



Princeton Baptist Medical Center

Brookwood Baptist Health.

PHARMACY RESIDENCY MANUAL

2022-2023

DEPARTMENT OF PHARMACY SERVICES

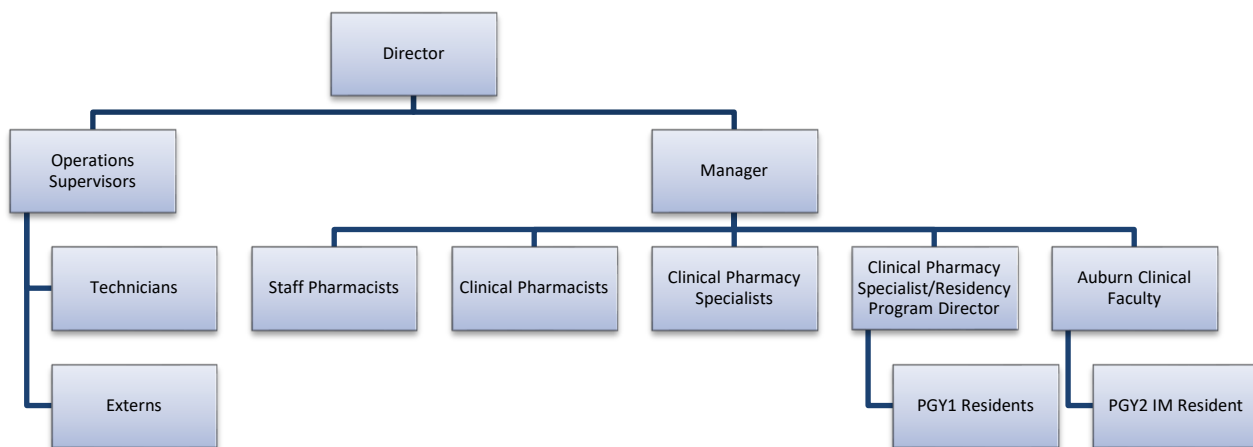
Mission

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

PGY1 Purpose

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

PGY2 Internal Medicine Purpose

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

PGY1 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) 	<u>Required:</u> <ul style="list-style-type: none"> • Administration • Staff Medicine • Hospitalist Medicine • Cardiology • Medical ICU • 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) 	<u>Required:</u> <ul style="list-style-type: none"> • Any rotations not scheduled August-December • Independent Practice • Primary Preceptor <u>Electives (choose 2):</u> <ul style="list-style-type: none"> • Antimicrobial Stewardship • Informatics • Neuroscience ICU • Transitions of Care • Repeat required rotation
<u>Longitudinal Experiences:</u> Operational Practice, Clinical Coverage, Medication Use, Lecture Series, Research Project			

PGY2 Internal Medicine Program Structure

<u>June-July</u> Orientation (5 weeks)	<u>August-December</u> (4 x 5 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 • This rotation block will be replaced by staff medicine if the PGY2 completed their PGY1 at Princeton 	<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 Christmas, or New Year’s) 	<ul style="list-style-type: none"> • Staff medicine • Electives
<u>Longitudinal Experiences:</u> Clinical Coverage, Medication Use, Research Project, Teaching and Precepting			
<u>Electives:</u> Cardiac ICU, Hospitalist, Neuroscience ICU, Surgical ICU, Transitions of Care			

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 (medication use 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 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 the assigned resident to ensure they progress toward achieving goals and program completion at an appropriate pace, meet established program and project deadlines, compile a complete electronic residency portfolio, and maintain 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 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 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. Residents may wear scrubs that are galaxy blue in color during routine residency shifts. 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. There are times when more formal attire is required for internal and external residency functions. 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. 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 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 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 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 must observe duty hour limits as defined in the ASHP policy **Duty Hour Requirements for Pharmacy Residencies** (<https://www.ashp.org/-/media/assets/professional-development/residencies/docs/duty-hour-requirements.pdf>).

The Residency Program Directors will ensure the design and conduct of the residency programs facilitate 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.

1. Definitions:

Duty Hours: Duty hours are defined as all scheduled clinical and academic activities related to the pharmacy residency program. This includes inpatient and outpatient care; [staffing/service commitment](#); in-house call; administrative duties; [work from home activities \(e.g. taking calls at home, accessing electronic health record related to patient care, other duties assigned to be completed virtually\)](#); and scheduled and assigned activities, such as conferences, committee meetings, and health fairs that are required to meet the goals and objectives of the residency program. Duty hours must be addressed by a well-documented, structured process.

Duty hours do not include: reading, studying, and academic preparation time ([e.g. presentations, journal clubs, closing knowledge gaps](#)); travel time ([e.g. to and from work or conferences](#)); and hours that are not scheduled by the residency program director or a preceptor.

Scheduled duty periods: Assigned duties, regardless of setting, that are required to meet the educational goals and objectives of the residency program. These duty periods are usually assigned by the residency program director or preceptor and may encompass hours which may be within the normal work day, beyond the normal work day, or a combination of both.

Moonlighting: Voluntary, compensated, pharmacy-related work performed outside the organization (external) or within the organization where the resident is in training (internal). These are compensated hours beyond the resident's salary and are not part of the scheduled duty periods of the residency program.

Continuous Duty: Assigned duty periods without breaks for strategic napping or resting to reduce fatigue or sleep deprivation.

2. Maximum Hours of Work per Week and Duty-Free Times:

- A. Duty hours must be limited to 80 hours per week, averaged over a four-week period, inclusive of all in-house activities and all moonlighting.
- B. Mandatory time free of duty: residents must have a minimum of one day in seven days free of duty (when averaged over four weeks).
- C. Residents ~~should have a minimum of 10 hours but~~ must have at a minimum 8 hours between scheduled duty periods.

3. Moonlighting

- A. Moonlighting must not interfere with the ability of the resident to achieve the educational goals and objectives of the residency program.
- B. Internal moonlighting may be allowed after licensure and as training, research, and patient care responsibilities permit.
- C. External moonlighting is generally discouraged but may be allowed based on the resident's progress in the program as mutually agreed upon by the resident, Advisor, and Residency Program Director.
- D. Residents are required to receive permission from their Residency Program Director by utilizing the Moonlighting Approval Form (Appendix A) prior to beginning any internal or external moonlighting activities. After initial approval, all moonlighting hours must be approved via email by the Residency Program Director prior to the scheduled shift.
- E. Moonlighting hours will be counted towards the 80-hour maximum weekly hour limit.
- F. The maximum amount of moonlighting hours allowed is 16 hours per week.
- G. If a pharmacist believes the resident is exhibiting signs of fatigue (excessive yawning or sedation), the resident should be relieved of their duty. The pharmacist and resident will notify the RPD and the resident will be prohibited from moonlighting for a minimum of 4 weeks.
- H. Moonlighting will also be prohibited if it appears to be interfering with the resident's judgement or ability to achieve educational goals and objectives of the residency program.

4. Duty Hours Tracking

- A. The resident MUST document their duty hours in PharmAcademic, including any moonlighting.
- ~~B. The Residency Program Director will assign a "customized" evaluation in PharmAcademic monthly that the resident will complete for the preceding month and the RPD will review and co-sign. If Residency Program Director finds duty hours violations upon review, they will discuss a plan with the resident to ensure compliance in the future. The Residency Program Director will document the plan in the co-signer comments of the evaluation.~~
- ~~C. PharmAcademic Duty Hours Evaluation Questions (to be completed monthly)~~
 - ~~a. I have read and understand the ASHP Duty Hour Requirements for Pharmacy Residencies.~~
 - ~~• Yes~~
 - ~~• No, please provide comments~~
- ~~B. On the last day of each month, the resident will receive an email notification and a task to complete the ASHP Duty Hours form, which is 7 due days after it is available. There will be reminders sent to the resident beginning on the due date and weekly thereafter until it is submitted.~~
- ~~C. The resident will complete attestations for each section of the form: required attestation (duty hour limit compliance), moonlighting, and on-call.~~
- ~~D. If violations are reported, the Residency Program Director will be alerted with an email notification and will be sent a task to review and co-sign the Duty Hours form. The Residency Program Director~~

- ~~b.— In the past month, I had a day off at least once every 7 days, on average.~~
 - ~~●—Yes~~
 - ~~●—No, please provide comments~~
- ~~c.— In the past month, I have worked (i.e., duty hours) no more than 80 hours per week on average, including any moonlighting hours.~~
 - ~~●—Yes~~
 - ~~●—No, please provide comments~~
- ~~d.— In the past month, I have been on continuous duty no more than 16 hours in any 24-hour period.~~
 - ~~●—Yes~~
 - ~~●—No, please provide comments:~~
- ~~e.— In the past month, I had a 10-hour period free from duty between all scheduled duty periods.~~
 - ~~●—Yes~~
 - ~~●—No, please provide comments~~
- ~~f.— In the past month, I have zero moonlighting hours.~~
 - ~~●—Yes~~
 - ~~●—No, please document number of moonlighting hours in comments~~
- ~~g.— In the past month, I have felt overwhelming stress, more fatigued than usual, or depressed.~~
 - ~~●—Yes, please provide comments~~
 - ~~●—No~~

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.

PHARMACIST LICENSURE FOR RESIDENTS

All residents should be licensed as pharmacists 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, including dates of Board Meetings, should be addressed to the Alabama Board of Pharmacy. If the resident has not received their pharmacist license by September 1, participation in the residency program will be terminated.

VERIFICATION OF PGY1 COMPLETION

PGY2 residents must submit proof of completion (residency certificate) of their PGY1 program no later than July 5.

RESIDENCY ACTIVITIES

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. PGY1 residents have a **Longitudinal Operational Practice 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.

Operational training will take place during the orientation block. At the conclusion of the orientation period, the preceptor, Residency Program Director, Director of Pharmacy Services 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, and/or the Director of Pharmacy Services 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 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 Practice 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 Practice Learning Experience Description** for further information.

3. Residents have a **Longitudinal Clinical Coverage Experience** which includes both a patient coverage area and a weekend and holiday schedule. For the clinical coverage area, the residents are responsible for providing clinical services to patients in a designated area of the hospital throughout the residency year. This responsibility will be in addition to their assigned rotation service areas and 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.

For clinical weekend and holiday coverage, 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.

Each resident successfully completes the **Basic Life Support (BLS) and Advanced Cardiovascular Life Support (ACLS) curricula** within the first month of the residency (if not already certified). The goal is to ensure the resident is familiar with and capable of providing BLS and ACLS in all *Code Blue* situations. Following certification, the resident will respond to the patient's bedside for *Code Blue* overhead pages on a rotating basis. They will participate in resuscitation efforts in conjunction with the responding clinical pharmacy staff member(s), including but not limited to recommending appropriate medication therapy, preparing and/or obtaining ordered

medications expeditiously, performing compressions, and other duties as assigned by the team leader or clinical pharmacy staff member.

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 Coverage Learning Experience Description** for further information.

4. Each resident completes a **Research Project with Manuscript** designed to improve the services of the department or to achieve a specific research objective. 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. If applicable, the findings of the project and any planned changes may be presented to PBMC's Pharmacy and Therapeutics (P&T) Committee, other facility or system committee(s), and/or pharmacy department staff.

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 following objectives have been met: data collection is complete as defined by the primary preceptor, all required presentations and manuscript revisions are complete, and any follow-up actions defined by the primary preceptor have been taken.

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

5. The resident participates in various **Longitudinal Medication Use Activities** including but not limited to the following:
 - Each resident is required to conduct a **Medication Use Evaluation (MUE)** 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 will coordinate a **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 pharmacoeconomic 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 P&T 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).

Please see the **Medication Use Learning Experience Description** for further information.

6. Each resident presents five **Pharmacy Grand Rounds (PGR)** presentations to PBMC staff and one **Seminar** presentation to external stakeholders during the residency program. The goal of these presentations is to improve the resident's communication skills and techniques, literature evaluation, and understanding of the continuing education process.

The objectives of the presentations 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
- Seminars will consist of either a regional or national presentation and will ideally occur between January and May (subject to scheduling availability). The seminar topic will be selected by the resident with guidance from the seminar preceptor and/or Residency Program Director. The length of the seminar will be approximately 50 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 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.
 - PGR presentations will occur between August and June each year. Topics will be selected by the resident with guidance from the preceptor as needed. Presentations will be approximately 20 minutes in length, with at least 5 minutes of time reserved for questions and/or comments from the audience. Each resident will receive a critique of the PGR from all preceptors and residents in attendance, who will evaluate the presentation on the basis of content, presentation style, and overall quality. The critique will be discussed with the resident immediately after PGR 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 PGY2 resident will participate in precepting the PGY1 residents for the PGR experience.

Please see the **PGY1 Lecture Series Learning Experience Description** and the **PGY2 Teaching and Precepting Learning Experience Description** for further information.

7. 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/or 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.

Please see the **PGY1 Primary Preceptor Learning Experience Description** and the **PGY2 Teaching and Precepting Learning Experience Description** for further information.

8. 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 B). This will specify the degree of autonomy the resident will have. 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, they must fill out the *Resident Rotation Schedule Change Request Form* (Appendix C). Please see individual rotation **Learning Experience Descriptions** in PharmAcademic 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. 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.

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 for Residency (ACHR)	<ul style="list-style-type: none"> • To be determined by the Residency Program Director and Advisor when the resident can perform associated activities independently across the scope of pharmacy practice
Achieved (ACH)	<ul style="list-style-type: none"> • Fully accomplished the ability to perform the objective • Rarely requires assistance to complete the objective; minimum supervision required • No further developmental work needed
Satisfactory Progress (SP)	<ul style="list-style-type: none"> • Adequate knowledge/skills in this area • Sometimes requires assistance to complete the objective • Able to ask appropriate questions to supplement learning • Requires skill development over more than one rotation
Needs Improvement (NI)	<ul style="list-style-type: none"> • Deficient in knowledge/skills in this area • Often requires assistance to complete the objective • Unable to ask appropriate questions to supplement learning

Formative Evaluation Process

Preceptors must provide ongoing feedback to residents about their progress and how they can improve. This feedback must be frequent, immediate, specific, and constructive. Formative feedback may be documented in

PharmAcademic on a regular basis, and 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 informal day-to-day 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 Practice (PGY1), Clinical Coverage, Research Project and Manuscript, Drug Information, Lecture Series (PGY1), and Teaching and Precepting (PGY2). Quarters of the residency year are Q1: June 20 – September 30, Q2: October 1 – December 31, Q3: January 1 – March 30, and Q4: April 1 – June 16.

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. Evaluations should be discussed in detail with the preceptor prior to submission and are due on the last day of the associated learning experience (unless otherwise scheduled).

Quarterly 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, medication use, research, and overall residency performance. This report will address strengths, areas or opportunity, and 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 to formulate the development plan. Additional information will be included regarding the resident's progress toward completion of program requirements. The resident's development plan will be changed according to the resident's progress.

PGY2 Resident Quarterly Progress Report

The PGY2 resident will complete a *Resident Quarterly Progress Report* detailing their residency activities for the designated time period (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 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 customized development plan.

Quarterly Progress Report Submission Dates	
Quarter	Resident Quarterly Progress Report Due Date
Q1: June 20 to September 30	September 30
Q2: October 1 to December 31	January 2
Q3: January 1 to March 31	March 31

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	At least quarterly		X	Review
Operational Practice (PGY1 only)	Summative	Quarterly		X	Review
Research Project and Manuscript	Summative	Quarterly		X	Review
Drug Information	Summative	Quarterly		X	Review
Lecture Series (PGY1 only)	Summative	Quarterly		X	Review
Teaching and Precepting (PGY2 only)	Summative	Quarterly		X	Review
Preceptor	Likert-scored questions with comments	At least once	X		Review
Learning Experience	Likert-scored questions with comments	At least 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
Resident Progress Report (PGY2 only)	Quarterly Report	Quarterly	X		Review
Development Plan	Development Plan	Quarterly		X (Advisor)	X
Duty Hours Monitoring	Duty Hour Attestation	Monthly	X		Review
Medical Emergency Comfort Assessment (PGY1 only)	Summative	Quarterly	X		Review

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 (Appendix E). Only those residents who 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 successful 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 (Appendix E)

1. Baseline Expectations of the Program

Each resident must do the following:

- Successfully complete a five-week orientation period (waived for any PGY2 who completed their PGY1 at PBMC)
- Obtain their pharmacist license from the Alabama Board of Pharmacy by September 1. Additionally, the PGY2 must provide a copy of their PGY1 residency certificate by July 5.
- Complete BLS and ACLS curricula
- Complete all assigned learning experiences

2. Competency Areas, Goals and Objectives

PGY1 Residents

By the end of the residency year, each resident will be required to "achieve for residency" all objectives contained within Competency Area R1 and at least 10 additional objectives in Competency Areas R2, R3, and R4. The resident must meet a minimum of "standard progress" on each remaining objective in Competency Areas R2, R3, and R4 the final time it is evaluated. The resident's progress in all competency areas will be monitored at least quarterly by the Residency Program Director and Residency Advisory Committee. ACHR indicates the resident can perform associated activities independently across the scope of pharmacy practice and will be determined by the Residency Program Director and Advisor during quarterly meetings based on collective summative and formative evaluations.

PGY2 Residents

By the end of the residency year, the resident must be rated "achieved for residency" 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 on each objective will be monitored at least quarterly by the Residency Program Director and Residency Advisory Committee. ACHR indicates the resident can perform associated activities independently across the scope of pharmacy practice and will be determined by the Residency Program Director and Advisor during quarterly meetings based on collective summative and formative evaluations.

3. PGY1 Longitudinal Operational Practice

The operational practice experience will be considered complete when the resident has completed all assigned shifts (at least six 8-hour weekend day shifts and at least forty 4-hour weekday evening shifts) and has met the objective evaluation status requirements laid out in item #2 above.

4. Longitudinal Clinical Coverage

The longitudinal clinical coverage responsibilities will be considered complete when the resident has completed all assigned shifts (at least twenty-four 8-hour weekend shifts and five 8-hour weekday on-call shifts) and has met the objective evaluation status requirements laid out in item #2 above.

5. Longitudinal Research Project and Manuscript

The project will be considered complete when the following objectives have been met: data collection is complete as defined by the primary preceptor, all required presentations and manuscript revisions are complete, any follow-up actions defined by the primary preceptor have been taken, and the resident has met the objective evaluation status requirements laid out in item #2 above. 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.

6. Longitudinal Medication Use

The resident will coordinate and present a P&T recommendation and MUE. The resident must meet the objective evaluation status requirements laid out in item #2 above for all for successful completion. Finally, the resident will be assigned to serve on the P&T Committee plus another institutional committee longitudinally. Residents are required to attend committee meetings and actively participate in committee charges.

6. PGY1 Longitudinal Lecture Series

Each resident is required to coordinate and present a minimum of five Pharmacy Grand Rounds presentations and one seminar. The resident must meet the objective evaluation status requirements laid out in item #2 above for successful completion.

7. PGY2 Longitudinal Teaching and Precepting

The PGY2 resident is required to complete teaching and precepting activities. These activities include a minimum of one didactic teaching experience to pharmacy students with Auburn University Harrison School of Pharmacy, serving one block as a primary preceptor for pharmacy students, completing five Pharmacy Grand Rounds presentations, completing one seminar presentation, and serving as a preceptor for PGY1 residents for four Pharmacy Grand Rounds presentations. The resident must meet the objective evaluation status requirements laid out in item #2 above for successful completion.

8. PGY2 Internal Medicine Topic Area Appendix

The PGY2 resident is required to complete the topic area appendix in PharmAcademic.

9. 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 F). The resident must upload all documents no later than May 31 in order for the Residency Program Director to assess the portfolio for successful completion.

10. 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 the final Monday of the program in order for the Residency Program Director to assess the database for successful completion of responsibilities.

RESIDENT DISCIPLINARY ACTION AND DISMISSAL

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.

Disciplinary Action and Dismissal 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. Actions 1-3 as outlined in Step 1 above will be followed.

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 will 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 G). 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 adequate personnel to ensure coverage of pharmacy service responsibilities. The approved leave request form will be submitted to the Residency Program Director for final approval, who may also reject the request on the basis of available personnel. The leave form should 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 30 days in advance to accommodate any necessary changes to the operational practice 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 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 of the ASHP Midyear Clinical Meeting (3 days) and SERC (2 days). The resident should discuss the absence with their 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 either of 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 G) to request approval from their preceptor and the Residency Program Director before planning to attend.

Any 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; leaving a message on voicemail, email, or the paging system is not considered adequate contact. The Residency Program Director must also be contacted directly. The Residency Program Director will ensure an annual leave form has been completed by the resident. If a resident is absent for three or more consecutive days, a physician's excuse is necessary.

Extended Leave

If a resident needs extended leave due to sickness, 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 cannot exceed 12 weeks. All program requirements as detailed in Appendix E must be completed along with the required 12 months of training, and extended training may be completed without pay. If the program is unable to accommodate a resident for lost time, the residency will be terminated without completion.

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.

The 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 operational responsibilities, clinical consult responsibilities, or 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 absence and will be deducted from the resident’s annual leave. 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.

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. Applicants for the PGY2 program must be currently enrolled in or have completed an ASHP-accredited PGY1 program. Selected applicants will be required to visit PBMC for an onsite interview.

Application Information

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

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 rotation preceptors (PGY1) or PGY1 preceptors (PGY2). Detailed comments must be provided.

Residency Benefits

- Resident stipend: \$47,000 (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. Moonlighting Approval Form
- B. Pharmacy Resident Supervision Form
- C. Resident Rotation Schedule Change Request Form
- D. Resident Quarterly Progress Report
- E. Requirements for Successful Completion
- F. PharmAcademic Electronic Residency Portfolio—File Naming List
- G. Resident Leave Request Form

Appendix A
Princeton Baptist Medical Center Pharmacy Residency Program
MOONLIGHTING APPROVAL FORM

Name _____ Date _____

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 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

Appendix B

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 C
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 30 days 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 individual(s).

Appendix D

Princeton Baptist Medical Center Pharmacy Residency Program PGY2 INTERNAL MEDICINE RESIDENT QUARTERLY PROGRESS REPORT

PGY 2 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:

Block 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:

Longitudinal Research Project

Title:

Preceptor:

Brief Progress Report/Timeline

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

ARC Presentation

- Date completed

SERC Presentation

- Date completed

Longitudinal and Teaching and Precepting Requirements

Regional or National Seminar Presentation

Title:

Preceptor:

Brief Progress Report/Timeline

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

Didactic teaching/case facilitation

- Quarter/Date:
- Topic:

Pharmacy Grand Rounds Presentations (5)

- Title:
- Quarter:

Pharmacy Grand Rounds Precepting (4)

- Quarter/Date:
- Topic:

Primary Preceptorship

- Quarter/Dates:
- Rotation/Preceptor:

Longitudinal Medication Use Requirements

Medication Utilization Evaluation

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:

Committee Involvement

Committee:

Brief description of role and activities:

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

Longitudinal Clinical Coverage Requirements

Weekend shifts and major holiday completed? If not, explain why.

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

Electronic Residency Portfolio

Portfolio up to date? If not, explain why.

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

Intervention Tracking

Interventions tracked in database?

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

PGY2 Internal Medicine Topic Area Appendix

Brief Progress Report /Percent Completed

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

Princeton Baptist Medical Center Pharmacy Residency Program PGY1 RESIDENT REQUIREMENTS FOR SUCCESSFUL COMPLETION

Requirement for Successful Completion	Date Completed
Orientation	
AL Pharmacy License by September 1 st	
BLS/ACLS certification	
Operational Staffing: Weekdays	
Operational Staffing: Weekends	
Longitudinal Clinical Coverage: Weekends	
Research: ARC Presentation	
Research: SERC Presentation	
Research: Manuscript	
Pharmacy Grand Rounds (5 presentations)	
Seminar (1 presentation)	
MUE	
P&T Formulary Recommendation, Treatment Guideline, or Protocol	
PBMC Committee participation <i>Updated quarterly</i>	
Completion of 7 required LE	
Completion of 2 elective LE	
Primary Precepting	
ACHR all objectives in R1 (#12) <i>Updated quarterly</i>	
ACHR at least 10 objectives in R2, R3, and R4 <i>Updated quarterly</i>	
Completed PharmAcademic Portfolio	
Interventions Tracked <i>Uploaded quarterly</i>	

Appendix E

Princeton Baptist Medical Center Pharmacy Residency Program PGY2 INTERNAL MEDICINE RESIDENT REQUIREMENTS FOR SUCCESSFUL COMPLETION

Requirement for Successful Completion	Date Completed												
AL Pharmacy License by September 1 st													
PGY1 Certificate by July 5 th													
Orientation (if necessary)													
BLS/ACLS Certification													
Longitudinal Clinical Coverage													
Clinical Weekends (12 shifts)	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td> </tr> </table>												
Clinical Holiday Shift													
ARC Presentation of Research Project													
SERC Presentation of Research Project													
Manuscript of Research Project													
Pharmacy Grand Rounds (5 presentations)	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;"></td><td style="width: 25%;"></td><td style="width: 25%;"></td><td style="width: 25%;"></td> </tr> </table>												
Precept PGY1 Pharmacy Grand Rounds (4)	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;"></td><td style="width: 25%;"></td><td style="width: 25%;"></td><td style="width: 25%;"></td> </tr> </table>												
Regional or National Seminar (1)													
MUE													
P&T Formulary Recommendation, Treatment Guideline, or Protocol													
PBMC Committee participation <i>Assessed quarterly</i>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;"></td><td style="width: 25%;"></td><td style="width: 25%;"></td><td style="width: 25%;"></td> </tr> </table>												
Completion of 7 required LE	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td> </tr> </table>												
Completion of 3 elective LE	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;"></td><td style="width: 25%;"></td><td style="width: 25%;"></td><td style="width: 25%;"></td> </tr> </table>												
Didactic Teaching (1 unit)													
Precepting (1 block as primary)													
PGY2 Internal Medicine Topic Area Appendix <i>Assessed quarterly</i>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;"></td><td style="width: 25%;"></td><td style="width: 25%;"></td><td style="width: 25%;"></td> </tr> </table>												
ACHR: All objectives within R1.1, 1.2, R2.2, R3.1 <i>Assessed quarterly</i>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;"></td><td style="width: 25%;"></td><td style="width: 25%;"></td><td style="width: 25%;"></td> </tr> </table>												
SP: All objectives within R2.1, R3.2, R4.1, R4.2 <i>Assessed quarterly</i>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;"></td><td style="width: 25%;"></td><td style="width: 25%;"></td><td style="width: 25%;"></td> </tr> </table>												
Completed PharmAcademic Portfolio													
Interventions Tracked <i>Uploaded quarterly</i>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;"></td><td style="width: 25%;"></td><td style="width: 25%;"></td><td style="width: 25%;"></td> </tr> </table>												

Appendix F

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

Upload all drafts, final copies, and/or evaluation forms for each activity to the “Files” section of “My residency” on PharmAcademic. Please follow the naming conventions below.

Drafts should 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.

Medication Use

- MU_MUE_TITLE
- MU_PT_TITLE
- DI_Question_TITLE_DATE

Pharmacy Grand Rounds

- PGR_TITLE_DATE

Seminar

- Seminar_Presentation_TITLE
- Seminar_Handout_TITLE (if different from slides)

Residency Project

- Project_Defense_TITLE
- Project_Approval_TITLE
- Project_IRB_TITLE (this is your IRB submission packet)
- Project_ASHPAbstract_TITLE
- Project_ASHPPoster_TITLE
- Project_ARC_TITLE
- Project_SERCAbstract_TITLE
- Project_SERC_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)
- RTLP_Certificate

Rotation Assignments

- Rotation_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 (PGY2 only; this only needs to be uploaded at the end when all quarters are complete)

Appendix G

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 30 days 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