2017-2018

PHARMACY PRACTICE RESIDENCY MANUAL

Princeton Baptist Medical Center
June 26, 2017

Dear Residents:

On behalf of the Department of Pharmacy, I would like to congratulate you on your match to the PGY-1 Pharmacy Practice Residency Program at Princeton Baptist Medical Center.

The primary emphasis of your residency program will be on the development of practice skills. You will be delegated clinical responsibilities under the preceptorship of clinical pharmacy specialists and given teaching responsibilities to further develop your communication skills and abilities as an educator. You will also participate in ongoing service activities to expand your problem solving skills and your ability to work with others.

The year ahead of you will be a busy one, but I am confident that you will greatly benefit from the residency program. Your investment of time and energy will reap rewards in the future. As the Residency Program Director, I am dedicated to helping you reach your highest potential. I look forward to working with you and watching your development.

Sincerely,

Sarah Blackwell, PharmD, BCPS, BCCCP
Pharmacy Practice Residency Program Director
Clinical Pharmacy Specialist, Medical Critical Care

BROOKWOOD BAPTIST HEALTH
Princeton Baptist Medical Center
Department of Pharmacy
EXPECTATIONS AND RESPONSIBILITIES OF RESIDENTS

Professional Conduct
It is the responsibility of the residents of Princeton Baptist Medical Center (PBMC) to uphold the highest degree of professional conduct at all times. The resident will display an attitude of professionalism in all aspects of his/her daily practice.

Professional Dress
All residents are expected to dress in an appropriate professional manner whenever they are in the institution or attending any function as a representative of PBMC. Clean, pressed white lab coats of full length will be worn at all times in patient care areas. Any specific problems with dress will be addressed by the Residency Program Director or pharmacy administration.

Employee Badges
PBMC requires all personnel (including residents) to wear their badges at all times when they are on campus. If the employee badge is lost, the resident must report the loss immediately to Security. A replacement badge will be issued.

Patient Confidentiality
Patient confidentiality will be strictly maintained by all residents. Any consultations concerning patients will be held in privacy with the utmost concern for the patients' and families' emotional as well as physical well-being.

Attendance
Residents are expected to attend all functions as required by the Residency Program Director, pharmacy administration, and rotation preceptors. The residents are solely responsible for their assigned operational pharmacy practice schedule and are responsible for assuring this service commitment is met in the event of an absence. All leave requests should be discussed in advance with the involved preceptor to assure that service responsibilities can be fulfilled and must also be approved by the Residency Program Director. An excused absence is defined as annual leave, sick leave, or professional leave discussed with and signed off by the respective rotation preceptor and Residency Program Director. All approved annual and professional leave will be recorded on the residency calendar for the purpose of communication to the pharmacy team. Leave is not considered approved until it is posted to the residency calendar. If a resident is scheduled for operational pharmacy practice, and he/she calls in sick, he/she must make up this time on the subsequent schedule.

GENERAL RESIDENCY REQUIREMENTS
Residents will be required to perform or participate in a number of activities throughout the year. These activities are designed to assure competency with the goals and objectives outlined in the residency accreditation standards. The following specific activities and learning experiences are designed to achieve these outcomes:

1. Residents participate in the Residency Orientation Program. A formal orientation program for all residents occurs at the beginning of each residency year. All residents are expected to attend these sessions. This orientation period is used to introduce the incoming residents to PBMC and to the Department of Pharmacy, including both clinical and operational pharmacy services, and to outline the expectations for the residency year.

2. Residents have an Operational Service Commitment designed to ensure that they gain experience and can function as a pharmacy generalist. To achieve this objective, residents will be scheduled approximately 16 hours per month as an operational pharmacist. This requirement will be met through weekday evening staffing. Specific procedures are outlined in the section entitled Operational Pharmacy Practice.
3. Residents participate in the **Clinical Call Program**. Each resident will rotate into the Clinical Call schedule every three weeks, the week of one of the three major holidays, and will help follow consult patients on the weekends. Each resident will have a preceptor backup with whom individual situations must be discussed before making recommendations. Specific procedures are outlined in the section entitled *Resident Longitudinal Clinical Coverage and Call*.

4. Residents have a **Clinical Coverage Area** for which they are responsible for providing clinical services throughout the residency year. This includes but is not limited to all clinical consults and drug information questions for their designated clinical area. Each resident will have a preceptor backup with whom individual situations must be discussed before making recommendations. Specific procedures are outlined in the section entitled *Resident Longitudinal Clinical Coverage and Call*.

5. Residents complete a **Service or Research Project** designed to improve the services of the department or to achieve a specific research objective. This project will be completed under the supervision of a project preceptor and will follow the policies and procedures of the department. This project will be presented at both the Alabama Residency Conference and the Southeastern Residency Conference. The project report will also be written in manuscript form. Specific procedures are outlined in the section entitled *Residency Project and Manuscript*.

6. All residents must write at least one **Manuscript** suitable for publication in a peer-reviewed biomedical journal. One manuscript must be a report of the resident’s service or research project. Additional manuscript submissions may include a drug monograph, journal article, case report, etc. Editorial assistance by a preceptor is required. The resident must be first author and be responsible for submission to a journal and revisions, if submitted. Specific procedures are outlined in the section entitled *Residency Project and Manuscript*.

7. Each resident presents one **Seminar Presentation** during the residency program. Seminars will be scheduled between October and May. The goal of the seminar is to improve the resident’s communication skills and techniques, literature evaluation, and understanding of the continuing education process. The seminar topic will be selected by the resident with guidance from at least one preceptor. Specific procedures are outlined in the section entitled *Resident Seminar Guidelines*.

8. The resident participates in various **Longitudinal Drug Information Activities** including but not limited to the following:
   - The resident will be responsible for completing one formal journal club presentation, participating in Lunch and Learn, responding to drug information questions, and any other drug information projects or opportunities that arise during the residency year.
   - Each resident is required to participate in a Medication Use Evaluation (MUE). Many of these MUEs will be conducted in support of patient care at PBMC. The MUE may be used to develop a new policy and procedure or revise an existing one. It will be presented to the appropriate review and approval committees. Once the new or revised policy/procedure is approved, the resident will educate the medical and hospital staff. Satisfactory performance as determined by the Director of Pharmacy is required for successful completion of the program.
   - Each resident may coordinate a Pharmacy and Therapeutics (P&T) Formulary recommendation that will be presented at a designated P&T meeting. This will include the initial review, evaluation, and written recommendation including efficacy, safety, and pharmacoeconomic evaluations. Once approved by the medical staff, the resident will be expected to coordinate the implementation of this recommendation house-wide. Implementation may include educating the medical and hospital staff, developing a newsletter and poster campaign, and/or coordinating the roll-out of the formulary change. Subsequently, the resident will evaluate for appropriate utilization of the formulary change to ensure the efficacy and safety. The resident will report to P&T on the progress towards the recommendation at the end of the residency year, if applicable.
• The resident will assist with medication error and adverse event reporting and monitoring.

Please see the Drug Information Learning Experience Description for further information.

9. The resident participates in PBMC Committees.
   • The resident will attend all Pharmacy and Therapeutics Committee meetings. This committee meets every other month.
   • The resident may be assigned to at least one quality committee as an active pharmacy participant (i.e. Antimicrobial Stewardship, Medication Safety, Core Sepsis, Stroke, etc.).

10. Each resident assists with the Recruitment Efforts of the department. Because each resident is an important source of information and advice for potential candidates, there will generally be some scheduled time within the interview process for interviewees to interact with current residents. Additionally, each resident is required to spend time providing information to interested parties during the Alabama Residency Showcase and the ASHP Midyear Clinical Meeting. Residents are expected to staff the residency showcase booth at both events.

11. Each resident successfully completes the BLS and ACLS curricula within the first month of the residency. The goal is to ensure the resident is familiar with and capable of providing BLS and ACLS in all code blue situations.

12. Residents successfully complete all Rotations. Rotations will be evaluated using the required Competency Areas, Goals, and Objectives for PGY1 residencies. At the beginning of each rotation, the preceptor will provide the resident with the Pharmacy Resident Supervision Form (Appendix A). This will specify the degree of autonomy the resident will have. Residents will have the degree of authority documented on the form. The degree of authority may be modified at any time during the rotation by completion of a subsequent form. If the resident wants to change a rotation, he or she must fill out the Resident Rotation Schedule Change Request Form (Appendix B). Please see individual Rotation Learning Experience Descriptions for further information.

13. Residents participate in Teaching Activities. Resident involvement in teaching activities fosters the development and refinement of the resident's communication skills, builds confidence, and promotes the effectiveness of the resident as a teacher. Teaching responsibilities may include clinical and didactic teaching for pharmacy students, medical residents, hospital personnel, and departmental staff. Teaching activities may involve formal lectures, small group seminars, case studies, in-service presentations, or discussion sessions throughout the residency year. Each rotation may have teaching responsibilities as designated by the preceptor at the beginning of the rotation. The residency preceptor is responsible for communicating to PharmD students the service and teaching role of the resident.

   Residents have the option to participate in a teaching certificate program.

OPERATIONAL PHARMACY PRACTICE
All residents have an operational service commitment designed to ensure that they gain experience and can function as a pharmacy generalist. To achieve this objective, residents will be scheduled approximately 16 hours per month as an operational pharmacist. Each resident will train with a preceptor as assigned. Basic operational training will take place during the orientation block.
At the conclusion of the orientation period, the preceptor, pharmacy administration, and the resident will mutually determine if the resident is ready to function independently as a pharmacist. If the resident is not ready to function independently at the conclusion of the training period, the following actions will occur:

1. A list of deficiencies will be developed by the preceptor.
2. A specific plan will be outlined by the preceptor and the Director of Pharmacy to provide additional training/experience in the area(s) of weakness to which the preceptor and the resident will agree.
3. Progress will be re-evaluated on a monthly basis.

Once the resident is deemed competent, he/she will return to the pharmacy to function in that area for the remainder of the residency.

All residents are required to have an active pharmacy license in the state of Alabama. Each resident must be parenterally certified, complete fingertip testing, and pass a media fill test before functioning independently in the IV room.

Residents will be evaluated by their Operational Pharmacy Experience preceptor on a quarterly basis. In order to maintain competence in this role, residents will be expected to attend staff meetings and mandatory in-services. The operational practice experience will be considered complete when the resident has completed all assigned shifts and has achieved all competency areas, goals and objectives assigned to the operational practice experience.

Please see the Operational Pharmacy Practice Learning Experience Description for further information.

RESIDENT LONGITUDINAL CLINICAL COVERAGE AND CALL
Residents will participate in a Pharmacy Call Program and will help provide clinical pharmacy coverage on the weekends. Each resident will rotate into the Call schedule every three weeks, corresponding to the weekend work schedule, and will be responsible for one week of each of the three major holidays (Thanksgiving, Christmas, and New Year). When on call, the resident is responsible for ensuring that all consultations and follow-up (if necessary) are handled appropriately. In all cases, the clinical specialist backup must review consults before the resident makes recommendations until the resident is deemed competent to handle consults on his/her own.

Residents will be responsible for providing clinical services to patients in a designated area of the hospital (5 West, 5 North, and Step Down). This responsibility will be in addition to their assigned rotation service areas. The resident will be responsible for but not limited to all clinical consults and drug information questions for the designated clinical area. In all cases, the clinical specialist backup must review consults and therapeutic decisions before the resident makes recommendations until the resident is deemed competent to handle consults on his/her own.

The goal is for the resident to gain experience in evaluating and making therapeutic recommendations for patients outside of his/her assigned service. Backup preceptor(s) will evaluate residents at least quarterly. In order to maintain competence in this role, residents will be expected to attend mandatory clinical in-services. This learning experience will be considered complete when the resident has completed all assigned shifts and has achieved all competency areas, goals and objectives assigned to this experience.

Please see the Clinical Coverage and Call Learning Experience Description for further information.
RESIDENCY PROJECT AND MANUSCRIPT

Each resident will complete a service or research project during the residency year. Each year a list of potential projects will be generated and distributed to the residents. This will allow all residents an opportunity to review all potential projects. The projects will be conducted in support of the Department of Pharmacy, and all policies and procedures of the department will be followed. To aid in the project management process the resident will be required to watch the ASHP Foundation’s Residency Research Webinars Series.

This project will be presented at both the Alabama Residency Conference and the Southeastern Residency Conference (SERC). Both of these conferences are held in the Spring of the year and are forums where residents share their experiences and expertise. Each resident will make a brief presentation on his/her project that will be evaluated by a preceptor outside of the program. Information regarding SERC is found at http://sercpharm.org/how-conference-works/.

The timeline for the manuscript must be reported to the manuscript preceptor by January 1; the first draft of the manuscript must be submitted to the preceptor by March 15, and the final manuscript, written up in a format suitable for publication in a peer-reviewed biomedical journal, must be submitted to the preceptor by June 15.

Process/Timeline

July 1 – August 15
The resident, in conjunction with his/her Residency Program Director, Advisor, and/or potential project preceptor(s), will identify a project from the list of possible projects provided to the residents.

August 15 – September 15
The IRB application must be submitted. In addition, a written summary of the project’s goals, detailed methods, and timeline must be submitted to his/her project advisor and Residency Program Director no later than September 15. If changes are needed, comments will be returned to the resident no later than two weeks from receipt of the proposal. Please see the Resident Project and Timeline Approval Sheet (Appendix C).

August 15 – February 28
Projects will be completed. In some cases, projects may not be completed prior to February 28. In these cases, sufficient progress must have been made to allow for submission of an abstract for SERC.

• January 1 - Timeline for manuscript must be submitted

March 15 - First draft of manuscript due (must contain background and methods at a minimum)

June 15 - Final project and manuscript must be submitted to project preceptor.

Evaluation Process
The project preceptor and the resident will independently complete a criteria-based summative evaluation on a quarterly basis and compare and discuss the evaluations. Formative evaluations will be utilized as needed.

Project Completion
The project will be considered complete when the stated objectives have been met. The project must be presented at the Alabama Residency Conference and the Southeastern Residency Conference. A manuscript of the project must be written in a form suitable for publication in a peer-reviewed biomedical journal and submitted to the project preceptor no later than June 15 for the project to be considered complete. If applicable, the project may also be presented at PBMC’s P&T Committee or other committee meeting. A residency certificate will not be awarded until the project is completed. See Appendix C for the Resident Project and Timeline Approval Sheet.

Please see the Residency Project and Manuscript Learning Experience Description for further information.
RESIDENT SEMINAR GUIDELINES
Each resident will present one formal seminar during the residency program. The goal of the seminar is to expand the resident's communication skills and presentation techniques. The resident will choose the seminar topic with guidance from the Residency Program Director and/or seminar preceptor.

The objectives of the Resident Seminar include the following:
1. Critical evaluation of the available literature
2. Enhancement of presentation, teaching, and communication skills
3. Development of skills in responding to audience questions and comments
4. Familiarization with different audiovisual equipment and techniques

The length of the Resident Seminar will be approximately 40 minutes, with at least 5 minutes of this time reserved for questions and/or comments from the audience.

Each resident will receive a critique of the seminar from a minimum of two preceptors with input from the seminar preceptor, who will evaluate the presentation on the basis of content, presentation style, and overall quality. The critique will be discussed with the resident immediately following the seminar. The resident must achieve a minimum of standard progress on all competency areas, goals, and objectives assigned to the Seminar Project for successful completion.

The date, time, location, and title of the Resident Seminars will be designated by September 1 of each year. Residents will present their seminars during the months of October through May.

Please see the Residency Seminar Learning Experience Description for further information.

RESIDENCY EVALUATION PROCEDURES
All learning experiences including rotations, concentrated experiences, and longitudinal experiences will be evaluating using the Required Competency Areas, Goals, and Objectives for PGY1 residencies. Residents will be evaluated using the following criteria:

Achieved
The resident independently completes all tasks and demonstrates readiness for entering the profession and becoming an independent practitioner.

Standard Progress
The resident requires limited prompting to complete complex tasks and independently completes all basic and routine tasks.

Needs Improvement
The resident requires guidance and directed questioning to complete complex tasks and requires prompting to complete basic and routine tasks.

Resident's Evaluation of Preceptor and Rotation Experience
Each resident will complete at least one evaluation of each preceptor at the end of the associated learning experience, and each resident will complete a learning experience evaluation at the end of the learning experience. These evaluations are due on the last day of the learning experience.
Summative Evaluation of Resident's Rotation Performance
Each preceptor will complete a summative evaluation of the resident within 72 hours of completion of the rotation. The evaluation is to be discussed with the resident at the end of the rotation. This evaluation will be provided to the resident’s advisor and the Residency Program Director.

Each resident will also complete a summative self-evaluation for each rotation experience before the rotation is complete. These evaluations will be provided to the preceptor, resident’s advisor, and Residency Program Director.

Formative Evaluations Process
Preceptors must provide on-going feedback to residents about how they are progressing and how they can improve. This feedback must be frequent, immediate, specific, and constructive. Formative feedback will be documented in PharmAcademic on a regular basis. Adjustments to residents’ learning activities in response to information obtained through these day-to-day informal observations, interactions, and assessments will be made based. Residents who are not progressing according to expectations will receive more frequent formative feedback.

Longitudinal Evaluation Process for All Residents
The following longitudinal activities will be evaluated at least once per quarter: Operational Pharmacy Practice Experience, Longitudinal Clinical Coverage and Call Experience, Residency Project, Manuscript, and Longitudinal Drug Information Projects if they extend beyond a single quarter (P&T Formulary Recommendations, Drug Information Questions, and MUE). The seminar presentation will be evaluated upon presentation completion. The completed longitudinal evaluations must be submitted in PharmAcademic by the following dates: October 6, January 5, April 23, and June 15. These dates allow time for the Residency Program Director and Advisor to incorporate the comments from the evaluations into the resident’s quarterly evaluation and development plan. In addition, each resident is responsible for performing an independent, summative self-assessment for every longitudinal activity on a quarterly basis.

Quarterly Evaluation of the Resident and Resident Development Plan
The Residency Program Director in conjunction with the Residency Advisory Committee will evaluate the resident at least quarterly based upon the resident’s progress in service, teaching, research, and overall residency performance. This report should evaluate the progress towards meeting the PGY1 competency areas, goals and objectives established by the resident and director at the start of the residency year. The Residency Program Director and Advisor will utilize all learning experience evaluations received from preceptors as well as the resident’s Quarterly Report to formulate the evaluation. The resident’s development plan will be evaluated each quarter and will be changed according to the resident’s progress.

Resident Quarterly Progress Report
All residents will complete a quarterly progress report detailing their residency activities for the designated time period (See Appendix D). The report should address progress made toward meeting the competency areas, goals and objectives established at the beginning of the residency year. The quarterly report should also contain a chronological summary of the activities completed by the resident as well as any comments the resident would like to make regarding his/her progress toward achieving the residency competency areas, goals, and objectives. The resident will submit the quarterly progress report to the Residency Program Director and his/her Advisor by the dates designated below. The quarterly report will be reviewed by the Residency Advisory Committee and utilized in the preparation of the resident’s quarterly evaluation and development plan.
### Quarterly Report and Quarterly Evaluation Submission Dates

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<tr>
<th>Quarter</th>
<th>Resident Quarterly Report Submission Date</th>
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<tbody>
<tr>
<td>1st Qtr: July 3 to October 6</td>
<td>October 6</td>
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<td>2nd Qtr: October 9 to January 5</td>
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<td>3rd Qtr: January 8 to April 20</td>
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<td>4th Qtr: April 23 to June 22</td>
<td>June 15</td>
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### Residency Evaluation Responsibilities

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<th>EVALUATION</th>
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<th>FREQUENCY</th>
<th>RESPONSIBILITY</th>
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<td>Review</td>
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<tr>
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<td>Learning Experience</td>
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<td>Seminar Presentation</td>
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<td>After Presentation</td>
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Compliance with Established Evaluation Policy
Compliance with this evaluation policy, as approved by the Residency Advisory Committee, is essential for the professional maturation of the resident and the residency program. Failure to comply with the policy will be addressed by the Residency Program Director.
COMPLETION OF PROGRAM REQUIREMENTS
Residents are expected to satisfactorily complete all requirements of the PBMC Residency Program. Only those residents who satisfactorily complete the requirements will receive their Residency Certificate as evidence of program completion. Evaluation of the resident’s progress in completing the requirements is done as part of the quarterly review process. The resident’s advisor in conjunction with the Residency Program Director shall assess the ability of the resident to meet the requirements by the established deadlines and will work with the resident to assure his/her satisfactory completion. If a resident is failing to make satisfactory progress in any aspect of the residency program, the following steps shall be taken:

- The resident shall be given verbal counseling by the Residency Program Director. Counseling shall entail suggestions for improvement in meeting all residency requirement deadlines. This counseling shall be documented in his/her personnel file by the Residency Program Director.
- If the resident continues to fail in his/her efforts to meet deadlines or objectives, he/she shall be given a warning in writing and will be counseled on the actions necessary to rectify the situation.
- If the Residency Program Director determines that the resident may not complete the residency program in the usual time frame, a plan to satisfactorily complete the requirements shall be presented and reviewed by the Residency Advisory Committee.

Program Requirements
1. Competency Areas, Goals and Objectives
   All residents will be required to achieve all required residency goals and objectives contained within Competency Areas R1 and R3 and meet standard progress in Competency Areas R2 and R4 by the end of the residency year. The resident’s progress towards achieving all competency areas will be monitored at least quarterly by the Residency Program Director. Each goal and its associated objectives will be evaluated using the following criteria.

   **Achieved**
   The resident independently completes all tasks and demonstrates readiness for entering the profession and becoming an independent practitioner.

   **Standard Progress**
   The resident requires limited prompting to complete complex tasks and independently completes all basic and routine tasks.

   **Needs improvement**
   The resident requires guidance and directed questioning to complete complex tasks and requires prompting to complete basic and routine tasks.

2. Operational Pharmacy Practice
   Residents will be evaluated by their operational pharmacy experience preceptors on a quarterly basis. The operational practice experience will be considered complete when the resident has completed all assigned shifts and has achieved all assigned competency areas, goals and objectives assigned to the operational practice experience.

3. Longitudinal Clinical Coverage and Call
   Residents will be evaluated by a longitudinal clinical coverage preceptor on a quarterly basis. The longitudinal clinical responsibilities will be considered complete when the resident has completed all assigned shifts and has achieved all assigned competency areas, goals and objectives assigned to this experience.
4. **Resident Research/Service Project and Manuscript**  
The project will be considered complete when the stated objectives have been met. The project must be presented at both the Alabama Residency Conference and the Southeastern Residency Conference. The project must also be written up in manuscript form suitable for publication in a peer-reviewed biomedical journal and submitted to the project preceptor no later than June 15 in order for the project to be considered complete. A residency certificate will not be awarded until the project is completed.

5. **Seminar Presentation**  
Each resident will receive a critique of the seminar from a minimum of two preceptors with input from the seminar preceptor, who will evaluate the presentation on the basis of content, presentation style, and overall quality. The resident must achieve a minimum of standard progress on all competency areas, goals and objectives assigned to the Seminar Project for successful completion.

6. **Longitudinal Drug Information Experience**  
Each resident is required to complete a minimum of one journal club, participate in all scheduled Lunch and Learn activities, respond to drug information questions, assist in the medication error and adverse event monitoring, and participate in any other drug information projects or activities that arise during the residency year. The resident may be asked to coordinate a Pharmacy and Therapeutics Formulary recommendation. The resident must achieve a minimum of standard progress on all competency areas, goals and objectives assigned to these projects for successful completion.

**Medication Use Evaluation**  
Each resident is required to participate in an MUE. These MUEs will be conducted in support of patient care at PBMC. The MUE process will follow the policies and procedures determined by the Director of Pharmacy. The resident must achieve a minimum of standard progress on all competency areas, goals and objectives assigned to the MUE for successful completion.

**RESIDENT DISCIPLINARY ACTION**  
Residents are expected to conduct themselves in a professional manner and to follow all pertinent Princeton Baptist Medical Center and Pharmacy Residency Program Policies. If residents participate at institutions other than PBMC, they are expected to abide by the policies of the institution.

Appropriate disciplinary action will be taken if a resident fails to:
- Present himself/herself in a professional manner.
- Follow the policies and procedures of PBMC.
- Make satisfactory progress on any of the residency goals and objectives. This will not to be determined by one learning experience evaluation, but rather in a global sense as determined by the Residency Program Director, Advisor, and Residency Advisory Committee.
- Make satisfactory progress towards the completion of all residency requirements (project, manuscript, seminar, longitudinal drug information projects, MUE, clinical coverage area and call, operational staffing).

**Disciplinary Action Policy**  
**Step 1**  
When the need for disciplinary action arises, the involved preceptor, Residency Program Director, and assigned Advisor will:
1. Discuss the issue with the resident.
2. In conjunction with the resident, determine an appropriate solution to rectify the behavior, deficiency, or action. A follow-up plan and specific goals for monitoring progress must be determined and outlined.
3. Document information as discussed in action #2 and place in the resident’s file.
Step 2
If the follow-up plan does not yield satisfactory results as described and agreed upon, or another deficiency, behavior or action warrants attention, the involved preceptor(s), the Residency Program Director and Advisor will determine a plan and course of action.

The Residency Advisory Committee will be notified of the deficiency, behavior, or action under scrutiny, the follow-up plan, and specific goals for improvement. The Residency Program Director will appoint a Discipline Advisory Committee to provide advice and monitoring to the Residency Program Director and assigned Advisor. The Discipline Advisory Committee will be composed of the Pharmacy Director and two individuals from the Residency Advisory Committee, not to include the resident’s Advisor or Residency Program Director.

Step 3
If the resident fails to progress satisfactorily as outlined in Step 2, or if additional shortcomings are identified, the involved preceptor(s), the Residency Program Director, and assigned Advisor will determine a plan and course of action, up to and including dismissal from the program. Actions 1-3 as outlined in Step 1 above must be followed. The Residency Advisory Committee will be notified of the deficiency, behavior, or action, and the follow-up plan and specific goals for improvement. The Discipline Advisory Committee will be kept informed and will remain involved.

When and if dismissal is recommended by the Residency Program Director, the Residency Advisory Committee will be convened.

Based on the number, severity, or seriousness of the deficiency, behavior, or action, at any time the Residency Advisory Committee can be convened to consider a recommendation put forth by a Residency Program Director up to and including dismissal from the Residency Program.

GENERAL INFORMATION
Qualification of Applicants
Applicants must possess a PharmD degree from an ACPE-accredited college or school of pharmacy at the time the residency begins and must be eligible for licensure as a pharmacist in the State of Alabama. Selected applicants will be required to visit Princeton Baptist Medical Center for an on-site interview.

Application Information
Applications are accepted beginning December 1 and the application deadline is December 29, 2017. Application materials must include:
- PhORCAS application form
- Letter of intent
- Curriculum Vitae
- Official transcripts of all professional pharmacy education
- Three electronic references completed by healthcare professionals who can attest to the applicant’s practice abilities and aptitudes. Two references must be from APPE rotation preceptors. Detailed comments must be provided.

Residency Benefits
- Resident Stipend: $45,000
- Annual leave and sick days: 15 work days (120 hours)
- Professional Leave: Residents will be allowed 5 work days (40 hours) of professional leave for attendance at professional meetings. Residents are provided a stipend to assist with the expense for attendance at professional organization meetings.
- Health Insurance: Health insurance (medical and dental) is available on a group rate basis.
- Taxes: Federal, State, City and F.I.C.A. taxes will automatically be deducted from paychecks.
VACATION, SICK, AND PROFESSIONAL LEAVE POLICIES
Residents are assigned 15 days of annual leave and 5 days of professional leave during the twelve-month residency program.

Annual Leave
Requests for annual leave are made using the Resident Leave Request Form (Appendix E). All applicable sections of the form must be completed. This completed form should be submitted for approval to the assigned preceptor for the time of the desired date of absence. The primary preceptor will then approve leave time requests based upon availability to ensure adequate coverage of pharmacy service responsibilities. The leave request form will then be submitted to the Residency Program Director for approval. The leave form must be submitted to the residency program director at least one week prior to the date of the desired absence. All approved annual leave will recorded on the residency calendar and is not considered approved until it is posted to the residency calendar.

The resident is allowed to take no more than 40 hours of annual leave during one rotation block unless there are extenuating circumstances. Residents are not permitted to terminate while on annual leave (i.e. you must be present on the final day of your residency).

Professional Leave
Professional leave may be used for attendance at an educational/professional meeting only. Requests are made using the Resident Leave Request Form (Appendix E). All sections of the form must be completed. The form should be submitted to the Residency Program Director only after the preceptor has been notified. All expenditures for professional leave must be verified by submission of receipts.

Sick Days
The resident must use annual leave for all sick days. The resident must speak directly to the preceptor and the Residency Program Director must be directly contacted. Leaving a message on voicemail, email, or the paging system is not considered adequate contact. The Residency Program Director will assure an annual leave form has been turned in by the resident. If a resident is absent for three or more consecutive days, a doctor’s excuse is necessary.

If a resident needs extended leave due to sick leave, paid or unpaid leave of absence, disability, or otherwise, the resident acknowledges and agrees that additional training after any lost time will be needed for successful completion of the residency program requirements. The amount of such lost time that will necessitate prolongation of the training time for the resident shall be determined by the Residency Program Director and Director of Pharmacy and will be completed without pay.

PHARMACY LICENSURE FOR RESIDENTS
All residents need to be licensed in the State of Alabama by the residency start date. This means that the resident needs to plan to attend the Alabama Board of Pharmacy Board Meeting in June. Questions regarding licensure should be addressed to the Alabama Board of Pharmacy. Exact dates of the June Board Meeting can be obtained from the Board of Pharmacy.

If you have not received your license by September 1, 2017, your participation in the residency program will terminated.

EXTERNAL EMPLOYMENT POLICY
The responsibilities of the resident do not coincide with a normal forty-hour work week. In many instances, odd hours of coverage (i.e. weekends and evenings) are necessary to ensure high quality of pharmacy services to Princeton Baptist Medical Center. Fluctuations in workload, cross-coverage, change of service, unusual service demands or patient loads, etc. may all dictate the hours of resident service.
External employment, if sought, should be carefully chosen to accommodate variation in service responsibilities to the Princeton Baptist Medical Center Pharmacy Residency Program, the resident's primary priority. The Residency Program Director must approve all outside employment (including any extra operational staffing shifts in the Princeton pharmacy) via the Moonlighting Approval Form (Appendix F). Additionally, any moonlighting must also be approved by the rotation preceptor before the resident commits. Successful completion of the residency program is a function of successful completion of all the program's requirements, which dictate the primary schedule of the resident.

DEPARTMENT OF PHARMACY

Departmental Meetings
The residents will be expected to attend all department meetings (usually once per month) and all mandatory clinical inservices (usually once per month).

Mission
The mission of the Department of Pharmacy Services is to extend the healing ministry of Christ through holistic, people-centered health care by the core values of Quality, Innovation, Service, Integrity, & Transparency.

Vision
The vision of the Department of Pharmacy Services is that the department will be recognized for the highest quality of pharmaceutical care and compassionate, Christian service. We will provide clinical and operational service, professional leadership, and educational excellence that exceed customer expectations. We will move pharmacy health forward through innovative use of technology, people and passion. Our reputation will be one of collaborative teamwork, employee satisfaction, and superior patient outcomes.
Appendices

A Pharmacy Resident Supervision Form
B Resident Rotation Schedule Change Request Form
C Resident Project and Timeline Approval Sheet
D Resident Quarterly Progress Report
E Resident Leave Request Form
F Moonlighting Approval Form
Appendix A
Princeton Baptist Medical Center Pharmacy Residency Program
PHARMACY RESIDENT SUPERVISION FORM

Resident: ________________ Service: ________________ Preceptor: ______________

Recommendations:
☐ Recommendations will be approved by preceptor prior to dissemination of information.
☐ Recommendations may be made by resident without first verifying with preceptor.
☐ Other

Explanation of Other or Comments:
________________________________________________________________________

Entries into patient chart:
☐ Notes written in a patient’s chart will be co-signed by preceptor.
☐ Notes may be written in a patient’s chart without being co-signed by preceptor.
☐ Verbal and per-protocol orders must be approved by preceptor prior to entering in patient’s chart.
☐ Verbal and per-protocol orders may be entered without being co-signed by preceptor.
☐ Other

Explanation of Other or Comments:
________________________________________________________________________

Presentations:
☐ Presentations given to healthcare providers will be reviewed by preceptor prior to presentation.
☐ Presentations may be given to healthcare providers without prior review by preceptor.
☐ Other

Explanation of Other or Comments:
________________________________________________________________________

Additional Comments or Special Situations:
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Resident Signature___________________________________________Date__________
Preceptor Signature__________________________________________Date__________
Appendix B
Princeton Baptist Medical Center Pharmacy Residency Program
RESIDENT ROTATION SCHEDULE CHANGE REQUEST FORM

Name ________________________________________________________

Current Rotation including Dates: _________________________________

Change to: ____________________________________________________

APPROVED BY:

_________________________  Current Preceptor
_________________________  Desired Preceptor
_________________________  Residency Program Director

Change must be requested at least 1 month prior to start of desired rotation change.

Change must be approved in the order indicated on this form. DO NOT forward to the next co-signer until approval is obtained from previous individuals.
Appendix C
Princeton Baptist Medical Center Pharmacy Residency Program
RESIDENT PROJECT AND TIMELINE APPROVAL SHEET – DUE 09/15

Project Title: _________________________________________________________________
_________________________________________________________________

Resident: __________________________________________

Project Advisor(s): __________________________________

Project objective(s) including primary and secondary endpoints, if applicable:

Methods to be used to complete project including patient population and number of subjects, if applicable:

Timeline for completion:

When making your timeline, be sure to consider:
10/15 - ASHP Abstracts usually due
01/01 – Manuscript Timeline Due
02/15 – SERC Abstracts usually due
03/15 – First Draft of Manuscript Due (must contain background and methods at a minimum); project should be finished
06/15 – Final Manuscript Due

Plan for publication:

Signatures:

Resident: ____________________________________________ Date: _________________

Project Advisor: ______________________________________ Date: _________________

Residency Program Director: ___________________________ Date: _________________

Director of Pharmacy: _________________________________ Date: _________________
Appendix D
Princeton Baptist Medical Center Pharmacy Residency Program
RESIDENT QUARTERLY PROGRESS REPORT

Resident: ________________________________ Date: ____________________

This document should be completed by the resident and reviewed by the resident’s advisor. Comments should be made regarding the resident’s progress in the following areas:

Service/Research Project
Title: 
Preceptor: 
Brief Progress Report/Timeline
- First Quarter: 
- Second Quarter: 
- Third Quarter: 
- Fourth Quarter: 

Manuscript for Publication
Title: 
Preceptor: 
Brief Progress Report/Timeline
- First Quarter: 
- Second Quarter: 
- Third Quarter: 
- Fourth Quarter: 

Seminar Presentation
Title: 
Preceptor: 
Brief Progress Report/Timeline
- First Quarter: 
- Second Quarter: 
- Third Quarter: 
- Fourth Quarter: 

Clinical Rotations
First Quarter
Rotation/Preceptor:
- Final evaluation complete: Y or N 
- Objectives Achieved: 
- Objectives Needing Improvement: 

Second Quarter
Rotation/Preceptor:
- Final evaluation complete: Y or N 
- Objectives Achieved: 
- Objectives Needing Improvement: 


Third Quarter
Rotation/Preceptor:
  - Final evaluation complete: Y or N
  - Objectives Achieved:
  - Objectives Needing Improvement:

Fourth Quarter
Rotation/Preceptor:
  - Final evaluation complete: Y or N
  - Objectives Achieved:
  - Objectives Needing Improvement:

Teaching
Teaching Certificate Activities (if applicable)
  Quarter/Date:
  Activity:

P4 student topic discussions/case facilitation
  Quarter/Date:
  Topic:

In-service Presentations
  Quarter/Date:
  Topic:

Longitudinal Drug Information Projects
P&T Formulary Recommendation
  Title:
  Preceptor:
  Brief Progress Report/Timeline
    - First Quarter
    - Second Quarter
    - Third Quarter
    - Fourth Quarter

Medication Utilization Evaluation
  Title:
  Preceptor:
  Brief Progress Report/Timeline
    - First Quarter
    - Second Quarter
    - Third Quarter
    - Fourth Quarter

Miscellaneous Assignments, Projects, Presentations
  Title:
  Preceptor:
  Quarter:
Career Goals
- Initial:
- End of First Quarter:
- End of Second Quarter
- End of Third Quarter:
- End of Fourth Quarter:

Practice Interests
- Initial:
- End of First Quarter:
- End of Second Quarter
- End of Third Quarter:
- End of Fourth Quarter:

Residency Goals
- Goals (list your 3 goals from your Entering Interest Form)
  1.
  2.
  3.
  Progress toward Self-Assessment Goals
  o End of First Quarter:
  o End of Second Quarter
  o End of Third Quarter:
  o End of Fourth Quarter:

Resident's Summary of Overall Progress
- First Quarter:
- Second Quarter:
- Third Quarter:
- Fourth Quarter:
Appendix E
Princeton Baptist Medical Center Pharmacy Residency Program
RESIDENT LEAVE REQUEST FORM
MUST BE APPROVED BY RPD ONE WEEK PRIOR TO DESIRED DATE OF ABSENCE

Name _____________________________________________________________

From ________________________________ Thru ________________________________

Date   Time   Date   Time

Number of Days __________________________ Purpose:  ( ) Annual Leave/Sick Leave  ( ) Professional Leave

Operational staffing shift affected:  ( ) Yes  ( )No

Coverage arrangements for operational staffing shift (if applicable):
____________________________________________________________________________________

COVERAGE ARRANGEMENTS MUST BE MADE PRIOR TO SUBMISSION OF THIS FORM

In case of emergency, I can be reached at:
_____________________________________________________________________________________

If professional leave, list the meeting:
_____________________________________________________________________________________

__________________________________ Resident Signature

APPROVALS:
__________________________________ Preceptor Signature

__________________________________ Residency Program Director Signature

For RPD Use Only:

__________________________________
Annual Days Remaining  Professional Days Remaining
Appendix F
Princeton Baptist Medical Center Pharmacy Residency Program
MOONLIGHTING APPROVAL FORM

Name _______________________________________________ Date ____________________________

Outside Employer ________________________________________ Position _______________________

Address _______________________________________________________________________________
____________________________________________________________________________________

Phone Number ______________________ Manager ___________________________________________

Normal Hours of Operation _______________________________________________________________

Potential Employment Hours ______________________________________________________________

____________________________________________________________________________________

I understand that my primary responsibility is to the Princeton Baptist Medical Center Pharmacy Residency Program and that outside employment should not interfere with this responsibility. I also understand that I need to check with my rotation preceptor before agreeing to work any shifts. Should the Residency Program Director deem that "moonlighting" interferes with my responsibilities, she may prohibit me from any outside employment.

_________________________________________ __________________________________________
Pharmacy Resident     Date  Residency Program Director   Date