



Princeton Baptist Medical Center

Brookwood Baptist Health.

PHARMACY RESIDENCY MANUAL

2020-2021

DEPARTMENT OF PHARMACY SERVICES

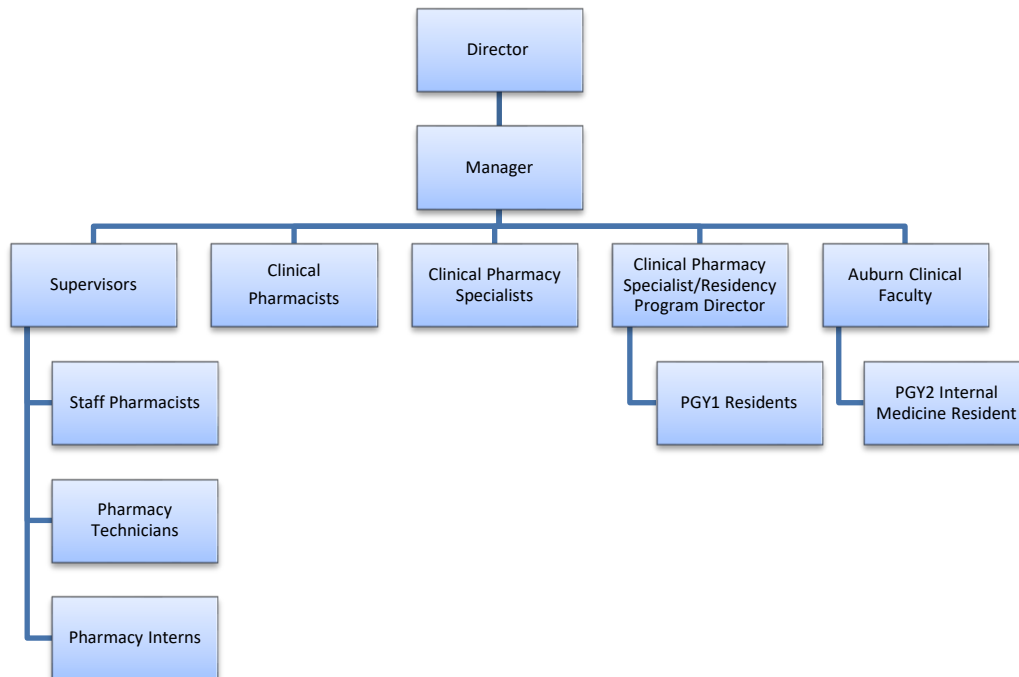
Mission

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.

Department Structure



PHARMACY RESIDENCY PROGRAMS

Mission

Our mission is to prepare pharmacy practice residents to become confident, competent clinical pharmacists by empowering them to communicate evidence-based therapeutic recommendations effectively to the healthcare team. Residents will achieve proficiency in implementing and monitoring therapeutic regimens, ensuring safety throughout the medication use process, and providing drug information services to healthcare professionals.

Vision

Our vision is to impact patient lives at Princeton Baptist Medical Center (PBMC) by providing high-quality, compassionate, cost-effective pharmaceutical care and to advance the profession of pharmacy by becoming valued, integral members of the interdisciplinary patient care team.

Values

We share the Brookwood Baptist Health core values of Quality, Innovation, Service, Integrity, and Transparency. These five values shape the way we work and interact with the healthcare team in order to uphold the highest standard of care to each of our patients.

PGY-1 PROGRAM STRUCTURE

<u>June-July</u> Orientation (5 weeks)	<u>August-December</u> Required Rotations (4 x5 weeks)	<u>December-January</u> “Winter Block” Transition (3 weeks)	<u>January-June</u> Remaining Required and Elective Rotations (4 x5 weeks + 1 x4 weeks)
<ul style="list-style-type: none"> • Hospital orientation • Electronic Medical Record training • Residency program introduction • Operational Staffing • Clinical Consults • Research Project • Drug Information • ACLS/BLS Certifications • IV Sterile Products Certification (through Samford University) 	<p><u>Required:</u></p> <ul style="list-style-type: none"> • Administration • Staff Medicine • Hospitalist Medicine • Cardiac ICU • Medical ICU • Neuroscience or Surgical ICU 	<ul style="list-style-type: none"> • Project(s)—research, seminar, P&T, etc. • Vacation • Holiday consult coverage (weeks of Thanksgiving, Christmas, New Year’s) 	<p><u>Required:</u></p> <ul style="list-style-type: none"> • Any rotations not scheduled August-December • Independent Practice <p><u>Electives (choose 2):</u></p> <ul style="list-style-type: none"> • Neuroscience ICU • Surgical ICU • Transitions of Care • Emergency Medicine • Antimicrobial Stewardship • Chronic Kidney Disease Clinic • Academia • Repeat required rotation
<p><u>Longitudinal Experiences:</u> Operational Staffing, Clinical Floor/Weekend Coverage, Code Blue Coverage, Drug Information, Research Project, Leadership Lunch and Learn, Teaching and Learning Program (optional through Auburn University)</p>			

PGY-2 INTERNAL MEDICINE PROGRAM STRUCTURE

<u>June-July</u> Orientation (5 weeks)	<u>August-December</u> (4 x5 weeks)	<u>December-January</u> “Winter Block” Transition (3 weeks)	<u>January-June</u> (4 x5 weeks + 1 x4 weeks)
<ul style="list-style-type: none"> • As above for the PGY1 program, if applicable 	<ul style="list-style-type: none"> • Staff Medicine • Medical ICU • Electives 	<ul style="list-style-type: none"> • Project(s)—research, seminar, P&T, etc. • Vacation • Holiday consult coverage (week of Thanksgiving, Christmas, or New Year’s) 	<ul style="list-style-type: none"> • Staff medicine • Electives
<p><u>Longitudinal Experiences:</u> Floor/Weekend Coverage, Code Blue Coverage, Drug Information, Research Project, Leadership Lunch and Learn, Teaching and Learning Program (optional through Auburn University)</p>			

RESIDENCY ADVISORY COMMITTEE

The Residency Advisory Committee exists to assist the Residency Program Directors in conducting the residency program by overseeing customized training of individual residents, assisting in disciplinary action proceedings, and participating continuous quality improvement efforts, including a formal annual program evaluation.

Committee Structure

The Residency Advisory Committee consists of the Residency Program Directors for both the PGY1 and PGY2 programs, four Advisors (one per resident), and two Longitudinal Coordinators (drug information and research). Advisor appointments may rotate each year to ensure preceptors gain experience in evaluating overall resident progression and build a sense of buy-in and accountability to the program. Longitudinal Coordinators are appointed based on interest and/or expertise and may serve in this role as long as they and the Residency Program Directors agree continued service is beneficial to the program and individual residents. The Residency Program Directors report the activities of the Residency Advisory Committee to the Director of Pharmacy Services as needed.

The following meetings fall under the purview of the Residency Advisory Committee: monthly “Rotation Handoff” meetings, bi-monthly Longitudinal Coordinator Meetings (Advisors may attend as desired or requested), quarterly development plan meetings, annual residency program goals meeting (January), annual continuous quality improvement meeting (June), and other meetings on an ad-hoc basis.

Advisor Duties and Expectations

The Advisors are responsible for overseeing the training of assigned the resident and ensure they progress toward achieving goals and program completion at an appropriate pace, meets established program and project deadlines, compiles a complete electronic residency portfolio, and maintains a stable mental and emotional state. The Advisor is the resident’s first point of contact for major issues or problems and escalates significant issues to the Residency Program Director for review. Each Advisor is responsible for developing and updating a development plan for their assigned resident on a quarterly basis with the purpose of modifying the design and conduct of the program to address each resident’s unique learning needs and interests.

Longitudinal Coordinator Duties and Expectations

The Longitudinal Coordinators share accountability for their designated experiences and continuous quality improvement related to those experiences along with the Residency Program Director. They are responsible for coordinating and executing orientation to each learning experience or portion of the experience, distributing assignments to residents and preceptors, helping the Residency Program Director ensure the residents and preceptors have needed tools and support to successfully carry out their assignments, reporting resident progress to the Residency Program Director, and facilitating continuity of their designated experiences between resident classes.

EXPECTATIONS AND RESPONSIBILITIES OF RESIDENTS

Professional Conduct

It is the responsibility of the residents of PBMC to uphold the highest degree of professional conduct at all times. The resident will display an attitude of professionalism in all aspects of their 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. Male residents are expected to wear slacks and dress shirts with or without a tie. Female residents are expected to dress conservatively and professionally: skirts and dresses must be within three inches of the knee, and slacks must be ankle length (within three inches of the ankle) or longer. Slip-resistant shoes are encouraged, but appropriate closed-toe shoes are required. A pressed white lab coat of full length will be worn at all times in patient care areas. During weekend coverage, residents may wear scrubs that are galaxy blue in color; sneakers are allowed only in this situation and should not be worn during weekdays. Additionally, all provisions of the Brookwood Baptist Health (BBH) **Professional Appearance and Hygiene Policy** should be followed at all times. Exceptions may be made based on resident-specific needs or in times of unusual local circumstances (e.g. pandemic, external disaster); however, changes must be approved by the Residency Program Director or pharmacy

administration prior to deviation from the policy. Any specific problems with professional 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 while on campus. If the employee badge is lost, the resident must report the loss immediately to Security, and a replacement 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 Directors, pharmacy administration, and rotation preceptors. PGY1 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 ensure that service responsibilities can be fulfilled and must also be approved by the respective 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 within the appropriate timeframe. All approved annual and professional leave will be recorded on the Residency Outlook calendar for the purpose of communication to the pharmacy team. Leave is not considered approved until it is posted to the calendar. If a PGY1 resident is scheduled for operational pharmacy practice and they call in sick more than one time, the missed operational shift(s) will be rescheduled.

Duty Hours

Residents, the Residency Program Directors, and preceptors have the professional responsibility to ensure that residents are fit to provide services that promote patient safety. The Residency Program Directors will ensure that there is not excessive reliance on residents to fulfill service obligations that do not contribute to the educational value of the residency program or that may compromise their fitness for duty and endanger patient safety.

Residents are expected to observe duty hour limits as defined in the ASHP policy **Duty Hour Requirements for Pharmacy Residencies**. Notable provisions of this policy include the following:

- 1) Continuous duty periods should not exceed 16 hours.
- 2) Residents should have 10 hours free of duty but must have at a minimum 8 hours between scheduled duty periods.
- 3) Duty hours must be limited to 80 hours per week, inclusive of moonlighting, when averaged over four weeks.
- 4) Residents must have a minimum of one day in seven days free of duty, when averaged over four weeks.

The Residency Program Director will ensure the design and conduct of the residency program facilitates observance of these rules, but it is the responsibility of the resident to track and report their compliance with duty hour limits on a monthly basis in PharmAcademic.

Submission of Assignments

Prompt submission of assigned tasks and projects is essential for the professional maturation of the resident and the effective administration of the residency program. A variety of deadlines will be self-assigned by the resident or set by preceptors, the resident's Advisor, the Residency Program Directors, and/or pharmacy administration throughout the residency year. It is the sole responsibility of the resident to ensure they meet all residency deadlines or makes other arrangements in advance with the appropriate parties. Unless otherwise stated, a task with a deadline falling on a particular date is considered to be due by 4:30 PM, which is the end of the normal business day.

PHARMACY LICENSURE FOR RESIDENTS

All residents should be licensed in the State of Alabama by the residency start date. To meet this expectation, the resident needs to plan to attend the Alabama Board of Pharmacy Board Meeting no later than June and complete both

the NAPLEX and Alabama MPJE prior to the residency start date. Questions regarding licensure should be addressed to the Alabama Board of Pharmacy. The dates of Board Meetings can be obtained from the Board of Pharmacy. If the resident has not received their license by September 1, 2020, participation in the residency program will be terminated.

GENERAL RESIDENCY REQUIREMENTS

Residents will be required to perform or participate in a number of activities throughout the year. These activities are designed to ensure 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 PGY1 residents occurs at the beginning of each residency year. PGY2 residents will participate on a as needed basis. 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 Services, including both clinical and operational pharmacy services, and to outline the expectations for the residency year.
2. Each resident successfully completes the **Basic Life Support (BLS) and Advanced Cardiovascular Life Support (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.
3. PGY1 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 20 hours per month as an operational pharmacist. This requirement will be met through weekly weekday evening staffing and weekend staffing approximately every 12 weeks. Specific procedures are outlined in the section entitled *Operational Pharmacy Practice*.
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 until the resident is deemed competent to handle consults independently. Specific procedures are outlined in the section entitled *Longitudinal Clinical Coverage*.
5. Residents participate in **Clinical Weekend and Holiday Coverage**. Each PGY1 resident will rotate into the clinical coverage schedule every third weekend (with the exception of weekends they are assigned operations shifts) and the week of one of three major holidays to follow clinical consult patients. Each PGY1 resident will have a preceptor backup with whom individual situations must be discussed before making recommendations until the resident is deemed competent to handle consults independently.

The PGY2 resident will rotate into the clinical coverage schedule every fourth weekend and the week of one major holiday. The PGY2 resident will work with a clinical pharmacy specialist during this experience.

Specific procedures are outlined in the section entitled *Longitudinal Clinical Coverage*.

6. 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. Specific procedures are outlined in the section entitled *Residency Project and Manuscript*.
7. 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*.

8. The resident participates in various **Longitudinal Drug Information Activities** including but not limited to the following:
 - The PGY1 resident will be responsible for completing **one formal journal club presentation**. All residents will participate in **Pharmacy Grand Rounds**, responding to drug information questions, and any other drug information projects or opportunities that arise during the residency year.
 - Each resident presents one **Seminar presentation** during the residency program. PGY1 seminars will be scheduled between November and March. 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 *Seminar*.
 - Each resident is required to participate in a **Medication Use Evaluation (MUE)**. 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 committees for review and approval. Once the new or revised policy/procedure is approved, the resident will educate the medical and hospital staff. Satisfactory performance as determined by the Drug Information Coordinator is required for successful completion of the program.
 - Each resident may coordinate a **Pharmacy and Therapeutics (P&T) formulary recommendation, treatment guideline, or protocol** that will be presented at a designated P&T meeting. This will include the initial review, evaluation, and written recommendation including efficacy, safety, and pharmaco-economic evaluations as applicable. 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 change. Subsequently, the resident may evaluate for appropriate utilization of the formulary change, treatment guideline, or protocol to ensure efficacy and safety, if applicable. The resident will report to P&T on the progress towards the recommendation at the end of the residency year, if applicable.
 - The resident participates in **PBMC Committees**.
 - The resident will attend monthly Pharmacy and Therapeutics Committee meetings as assigned. Beginning in August, each resident will be responsible for taking minutes and developing a summary for the Medical Executive Committee on a rotating basis.
 - The resident will be assigned to at least one quality committee as an active pharmacy participant (e.g. Antimicrobial Stewardship, Medication Safety, Diversion, Stroke, etc.).

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

9. Each resident assists with the **Recruitment Efforts** of the department. Each resident is required to spend time providing information to interested parties during the Alabama Residency Showcase, other regional showcases, and the ASHP Midyear Clinical Meeting. Residents are expected to assist with setup and breakdown of recruiting materials and to staff the residency showcase booth at all events. Because each resident is an important source of information and advice for potential candidates, there will also be scheduled time within the interview process for interviewees to interact with current residents.
10. Residents successfully complete all **Rotations**. Rotations will be evaluated using the required Competency Areas, Goals, and Objectives for the respective residency program. At the beginning of each rotation, the preceptor may 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.

11. 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, inservice 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. Additionally, residents have the option to participate in a teaching certificate program: the Resident Teaching and Learning Program through Auburn University Harrison School of Pharmacy. If the resident participates in the teaching certificate program, they are solely responsible for managing their participation in this program, including but not limited to registration fees, travel, seeking out opportunities, and communicating all requests needed to satisfy this program's requirements.
12. The residents will be expected to attend all mandatory **Department of Pharmacy Services Meetings** including but not limited to monthly staff meetings and clinical inservices.

PGY1 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 20 hours per month as an operational pharmacist. Each resident will train with a preceptor as assigned. Operational training will take place during the orientation block.

At the conclusion of the orientation period, the preceptor, Residency Program Director, 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, the Residency Program Director, the Assistant Director of Pharmacy, and/or 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 until the resident is deemed to have reached the expected level of competency and independence.
4. Once the resident is deemed competent, they will resume normal operational pharmacy practice duties expected of residents for the remainder of the residency.

All residents are required to maintain 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 independent IV room practice.

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.

LONGITUDINAL CLINICAL COVERAGE

Residents will be responsible for providing clinical services to patients in a designated area of the hospital. This responsibility will be in addition to their assigned rotation service areas. The resident will be responsible for but not limited to covering 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 independently.

Residents will help provide clinical pharmacy coverage on the weekends and major holidays. Each PGY1 resident will rotate into the clinical coverage schedule every third weekend (with the exception of weekends they are assigned operations shifts), and the PGY2 resident will rotate into the schedule every fourth weekend. All residents will be scheduled for the week of one of three major holidays (Thanksgiving, Christmas, and New Year). When participating in weekend or holiday clinical coverage, the resident is responsible for ensuring that all consultations and follow-up (when 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 independently.

The goal is for the resident to gain experience in evaluating and making therapeutic recommendations for patients outside of their assigned service. Weekend preceptor(s) will evaluate residents after each weekend worked, and the assigned backup preceptor will evaluate the resident 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 Floor and Weekend Learning Experience Description** for further information.

RESIDENCY PROJECT AND MANUSCRIPT

Each resident will complete a service or research project during the residency year. A list of potential projects will be generated and distributed to the residents to allow all residents to review all potential projects. The projects will be conducted in support of the Department of Pharmacy Services, and all policies and procedures of the department will be followed. Each resident must present a verbal and written Project Defense to the Residency Program Director, Residency Research Longitudinal Coordinator, and assigned project preceptors detailing the rationale and methods that will be used to carry out their project no later than August 31. 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 (ARC) and the Southeastern Residency Conference (SERC). Both of these conferences are held in April and are forums where residents share their experiences and expertise. Each resident will make a brief presentation on their project that will be evaluated by preceptors outside of the program. The resident will also present the findings of the project and any planned changes to practice within the pharmacy department. If applicable, the project may be presented at PBMC's P&T Committee or other facility or system committee meeting(s).

Each resident will write a manuscript detailing their residency project that should be suitable for publication in a peer-reviewed biomedical journal. Editorial assistance by a preceptor is required. The completed manuscript must be submitted to the project preceptor(s) no later than May 31 for the project to be considered complete. The resident must be first author and be responsible for submission to a journal and revisions, if submitted.

The project will be considered complete when the stated objectives have been met, all required presentations and manuscript revisions are complete, and when any necessary follow-up actions have been taken. A residency certificate will not be awarded until the project is complete.

Please see the **Residency Project and Manuscript Learning Experience Description** for further information.

SEMINAR

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 seminar preceptor, Drug Information Coordinator, and/or Residency Program Director.

The objectives of the 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

For the PGY1 residents, the length of the seminar will be approximately 30 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 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 within 72 hours of seminar delivery. The resident must achieve a minimum of standard progress on all competency areas, goals, and objectives assigned to the Seminar for successful completion. The date, time, and location of each seminar will be designated by September 1 of each year. Residents will present their seminars during the months of November through March.

For the PGY2 resident, the seminar will consist of developing an ACPE accredited webinar presentation through the Alabama Society of Health-System Pharmacists.

Please see the **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.

Formative Evaluation 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, and a written formative feedback will be uploaded to the resident's *Electronic Residency Portfolio*. Adjustments to residents' learning activities will be made in response to information obtained through these day-to-day informal observations, interactions, and assessments. Residents not progressing according to expectations will receive more frequent formative feedback.

Summative Evaluation of Resident's Rotation Performance

Each preceptor will complete a summative evaluation of the resident at the completion of each rotation. The summative evaluation for the final rotation in June will be due by Wednesday of the final week of the residency year. The evaluation is to be discussed with the resident at the end of the rotation prior to submission in PharmAcademic. This evaluation will be available to the resident's Advisor and the Residency Program Director.

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

Longitudinal Evaluation Process

The following longitudinal experiences will be evaluated at least once per quarter: Operational Pharmacy Practice, Longitudinal Clinical Coverage, Residency Project, and Drug Information. In addition, each resident is responsible for performing an independent, summative self-assessment for every longitudinal activity on a quarterly basis. The completed longitudinal evaluations must be submitted in PharmAcademic by the following dates: October 9, January 8, April 23, and June 18. 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.

Resident's Evaluation of Preceptor and Rotation Experience

Each resident will complete at least one preceptor and learning experience evaluation at the end of the associated learning experience. Additional evaluations may be scheduled for longitudinal experiences to ensure preceptors can implement feedback throughout the residency year. These evaluations apply to discrete rotations, concentrated experiences, and longitudinal experiences and are due on the last day of the associated learning experience (unless otherwise scheduled).

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 will evaluate the progress made toward meeting the PGY1 or PGY2 competency areas, goals and objectives established by the resident and Residency Advisory Committee 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 Progress Report to formulate the evaluation. Additional information will be included regarding the resident's progress toward completion of program requirements. 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 *Resident Quarterly Progress Report* detailing their residency activities for the designated time period (Appendix C). 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 their progress toward achieving the residency competency areas, goals, and objectives. The resident will submit the quarterly progress report to the Residency Program Director and their 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 Progress Report Submission Dates 2020-2021	
Quarter	Resident Quarterly Progress Report Due Date
Q1: Monday, June 29 to Friday, October 9	Tuesday, October 13
Q2: Monday, October 12 to Friday, January 8	Tuesday, January 12
Q3: Monday, January 11 to Friday, April 23	Tuesday, April 27
Q4: Monday, April 26 to Friday, June 25	Friday, June 18

Residency Evaluation Responsibilities

EVALUATION	METHOD	FREQUENCY	RESPONSIBILITY		
			RESIDENT	PRECEPTOR	RPD
Rotation Learning Experiences					
Formative	Verbal or written	Ongoing		X	
Resident	Summative	End of Rotation	X	X	Review
Preceptor	Likert-scored questions with comments	End of Rotation	X		Review
Learning Experience	Likert-scored questions with comments	End of Rotation	X		Review
Longitudinal Learning Experiences					
Clinical Coverage	Summative	Q1: Every 5 weeks Q2-4: Quarterly	X	X	Review
Operational Pharmacy Practice (PGY1 only)	Summative	Quarterly	X	X	Review
Residency Project and Manuscript	Summative	Quarterly	X	X	Review
Drug Information	Summative	Quarterly	X	X	Review
Seminar	Summative	End of project or Quarterly	X	X	Review
Preceptor	Likert-scored questions with comments	At least twice Seminar: Once	X		Review
Learning Experience	Likert-scored questions with comments	At least twice Seminar: Once	X		Review
Other					
Entering Objective Based Initial Assessment	Likert-scored questions with comments	Orientation	X		Review
ASHP Entering Interests Form	Narrative	Orientation	X		Review
ASHP Academic and Professional Record	Narrative	Orientation	X		Review
Resident Progress Report	Quarterly Report	Quarterly	X		Review
Development Plan	Development Plan	Quarterly		X (Advisor)	X

Compliance with Established Evaluation Policy

All scheduled evaluations are due on the dates set in PharmAcademic. Residents and preceptors are required to submit evaluations within 72 hours of this deadline if they cannot be completed on time for any reason. Residents and preceptors are required to complete any evaluations returned for edit or required co-signs within 7 days of receipt. Formative feedback should be discussed with the resident as close to the index event as possible; formative feedback submitted in PharmAcademic must be documented within 7 days of the event. 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 ensure their satisfactory completion.

If a resident fails 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 their personnel file by the Residency Program Director.
- If the resident continues to fail in their efforts to meet deadlines or objectives, they 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

PGY1 Residents

By the end of the residency year, each resident will be required to "achieve for residency" all goals and objectives contained within Competency Area R1 and at least 10 additional objectives in Competency Areas R2, R3, and R4. The resident must meet standard progress on all remaining goals and objectives in Competency Areas R2, R3, and R4. The resident's progress in all competency areas will be monitored at least quarterly by the Residency Program Director and Residency Advisory Committee.

PGY2 Residents

By the end of the residency year, the resident must be rated "achieved" on all objectives within Goals R1.1, 1.2, R2.2, and R3.1. The resident must be rated "standard progress" for all objectives within Goals R2.1, R3.2, R4.1, and R4.2. The resident's progress in all competency areas will be monitored at least quarterly by the Residency Program Director and Residency Advisory Committee.

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. PGY 1 Operational Pharmacy Practice

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

The longitudinal clinical coverage responsibilities will be considered complete when the resident has completed all assigned shifts. The PGY1 resident must achieved a minimum of standard progress and the PGY2 resident must achieve 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 ARC and SERC. If either conference is canceled for any reason, that presentation requirement will be waived. 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 May 31 in order for the project to be considered complete. A residency certificate will not be awarded until the project is completed.

5. Drug Information

Each resident is required to complete a minimum of one journal club (PGY1 only), participate in all scheduled Pharmacy Grand Rounds activities, respond to drug information questions, and participate in any other drug information projects or activities that arise during the residency year. The resident will be asked to coordinate and present a P&T recommendation, MUE, and seminar. Each resident will receive a critique of these presentations from the assigned preceptor for each project, 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 these projects for successful completion.

6. Electronic Residency Portfolio

Each resident is required to develop a portfolio in PharmAcademic detailing the activities of their residency year. The minimum required contents are detailed in the *PharmAcademic Electronic Residency Portfolio—File Naming List* (Appendix D). The resident must upload all of the appropriate documents no later than June 18 in order for the Residency Program Director to assess the portfolio for successful completion. A residency certificate will not be awarded until the portfolio is completed.

7. Intervention Tracking

Each resident is required to track interventions made from August through June in a shared Access database consistent with the practice of the clinical pharmacy staff within the Department of Pharmacy Services. The resident must upload all interventions no later than June 18 in order for the Residency Program Director to assess the database for successful completion of responsibilities. A residency certificate will not be awarded until the portfolio is completed.

RESIDENT DISCIPLINARY ACTION

Residents are expected to conduct themselves in a professional manner and to follow all pertinent PBMC 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 oneself 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 toward the completion of all residency requirements (project, manuscript, seminar, longitudinal drug information projects, MUE, clinical coverage, operational staffing, electronic residency portfolio, intervention tracking).

Disciplinary Action Policy

Step 1

If the need for disciplinary action arises, the involved preceptor(s), 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 Disciplinary Advisory Committee to provide advice and monitoring to the Residency Program Director and assigned Advisor. The Disciplinary Advisory Committee will be composed of the Director of Pharmacy Services 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 Disciplinary 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, the Residency Advisory Committee can be convened at any time to consider a recommendation put forth by a Residency Program Director up to and including dismissal from the Pharmacy Residency Program.

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 to the assigned preceptor for approval of the desired date(s) of absence. The preceptor will approve or reject leave requests based upon availability of personnel to ensure adequate coverage of pharmacy service responsibilities. The approved leave request form will 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 in most cases. Requests for time off surrounding major holidays (Thanksgiving, Christmas, New Year) or during the resident's assigned Independent Practice experience should be submitted at least four weeks in advance to accommodate any necessary changes to the operational staffing and departmental pharmacist schedules. All approved annual leave will be recorded on the Outlook 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. the resident must be present on the final day of the residency).

Professional Leave

Professional leave may be used for travel to and attendance at the ASHP Midyear Clinical Meeting (3 days) and SERC (2 days). The resident should discuss the absence with the rotation preceptor well in advance but does not have to gain formal approval for these required events. If the resident wishes to spend additional time traveling to or attending these conferences, they must use annual leave pursuant to the above policy. If the resident has leftover professional leave for any reason, they may only use it at an educational/professional meeting and must use the *Resident Leave Request Form* (Appendix E) to request approval from their preceptor and the Residency Program

Director before making arrangements to attend. All reimbursement for expenditures during 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 contacted directly. Leaving a message on voicemail, email, or the paging system is not considered adequate contact. The Residency Program Director will ensure 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.

Extended Leave

If a resident needs extended leave due to sickness, paid or unpaid leave of absence, disability, or other reason, 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 Services and may be completed without pay.

INCLEMENT WEATHER POLICY

Due to the nature of hospital practice and the necessity of uninterrupted pharmacy services, pharmacy personnel are considered essential employees. In the event of a "severe weather emergency" as determined by hospital administration, essential employees are expected to arrive to work as scheduled. Within the clinical pharmacy department, a minimum of two clinical pharmacy staff and three pharmacy residents are required to be onsite during normal operating hours (minimum of 0800-1600 daily) in cases of severe/inclement weather.

All three pharmacy residents should make travel and/or accommodation plans to ensure they are onsite for their normal workday hours and evening staffing shifts in the event of a declared "severe weather emergency" or if one has a high probability of occurring. Whether residents are assigned clinical consult coverage responsibilities versus continuing rotation responsibilities will be decided on a case-by-case basis involving the clinical pharmacy staff onsite and the resident's rotation preceptor or Residency Program Director. If a resident calls in or arrives late, this will count accordingly as an unexcused absence or a tardy. Previously approved annual or professional leave will excuse a resident from this obligation. If severe/inclement weather occurs on a weekend or holiday when the clinical staff is already scheduled to be reduced, only the clinical pharmacy staff and pharmacy resident(s) scheduled are required to make plans to be onsite.

This policy is applicable to any severe/inclement weather event (e.g. snow/ice, tornado, hurricane, etc.), but may be superseded by other hospital policies in the event of natural disasters or emergency situations.

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 PBMC. 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 PBMC 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 PBMC pharmacy) via the *Moonlighting Approval Form* (Appendix F). Additionally, any moonlighting must also be approved by the rotation preceptor before the resident commits to each shift. 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.

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 PBMC for an on-site interview.

Application Information

Applications are accepted beginning December 1 and the application deadline is December 31.

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 clinical practice abilities and aptitudes. Two references must be from APPE or PGY1 rotation preceptors, as appropriate. Detailed comments must be provided.

Residency Benefits

- Resident stipend: \$45,000 (PGY1) or \$50,000 (PGY2) annually allocated biweekly for 52 weeks
- Annual and sick leave: 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 the ASHP Midyear Clinical Meeting and SERC.
- Health insurance: Medical, dental, vision, and disability insurances are available on a group rate basis.
- Taxes: Federal, State, City and F.I.C.A. taxes will automatically be deducted from paychecks.

APPENDICES

- A.** Pharmacy Resident Supervision Form
- B.** Resident Rotation Schedule Change Request Form
- C.** Resident Quarterly Progress Report
- D.** PharmAcademic Electronic Residency Portfolio—File Naming List
- 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 previously listed individuals.

Appendix C

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:

Clinical Rotations

First Quarter

Rotation/Preceptor:

- Final evaluation complete: Y or N
- Objectives Achieved:
- Objectives Needing Improvement:

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:

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:

Rotation/Preceptor:

- Final evaluation complete: Y or N
- Objectives Achieved:
- Objectives Needing Improvement:

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:

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:

Primary Preceptorship

Quarter/Dates:

Rotation/Preceptor:

Longitudinal Drug Information Projects

Pharmacy Grand Rounds Presentations

Title:

Quarter:

Medication Utilization Evaluation

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:

P&T Recommendation

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
 - End of First Quarter:
 - End of Second Quarter
 - End of Third Quarter:
 - End of Fourth Quarter:

Resident's Summary of Overall Progress

- First Quarter:
- Second Quarter:
- Third Quarter:
- Fourth Quarter:

Appendix D

Princeton Baptist Medical Center Pharmacy Residency Program PHARMACADEMIC ELECTRONIC RESIDENCY PORTFOLIO—FILE NAMING LIST

Upload all drafts, final copies, and/or *Resident Conference Evaluation* forms for each activity to the “Files” section of “My residency” on PharmAcademic. Please follow the naming conventions below. Drafts can be saved with “_Draft#” and evaluations with “_Eval” at the end of the file. Please include any mark-ups of drafts by preceptors (whether handwritten or track changes comments) whenever possible. The following list may not be all-inclusive. Progress on uploading assignments will be assessed on a quarterly basis.

Drug Information

- DI_ClinMeeting_TITLE (if related to residency project, see that section)
- DI_MUE_TITLE
- DI_PT_TITLE
- DI_Question_TITLE_DATE

Pharmacy Grand Rounds

- PGR_TITLE_DATE

Seminar

- Seminar_Outline_TITLE
- Seminar_Presentation_TITLE
- Seminar_Handout_TITLE (if different from slides)

Residency Project

- Project_Defense_TITLE
- Project_Approval_TITLE
- Project_IRB_TITLE
- Project_ASHPAbstract_TITLE
- Project_ASHPPoster_TITLE
- Project_ARC_TITLE
- Project_SERCAbstract_TITLE
- Project_SERC_TITLE
- Project_ClinMeeting_TITLE
- Project_Manuscript_TITLE
- Add presentations at other meetings (including internal) in the same format (e.g. Project_NAME OF MEETING_TITLE)

Resident Teaching and Learning Program

- RTLP_TeachingPhilosophy
- RTLP_ACTIVITY TITLE
- RTLP_Evaluation_ACTIVITY TITLE
- RTLP_Reflections (All reflections may be uploaded as a single file but should be organized by date)

Rotation Assignments

- Rotation_NAME_TITLE OF ASSIGNMENT

Other

- Interventions_Monthly_Final (This only needs to be uploaded at the end when all quarters are complete)
- Quarterly_Report_Final (This only needs to be uploaded at the end when all quarters are complete)

Appendix E
Princeton Baptist Medical Center Pharmacy Residency Program
RESIDENT LEAVE REQUEST FORM

Requests must be approved by the RPD at least one week prior to the desired date(s) of absence in general.
Requests during the week of a major holiday (Thanksgiving, Christmas, New Year) or your Independent Practice rotation must be approved by the RPD at least four weeks prior to the desired date(s).

Name _____

From _____ Thru _____
Date Date

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

Operational staffing shift affected: () Yes () No

Clinical coverage assignment affected: () Yes () No

Coverage arrangements for operational staffing shift or clinical coverage assignment (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