1	
DEADLINE to submit Presentation for Conference	~April 10	
Present at Residency Conference	3 rd or 4 th week of April	
Initial draft of manuscript complete	1 st week of June	
Submission of the final project write-up to the Residency Program Director in a format suitable for publication in the American Journal for Health-System Pharmacy (required for completion of the residency program)	June 25 th	

Appendix G: SRMC Rating Scale Definitions

Rating	Definition
Needs Improvement (NI)	<p>The resident is still primarily requiring use of the Direct Instruction and Modeling preceptor roles (as defined below) during the week prior to evaluation:</p> <p><u>Direct Instruction:</u> The teaching of content that is foundational in nature and is necessary to acquire before skills can be applied or performed.</p> <ul style="list-style-type: none"> • This preceptor role is appropriate at the beginning of a residency or learning experience when foundational information is needed before assuming a responsibility. • It is also appropriate to utilize at the end of the learning experience when exposing the resident to new or advanced information. <p style="text-align: center;"><u>OR</u></p> <p><u>Modeling:</u> Demonstration of a skill or process while "thinking out loud" so the resident can witness the thoughts or problem-solving process of the preceptor, as well as the observable actions.</p> <ul style="list-style-type: none"> • This preceptor role is most appropriate after it has been determined that the resident has the appropriate amount of background information and is ready to begin to learn to perform a task or responsibility. • Resident completes objective/goal with extensive prompting and intervention from the preceptor
Satisfactory Progress (SP)	<p>Based on the resident's progress, the preceptor is primarily using the Coaching preceptor role (as defined below) during the week prior to evaluation:</p> <p><u>Coaching:</u> Allowing a resident to perform a skill while being observed by the preceptor, who provides ongoing feedback during the process.</p> <ul style="list-style-type: none"> • Allows fine tuning of the resident's skills • Assures the preceptor that the resident is ready to move to greater independence. • Resident completes objective/goal with moderate prompting and intervention from the preceptor
Achieved (ACH)	<p>Based on the resident's progress, the preceptor is primarily using the Facilitating preceptor role (as defined below) during the week prior to evaluation:</p> <p><u>Facilitating:</u> Allowing the resident perform independently, while the preceptor remains available if needed and de-briefing with the resident after the fact</p> <ul style="list-style-type: none"> • This preceptor role is appropriate when both the preceptor and resident feel confident of the resident's ability to function independently. This role normally occurs toward the end of a learning experience and the residency as a whole. • Resident completes objective/goal with minimal or no prompting and intervention from the preceptor
Achieved for Residency (ACHR)	<p>The resident has ACH during the learning experience and the preceptor feels the resident will only need facilitation to perform this skill throughout the rest of the residency. If the learning experience preceptor feels the resident has achieved (ACH) a particular goal/objective but does not feel comfortable evaluating achieved for the residency (ACHR), the learning experience preceptor will discuss with the RPD/preceptor group as needed to determine whether this skill has been demonstrated consistently in similar situations in order to be considered achieved for the residency (ACHR).</p>

Appendix H:

Shift and Duty Hour Log Sheet

Name: _____

Date: _____

Month	Date	Duty Hours	Date	Shift	Required	Date	Vacation
July							
August							
September							
October							
November							
December							
January							
February							
March							
April							
May							
June							

Appendix I: Moonlighting Approval Form

Name: _____

Outside Employer: _____

Address: _____

Manager: _____

Phone Number: _____

I understand that my primary responsibility is to the Sumner Regional Medical Center Residency Program and that outside employment should not interfere with this responsibility. I understand that I must inform my rotation preceptor of any hours I work in addition to my residency duty hours. Should the Residency Program Director, Residency Coordinator, or rotation preceptor deem that moonlighting interferes with my responsibilities, he/she may take disciplinary action.

Resident Signature

Date

Resident Advisor Signature

Date

Appendix J:

RESIDENCY CHECKLIST
Requirements for Successful Completion of the PGY-1 Pharmacy Residency
Sumner Regional Medical Center

Date Completed	Requirement
	Pharmacist Licensure in the State of Tennessee
	Successful completion of learning activities during learning experiences:
	Orientation
	Education and Professional Development
	Pharmacy Practice
	Practice Management
	Internal Medicine
	Critical Care
	Transitions of Care
	Staffing
	Antimicrobial Stewardship
	Elective 1:
	Elective 2:
	Elective 3:
	Successful Presentation of Resident Research Project
	Completed Manuscript for Resident Research Project
	Develop Monograph or Drug Class Review and present to P&T
	Successful completion of Medication Utilization Evaluation
	Journal Club Presentation
	Provider Inservice completed
	Staff Inservice completed
	Pharmacy Inservice completed
	Successful compliance with all institutional and departmental policies
	Achieve for Residency all SRMC Critical Learning Objectives
	Achieve for Residency at least 75% of remaining learning Objectives
	Any remaining goals or objectives marked at least "Satisfactory Progress"
	Completion of all Residency Evaluations in PharmAcademic
	Completion of all assigned self-evaluations in PharmAcademic

I, _____ (print name) certify all the requirements for PGY-1 Residency Graduation have been met.

Resident Signature: _____ Date: _____

Residency Director Signature: _____ Date: _____

Appendix K: Job Description: Pharmacy Resident

Fair Labor Standards Act (FLSA): Exempt

Position Summary

This position provides all the functions of a clinical pharmacist as part of a 52 week structured training program to develop the resident's skills and knowledge. The Residency Program Director (RPD) sets the program requirements and is responsible for the overall training program. As part of this training program, the resident will complete a project. Residents are supervised by program preceptors for each of their assigned learning experiences.

Essential Function

- Performs all the essential functions of a Clinical Pharmacist.
 - Solves problems in the medication use process for patients and the organization.
 - Identifies and engages in organizational and department quality improvement activities to improve patient care, medication use process, and pharmacy operations.
 - Educates and trains fellow residents, students, interns, colleagues and other health care professionals as well as supervises technicians, interns, or trainees in their job tasks.
 - Responsible for the medication use process of preparing and dispensing medications following medication use policy and all laws, regulations, and standards applicable to pharmacy practice.
 - Assesses appropriate drug information and literature resources, and provides effective information to varied audiences including patients, other health care professions, and peers.
- Meets all the program requirements of a resident as outlined in the program requirements.
- Conducts a major project.

Knowledge / Skills / Abilities

- Ability to perform the essential functions of the job as outlined above.
- Ability and willingness to train department trainees (e.g. students, interns, and new staff).
- Ability to assess data regarding the patient's status and provide care as described in the department's policies and procedures (see intranet: Policystat).
- Demonstrated knowledge and skills necessary to provide care appropriate to the age of the patients served on his or her assigned unit.
- Demonstrated knowledge of the principles of life span growth and development and the ability to assess data regarding the patient's status and provide care as described in the department's policies and procedures manual.

Qualifications

Required:

- Graduate of an accredited college of pharmacy in the United States.
- License(s): Current Pharmacist license in the State of Tennessee (obtain within 90 days of starting residency)