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Recruitment and Selection of Residents

1. The Department shall participate in the Resident Matching Program of the American Society of Health-System Pharmacists (ASHP).

2. The Department may participate in the Residency Program Showcase at the ASHP Midyear Clinical Meeting.

3. At the ASHP Midyear Clinical Meeting, the Residency Program Director or alternative program representative, current residents and preceptors in attendance shall participate in the recruitment of candidates for the residency program.

4. The Residency Program Director (RPD) shall address questions raised by candidates considering application to the program.

5. Those candidates who wish to be considered for an on-site interview shall submit an application through PhorCAS including: a current curriculum vitae, college transcripts and at least three letters of recommendation or standardized recommendation forms by January 5th of each year.

6. In January, the information submitted by residency candidates will be evaluated by the Residency Advisory Committee (RAC) members. RAC members will utilize a strict rubric scoring system to assess resident candidates’ abilities and prowess as a candidate. The rubric scoring will specifically focus on three areas: curriculum vitae, letters of recommendation, and academic performance. The focus areas will be evaluated overall into one combined score to assess their ability to succeed as a resident at Fort Sanders Regional Medical Center (FSRMC). At least one RAC member and one current resident will evaluate each applicant, if scoring is not sufficient to determine that the candidate is appropriate for an on-site interview, additional members of the RAC will evaluate the application. A sufficient number of candidates shall be invited for an on-site interview based on their application combined score.

7. The one-day interview shall include: meeting with preceptors from each core practice area, a session with the current resident group, formal interview hour with the members of the RAC, and individual time with the RPD to discuss program details.

8. After the interview process is completed, the interview groups shall meet to discuss and evaluate each candidate. Each group shall submit a single ordinal rank list of all candidates to the RPD.

9. The RAC shall use the rank lists from each interview group to determine a final resident ordinal ranking.

10. The Director of Pharmacy shall review and approve the resident ranking.

11. The RPD shall submit the approved rank list to ASHP Resident Matching Program.
Residency Advisory Committee

Stefanie Reid, PharmD, BCCCP, Residency Program Director
Nancy Granger, PharmD, In-patient Pharmacy Manager
Chris Norris, PharmD, Pharmacy Director
Lori Schirmer, PharmD, BCPS, BCNSP, Clinical Coordinator
Bill Strozyk, PharmD, Pharmacy Preceptor

Alternate members:
Wade Register, PharmD, Pharmacy Preceptor
Rachel Vaughn, PharmD, BCPS, Pharmacy Preceptor
General Information

1. The Residency Program Director (RPD) shall serve as program advisor for each of the residents and will guide the resident in meeting the requirements for successful completion of the residency.

2. The resident shall meet with the RPD at the beginning of the program to evaluate their skills and knowledge and to develop an individualized plan based on the resident's previous preparation and professional practice goals.
   a. The resident will complete the entering objective self-evaluation located in PharmAcademic prior to the conclusion of orientation. This self-evaluation will be made available for all preceptors to review.
   b. The resident and RPD will develop a customized residency program plan for each resident based on resident goals and interests and opportunities available within the Covenant Health System.
   c. The Residents PharmAcademic entering objective self-evaluation will be used to develop each resident's schedule of rotations and is to be completed prior to the end of orientation. Elective rotation requests will be submitted by the end of orientation. The last rotation of the year will be kept as an elective rotation and will be flexible to adjustments throughout the year.
   d. Once residency rotations have been assigned, the resident may request a change in assigned rotations. Requests will be accommodated whenever possible.
   e. Each resident will select a preceptor mentor that they will meet with on a regular basis to follow their progression in the program. This mentor and resident will meet with the RPD or their designee at least quarterly to update the resident's development plan for the residency year. In lieu of a preceptor mentor, the resident may choose to use the monthly rounding meetings with the RPD or residency coordinator as opportunities to update the resident’s development plan.

3. A copy of the Residency Manual shall be available to each resident outlining the requirements of the residency program.
   a. Residents shall make themselves knowledgeable of all program requirements.
   b. Residents shall make themselves aware of important dates and deadlines set forth and identified in the program manual.

4. Orientation to Covenant Health and to the Department of Pharmacy Services will take place during the first six weeks of the program; however, orientation and skills development will continue on an as-needed basis.

5. Residents are classified as regular, full-time, exempt employees of Covenant Health (See Appendix A for the Pharmacist Resident Job Description)

6. Residents are required to comply with ASHP Duty hour requirements. View standards online at: http://www.ashp.org/DocLibrary/Accreditation/Regulations-Standards/Duty-Hours.aspx. Any work conducted outside of FSRMC is discouraged during the residency year. However, if the resident would like to work outside of FSRMC or work additionally internally at FSRMC, the resident must follow the duty hour requirement process via the Residency Program Duty Hours Policy. See appendix D and E for the Moonlighting approval Form and the Moonlighting Hours Log respectively.
Pharmacist Licensure and Residency Requirements

1. The pharmacy resident’s contract will begin on the Monday of the last week of June of the program year. The pharmacy residency will be completed following 12 months of residency practice.

2. Pharmacy licensure in Tennessee (TN) is a requirement for pharmacy practice residents at Fort Sanders Regional Medical Center (FSRMC). The RPD will confirm that each resident has taken the NAPLEX and the TN pharmacy law exam or will take the TN pharmacy law exam upon transfer of NAPLEX scores from another state or already has a valid TN pharmacy license. Upon notification of successful completion of the NAPLEX and law exam, the resident will provide the RPD with a copy of the required license renewal certificate and the original should be posted at FSRMC (ex. in the resident office). The deadline for licensure in TN will be 90 days following the residency start day. If unable to gain licensure within 90 days, the resident will be dismissed from employment until licensure is obtained. Any missed days from employment will be made up by the resident in a manner according to the RAC committee. See Leave section on page 7 for detailed direction on leave time.

3. Residents are expected to successfully complete and/or maintain Basic Life Support (BLS) certification and Advanced Cardiovascular Life Support (ACLS) certification. The goal is to ensure that the resident is familiar with and capable of providing emergency services in the event of an emergency. Both certification courses are offered at FSRMC and should be completed by the end of orientation (or as soon as able based on class availability).

4. Each resident is required to complete an official residency project, which may be in the form of original research, a problem-solving exercise or enhancement of some aspect of the hospital’s pharmacy services (see the ‘Residency Project’ section for more information.)

5. Staffing Requirements
   a. Residents must participate in operational activities designed to ensure that residents gain operational experience and understand the distribution process.
   b. Residents are scheduled to staff one weekend every five week.

6. On-Call Schedule
   a. The purpose of the on-call experience is to enable the resident to develop the necessary skills, knowledge and experience to become a self-reliant, confident and competent healthcare practitioner.
   b. Each resident will be on-call at least one week and one weekend every five weeks.
   c. The resident on-call service will begin with closer supervision during the initial orientation period, but will be fully operational at the conclusion of the orientation period.
      i. The resident and back-up clinical/administrative pharmacist will work closely until the resident displays sufficient aptitude in showing independence, competence and confidence.
      ii. There will always be a back-up clinical/administrative pharmacist that the resident can contact for more difficult clinical situations/whenever needed.
   d. Responsibilities while carrying the on-call pager include, but are not limited to:
      i. Providing drug information answers
      ii. Performing pharmacokinetic consults
iii. Other pharmaceutical care recommendations to hospital and medical staff when the staff pharmacist is unable to do so
iv. Administrative calls will be primarily called to the resident and will initiate the call tree process/notification to administration as is appropriate
v. Discharge calls may be sent to the call pager which will be forwarded on to the floor pharmacist during the day, or the resident will respond when the floor pharmacist is unavailable.

7. Residents are required to complete the following tasks:
   a. Two drug monographs for presentation at the Pharmacy & Therapeutics (P&T) committee meeting
   b. One medication-use evaluation (MUE) for presentation at the P&T meeting
   c. Revise or create an order set or policy set forth using practice guidelines
   d. Present the FDA MedWatch at least twice at separate P&T meetings
   e. Serve as the chief resident at least two separate months. The responsibility of the chief resident includes:
      i. Lead the pharmacy staff meetings
      ii. Take P&T meeting minutes
      iii. Be responsible for ensuring resident deliverables/timeline requirements are met
   f. Daily adverse drug event (ADE) review (daily assignment made by Pam Turner)
   g. Present at least one educational activity to healthcare providers/clinical staff (may be a component of a TLP lecture)
   h. Two patient case/disease state presentations (15 min)
   i. Two journal club presentations (15 min)
   j. Two drug information presentations at staff meetings (<10 min)
   k. An end-of-year resident self-evaluation

8. Successful completion of the program has been defined by the Residency Advisory Committee (RAC) as follows:
   a. Completion of a minimum of 90% of program goals and objectives
   b. Resident completion of their electronic residency portfolio
   c. Resident project completion via manuscript format and presentations/poster sessions given at ASHP Midyear, TSHP and regional residency conference.
   d. Full compliance with hospital policies regarding extended leave, vacation, etc. (See the section titled ‘Leave’ on page 7 for further details)

9. Residency Program Certificate
   a. Upon successful completion of all program requirements and compliance with all conditions of the residency program, the resident shall be awarded a certificate indicating successful completion of the Pharmacy Practice Residency.
Leave

1. Residents are eligible to accrue combined time off (CTO) at a rate of 7.08 hours/two-week period. The resident begins accrual with the first pay period and is eligible to request time off after the initial 90-day employment period.
   a. Combined time off may be used for absences related to holidays, vacations and personal or family illness. Requests to use combined time off for any scheduled absence are made in writing to the Residency Program Director (RPD) and are subject to their approval.
   b. Usage of CTO for Pharmacy Practice Residents is limited to 10 days of scheduled absences (vacation leave) and 5 days of unscheduled absences (sick leave) per 12 month period.
   c. After six months of consecutive employment, residents whose employment is terminated, either voluntarily or involuntarily, will be paid for their unused, accumulated CTO hours. The resident should see the “Combined Time Off” Human Resources Policy for full plan details.

2. Jury Duty leave is allowed for full and part time employees. Employees who are notified of jury service must provide a copy of the court request to the RPD before the leave will be granted. Exemptions from jury duty will not be made except in extreme circumstance. While serving on jury, employees are eligible to receive their normal pay in addition to the jury duty pay they receive from court. After completion of jury duty, the employee must present evidence of having served to receive jury duty benefits. Residents may refer to the complete Human Resource policy for complete information.

3. Bereavement leave is available to full time employees who have completed their initial 90-day employment period. Residents may refer to the complete Human Resource policy for complete information.

4. The Family Medical Leave policy of FSRMC outlines the provisions under which an employee may request and be granted a family/medical leave in accordance with the Family and Medical Leave Act (FMLA) of 1993. Employees must be employed by FSRMC or Covenant Health organization for at least 12 months and employed at least 1250 hours during the twelve months immediately preceding the commencement of the leave. Residents may refer to the Human Resource policy for complete information.

5. Educational/professional leave may be requested by full time employees who have completed their initial 90-day employment period. Residents may refer to the complete Human Resource policy for complete information.

6. Any time taken off other than jury duty, bereavement, educational, combined time off (10 days of scheduled absences and 5 days of unscheduled absences), may impact the resident’s ability to successfully complete the program. Unscheduled absences of 6 to 20 days will result in a change to the resident’s customized plan to allow for the make-up of lost educational experiences. For absences of 21 to 40 days, the Residency Advisory Committee will determine if sufficient time remains in the program year to allow for a change in the resident’s customized plan and the make-up of lost educational experiences. If a sufficient time does not exist, the resident will be dismissed from the program. For absences of more than 40 days, the resident will be dismissed from the program.
Disciplinary Action and Dismissal

1. Although we do not anticipate problems occurring during a residency program, Fort Sanders Regional Medical Center has adopted the following policy on handling issues such as dismissal from the program, probation and suspension.
   a. Upon recommendation of the Residency Program Director, Residency Advisory Committee and the Director of Pharmacy, a resident may be dismissed during the term of the residency for unsatisfactory performance or conduct. Examples include, but are not limited to the following:
      i. Performance which presents a serious compromise to acceptable standards of patient care or jeopardizes patient welfare
      ii. Unethical conduct
      iii. Illegal conduct
      iv. Excessive tardiness and/or absenteeism
      v. Unprofessional conduct
      vi. Job abandonment
      vii. Failure to show satisfactory progress with the residency program’s goals and objectives
   b. Dismissal in these situations implies poor performance or malfeasance and is subject to appeal.
   c. An employee absent from work for three (3) consecutive days without notifying the Residency Program Director, his/her immediate supervisor or the department head will be considered to have quit without notice.

2. The appeal process for any of the above disciplinary actions is covered by the Human Resources Problem Solving Procedure.
Rotations at Fort Sanders Regional Medical Center
PGY 1 Pharmacy Practice Residency

Type: Required Core Rotation
CARDIOLOGY
CRITICAL CARE
DISTRIBUTIVE PRACTICE
INTERNAL MEDICINE
NUTRITION SUPPORT & SURGERY
ORIENTATION
PRACTICE MANAGEMENT

ALTERNATE CORE, residents will select TWO of the following as part of their core schedule:
EMERGENCY MEDICINE
GERIATRIC MEDICINE
NEUROLOGY
ONCOLOGY I

Type: Required Longitudinal Rotation
MEDICATION SAFETY
PHARMACY PRACTICE/DECENTRALIZED PHARMACY PRACTICE
RESIDENT PROJECT
TEACHING AND LEARNING

Type: Elective Rotation
CARDIOLOGY II
CRITICAL CARE II
EMERGENCY MEDICINE
GERIATRIC MEDICINE
HOME INFUSION PHARMACY
INDEPENDENT STUDY *MAX 2 WEEKS
INFECTIOUS DISEASES
NEUROLOGY I/II
ONCOLOGY I/II
SURGERY/MEDICINE – ANESTHESIA/OR emphasis
STERILE PROCESSING/USP 797
Residency Project

1. The resident shall develop and complete a residency project with the guidance and supervision of appropriate preceptors.

2. The resident is responsible to select an individual to serve as project advisor.

3. The project advisor shall be responsible to for:
   a. Providing guidance to the resident in designing, performing and documenting the outcomes of the project
   b. Overseeing the development of the project proposal
   c. Evaluating projects on a quarterly interval to make sure the goals are being met
   d. Supporting the resident during presentation of the proposal to the RAC
   e. Providing technical expertise and advice to the resident
   f. Providing editorial assistance in developing the platform presentation for a regional residency conference.
   g. Reviewing the final manuscript

4. The project must be approved by the Residency Advisory Committee (RAC).

5. The resident shall meet the following project deadlines:
   a. August
      Identification of project advisor/collaborating preceptors;
      Development of a brief project proposal
   b. August – September
      Present abstract of project to RAC
      Begin abstract preparation for ASHP
      IRB proposal for Covenant Health IRB
   c. October
      Prepare and submit project abstract to ASHP for Midyear poster presentation (See Appendix B for proper format);
      Must meet October deadline set by ASHP
   d. November
      Create poster for ASHP (See Appendix B for example)
   e. December
      Present poster at ASHP Midyear residency poster session
   f. January
      Submit abstract to TSHP for the Midyear Seminar
   g. February
      Present poster at TSHP Midyear Seminar in Nashville;
      Regional residency conference abstract submission due
      Complete data collection on project
   h. March or April
      Practice presentations of completed projects for regional residency conference
      (See Appendix C for proper format and an example)
   i. April or May
      Present project at regional residency conference
   j. Two week after presentation
      Final Summary Report (manuscript format) of project to RAC and project advisor(s)
      Excellence Nomination abstract and application of project completed & submitted to RPD
Meeting and Conference Attendance

1. Residents shall attend the following monthly meetings:
   a. Pharmacy & Therapeutics (P&T) Meetings – Third Tuesday of Month
   b. Departmental staff meetings – last Wednesday/Thursday of Month
   c. Medication Safety Meetings – Second Wednesday of Month

2. Residents shall meet with the Medication Safety Pharmacist, Pam Turner, and the Pharmacy Operations Manager, Nancy Granger for one-hour discussions regarding regulatory and safety aspects of pharmacy.

3. Residents are encouraged to participate in department and hospital-based committees and task forces (i.e., Institutional Review Board). Residents are also encouraged to participate on state and national committees and task forces (i.e., ASHP or TPA).

4. Residents shall attend and lead student based discussion through rotation offerings at FSRMC. Examples include providing cases, leading topic discussions, engaging students in discussion through question/answer sessions, etc.

5. ASHP Midyear Clinical Meeting – Required
   a. Residents will be given leave to attend the meeting.
   b. Residents shall spend time helping recruit potential candidates for the next residency class at the residency showcase.
   c. Residents will also present posters to discuss their project with students, other residents and pharmacists from around the country.
      I. A mock-up of this presentation will be performed at FSRMC prior to attendance of the ASHP-MCM
   d. Residents will participate in educational sessions to improve patient care and will be asked to present highlights of these sessions upon return from the meeting.
      I. One session will be highlighted in a verbal presentation during clinical and staffing huddles (no more than 15 minutes in length).
      II. Three sessions (including session discussed via verbal presentation) will be typed out in a newsletter type handout for all pharmacist and technicians to review (must be reviewed by RPD prior to emailing to staff).

6. Tennessee Society of Health-System Pharmacists (TSHP) Midyear Seminar – Required
   a. Residents will be given leave to attend the meeting. The TSHP Midyear Meeting is held in Nashville, TN which is within driving distance and is only considered a one day activity (typically a Sunday in February). No overnight accommodations will be made for residents.
   b. Residents will present posters and discuss their residency project with other residents and pharmacists from across Tennessee.
   c. Residents will attend the presentations and sessions scheduled for the day and will be asked to present highlights of these sessions upon return from the meeting.

7. Regional Residency Conference – Required
   a. Residents will present their residency project to other residents and preceptors.
      I. A mock-up of this presentation will be performed at least twice at FSRMC prior to attendance of the regional residency conference (no sooner than a week prior to the formal presentation). It is the resident’s responsibility
to recruit project mentors, administration, RAC members, and other staff to attend for feedback.

II. Residents are required to attend the other residents’ presentation sessions to gain insight and provide support for their fellow colleagues.

b. Residents are expected to attend assigned presentations, fellow resident presentations, and as many other resident presentations as possible.

8. Other conferences may be attended at the resident’s own expense and using accrued vacation, provided the time away from rotation does not prevent the resident from meeting the required rotation objectives.
Residency Portfolio

1. The resident shall maintain a Residency Portfolio electronically through PharmAcademic which shall be a complete record of the resident's program activities. This should be completed under the “files section” on PharmAcademic. Residents are to maintain the record throughout the year. The record shall be submitted to the RPD at the conclusion of the residency training program and shall be a requirement for successful completion of the program.

2. The residency program record shall include the following items:
   a. Completed Resident Self-Evaluation and Planning Form
   b. Residency Profile and Plan
   c. Documentation of activities, self-evaluations and evaluations of the resident for their scheduled rotations
   d. Residency Project (IRB proposals, poster, residency conference presentation, and manuscript)
   e. A list of all seminars/meetings attended
   f. A current curriculum vitae
   g. A copy of all completed tasks, including:
      i. Drug monographs for formulary review at P&T meetings (x2)
      ii. Medication use evaluation (MUE)
      iii. Failure Modes Effects Analysis (FMEA)
      iv. FDA MedWatch updates for P&T meetings (x2)
      v. Policies or order sets created and/or revised
      vi. Patient Case/Disease State presentation (x2)
      vii. Journal Club presentation (x2)
   h. Three (3) drug information questions from each rotations – excluding the distributive rotation, practice management, and orientation (a total of 21 at the end of the residency year). These should be presented and reviewed by the preceptor from the core rotation prior to uploading.
   i. A copy of all work completed for specific rotations and/or preceptors (ex. presentation at Grand Neuro Rounds, etc.)
   j. Any other materials deemed appropriate by the resident or RPD
Resident Preceptor Development

1. Residents will be involved in various teaching activities, including precepting students and possible in-services for the medical, nursing and/or pharmacy staff.
   a. Residents will serve as co-preceptors with faculty members for the Doctor of Pharmacy students on rotation at FSRMC. Responsibilities may include: leading topic discussion, providing daily and evaluation feedback, orientation/training for the student, and daily interaction and oversight of student activities.
   b. Residents will serve as a co-preceptor with faculty members for the students on campus for the Applied Therapeutics course. Responsibilities may include: identifying a patient for student review, attending the student patient presentation, and providing a student evaluation of performance.

2. Residents will be given guidance regarding preceptorship of students during the initial residency orientation period. Orientation will include the following:
   a. Attendance at the Preceptor Symposium given by a local college of pharmacy.
   b. Comprehensive review of current residency preceptor(s) techniques and instruction (Teach, Coach, Model, and Facilitate)
   c. Provision of available resources
      i. The ASHP’s Preceptors Handbook for Pharmacists, 2nd edition
      ii. The Pharmacists Letter Preceptor Training and Resource Network
Residency Evaluation Policies and Procedures

1. All evaluations shall be documented on appropriate forms in PharmAcademic. All evaluations will be completed within **seven (7) days** of the assigned due date.

2. Resident’s Evaluations
   a. Each resident will complete an Initial Resident Self-Evaluation to assess his or her strengths and weaknesses in order to develop a customized training plan at the beginning of residency.
   b. Each resident will complete a Year-End Resident Self-Evaluation to assess his or her successes in achieving the original goals and of the residency overall.
   c. Each resident will also complete an evaluation of the preceptor at the conclusion of each rotation or at least every 3 months for longitudinal experiences.

3. Preceptor’s Evaluation of the Resident’s Rotation Performance
   a. Each preceptor will complete a Summative Evaluation for each resident. The preceptor will discuss it with the resident to help improve their future performance.

4. Quarterly Evaluations
   a. Quarterly Longitudinal Evaluation Process
      I. The longitudinal activities will be evaluated each quarter. These are completed by the respective preceptors.
      II. Each resident is responsible for performing a self-evaluation on their Residency Research Project. The evaluation will include: What the project is, where they are in their process, any deadlines, etc.
   b. Resident Quarterly Progress Report
      I. All residents will complete a quarterly progress report detailing their residency activities for the designated time period, which should address progress made toward meeting goals and objectives established at the beginning of the residency year.
      II. The quarterly report should also contain, in chronological order, a summary of the rotations completed by the residents in that quarter. Any comments the resident would like to make regarding their achievement toward these goals should also be included.

5. Residency Program Director Quarterly Evaluations for Development Plans
   a. The Residency Program Director will evaluate the resident quarterly based upon the resident’s progress in their research project, teaching and overall residency performance. This evaluation will also take into account the rotation evaluations from prior preceptors. This report should evaluate the progress towards meeting goals and objectives established at the start of the residency year.
   b. The quarterly report will be discussed with the resident and signed by both the Residency Program Director and the resident (this may be done electronically in PharmAcademic).
Appendix A – Pharmacist Resident Job Description

Position Summary

Residents in pharmacy practice are provided the opportunity to accelerate their growth beyond entry-level professional competence in direct patient care and in practice management and to further the development of leadership skills that can be applied in any position and in any practice setting. Residents also spend a portion of their work hours functioning as a Staff Pharmacist in the provision of prescribed pharmaceuticals, medications, information and clinical monitoring for adequate patient care according to professional standards and practices.

Position Accountabilities and Performance Criteria

The Pharmacy Practice Residency is comprised of core areas as outlined below. The Pharmacist Resident will receive education in each of the core areas and function in these areas under the supervision of clinical pharmacist preceptor.

A. Practice Foundation Skills: Preceptors will serve as mentors continuously throughout the residency to meet the goals and objectives of an accredited residency program. Skills include those such as “maintain a professional image” and “manage change effectively.” Other goals, such as those pertaining to working efficiently with computer systems and delivering effective education and training, will be best accomplished through repetition over time. Negotiation skills and pharmacy history, for instance, may be learned in short periods of instruction or discussions with preceptors.

1. Take personal responsibility for attaining excellence in one’s own ability to provide pharmaceutical care
2. Demonstrate ethical conduct in all job-related activities
3. Demonstrate the characteristics of a professional
4. Manage change effectively
5. Appreciate the need to adapt direct patient care to meet the needs of diversity
6. Use an organized system for staying current with pertinent literature
7. Communicate clearly when speaking or writing
8. Maximize work efficiency through the use of computers and information systems
9. Solve practice problems efficiently
10. Function effectively as a member of the health care team
11. Display a caring attitude toward patients in all aspects of job responsibilities
12. Maintain confidentiality of patient and proprietary business information
13. Deliver effective education and training programs
14. Arrange and store practice-related information in an organized manner
15. Understand direct patient care delivery systems in multiple practice settings
16. Design, execute and report results of investigations of pharmacy practice-related issues
17. Understand the process of establishing a pharmacy practice residency program
18. Resolve conflicts through negotiation
19. Manage time effectively to fulfill practice responsibilities
20. Balance obligations to one’s self, relationships and work in a way that minimizes stress

B. Patient Care: Instruction modules for this section include interdisciplinary rounds, patient education, therapeutic drug monitoring and patient profile review. The standard outlines experiences where the resident gains experience in a sufficiently diverse patient population, a variety of disease states and a range of complexity of patient problems.

1. Establish a collaborative working relationship with physicians and other health care providers in the health system
2. Design, recommend, monitor and evaluate patient-specific therapeutic regimens that incorporate the principles of evidence-based medicine
3. Provide concise, applicable, comprehensive and timely responses to requests for drug information from patients, health care providers and the public
4. Document direct patient-care activities appropriately
5. Provide in-service education to physicians, nurses and other practitioners
6. Participate in the components of disease management: Identification of need for, and development, implementation and assessment of, treatment guidelines/protocols related to individual and population-based patient care
7. Exercise leadership in the health system’s quality improvement approach to designing a process to prevent medication occurrences and to identify, assess and manage those that occur
8. Prepare and dispense medications following existing standards of practice and the health system’s policies and procedures
9. Participate in the medication-use evaluation (MUE) program
10. Help ensure the health system’s ongoing adherence to its medication-use policies
11. Participate in the management of medical emergencies
12. Understand a process for formulating and delivering programs that center on disease prevention and wellness promotion

C. Practice Management:  The purpose of the last core area is to show the resident the importance of determining the overall direction and integration of pharmacy services. It also is where the resident will learn the day-to-day requirements needed to manage pharmacy activities. The resident will be instructed on decision-making events involving budgets, staffing and program development.
1. Identify a core library, including electronic media, appropriate for a specific practice setting
2. Prepare and disseminate written drug information
3. Participate in the health system’s formulary process
4. Participate in the development or modification of policies for the use of medications in a health system
5. Understand the principles of a systematic approach to staff development in pharmacy practice
6. Work through the decision-making structure to accomplish one’s practice area goals
7. Contribute to the achievement of pharmacy goals through effective participation in or leading committees and informal work groups
8. Participate in clinical, humanistic and economic outcome analyses
9. Understand the process of managing the practice area’s human resources
10. Understand steps that must be taken to ensure departmental compliance with accreditation, legal, regulatory and safety requirements
11. Participate in the pharmacy development’s planning processes
12. Participate in the development and implementation of selected pharmacy department policies and procedures
13. Participate in the departmental performance improvement program
14. Understand the appropriate relationship between the pharmacist and the pharmaceutical industry
15. Manage the use of investigational drug products according to established protocols
16. Utilize pharmacy technical and clerical personnel effectively
17. Contribute to the development of a new pharmacy service or to the enhancement of an existing service
18. Provide instruction to pharmacy technicians, students, residents, and pharmacists

While functioning as a Staff Pharmacist, the Resident will:
1. Compound, label and package medications and pharmaceuticals
2. Responsible for review of patient medication profile for drug compatibilities, allergies and appropriateness of drug order; Clarify medication orders and/or doses of medication as necessary with physicians
3. Provide drug information to physicians, health care professionals and patients; Assist nursing staff in calculations of infusion rates and IV drips
4. Responsible for dispensing of medications of investigational drug trials to ensure proper study protocol procedures are followed
5. Responsible for compliance with all state and federal pharmacy regulations and requirements
6. Provide support/consultative services to physicians
7. Supervise technicians to include verification of drug order entry, filling of inpatient and outpatient prescriptions and admixture of intravenous medications
8. Inform patients and family on proper use of various medications including dosage, side effects and composition
9. Ensure secure storage of narcotics and other controlled substances on a regular basis
10. Inspect nursing units on a monthly basis to ensure medications are maintained according to Tennessee State Law and manufacturer's storage requirements
11. Assist in preparing computerized patient care reports such as medication administration record and automated drug cabinet usage reports
12. Adhere to all hospital and departmental policies and procedures, objectives, quality assurance programs as well as safety, environmental and infection control standards in the performance of work duties
13. Demonstrate knowledge and competency in providing for age-specific needs of the population served
14. Enhance professional growth and development through participation in educational programs, current literature, in-service meetings and workshops
15. Participate in community education programs to provide medication information.
16. Attend meetings as required and participates on committees as requested
Appendix B – ASHP Midyear Meeting Abstract & Poster Requirements

Detailed instructions for Resident Poster Submission Guidelines:

SUBMITTING YOUR POSTER ABSTRACT ONLINE:
Submissions will be accepted online only at: http://www.ashp.org/get_involved
Deadline is October 1st
Fort Sanders Regional Medical Center PGY-1 Residency Code: 54105

ENTERING AUTHOR INFORMATION
Click on "Primary Author Information" on the left menu. Note: Abstracts fields in red must be completed in order to continue to the next step. Your information must be in title case (meaning only the first letter is capitalized). Do not use all capital letters.

- Please do NOT add your degrees after your name or additional author(s) name. Examples: Correct John Smith, Jane Doe. Incorrect John Paul, PharmD, BS.
- If you entered more than four (4) additional authors, we will only use the first four (4) on the list. No exceptions.

RULES FOR POSTER TITLES
Be sure your title accurately and concisely reflects the abstract content. Submissions with titles that are NOT in the correct format will be rejected. IMPORTANT: Only put the title of the abstract in the title field. DO NOT put it in the abstract content field.

Title Format
- Do NOT use proprietary (brand) names in the title
- Capitalize only the first letter of the first word in the title, all other words must be in lowercase letters; except in the case of acronyms or proper nouns (e.g. countries, etc.). Do not use ALL CAPS.
- Do not use “A,” “An,” or “The” as the first word in the title

Title Format Examples
Incorrect: IMPLEMENTATION OF COMPUTERIZED PRESCRIBER ORDER ENTRY (CPPOE) IN A SURGICAL UNIT: ONE YEAR LATER
Incorrect: Implementation Of Computerized Prescriber Order Entry (CPPOE) In A Surgical Unit: One Year Later
CORRECT: Implementation of computerized prescriber order entry (CPOE) in a surgical unit: one year later

TYPE OF POSTER
Poster abstracts are classified as one the following:
D = Descriptive Reports: Describes new, improved or innovative roles or services in pharmacy practice, or unusual clinical cases in one or a few patients that have not been formally evaluated but are of such importance that they must be brought to the attention of
practitioners. Descriptive reports must contain detailed rationale of the project or case, and the importance of the report to pharmacy practice.

**E = Evaluative Study Reports:** Describes original research, including clinical research on drug effects in humans, drug-use evaluations, and evaluations of innovative pharmacy services. Evaluative study reports must include scientific results and/or data to support the conclusions, and indicate that all clinical research represented in the abstract was approved by the appropriate ethics committee or institutional review board, and if appropriate, informed consent was obtained for all subjects.

**R = Research-in-Progress Report:** Definition: Uncompleted original research, including clinical research on drug effects in humans, drug-use evaluations, and evaluations of innovative pharmacy services currently in progress. Please note: Results can be presented on your poster at the meeting.

**C = Case Reports:** Describes an unusual *patient-specific* case that was not part of a study but the findings are of interest to clinical pharmacists. Case Reports do not need the headings Purpose, Methods, Results, or Conclusions but cannot be a research-in-progress.

**WORD LIMITS**
Your abstract must follow the designated word limits for your specific poster type:

<table>
<thead>
<tr>
<th>Submission Types</th>
<th>Evaluative Study (600 words)</th>
<th>Descriptive Report (600 words)</th>
<th>Research-In-Progress (300 words)</th>
<th>Case Reports (600 words)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Title</td>
<td>25 words</td>
<td>25 words</td>
<td>25 words</td>
<td>25 words</td>
</tr>
<tr>
<td>Purpose</td>
<td>100 words</td>
<td>100 words</td>
<td>100 words</td>
<td>600 words</td>
</tr>
<tr>
<td>Methods</td>
<td>200 words</td>
<td>200 words</td>
<td>200 words</td>
<td>N/A</td>
</tr>
<tr>
<td>Results</td>
<td>200 words</td>
<td>200 words</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>Conclusion</td>
<td>100 words</td>
<td>100 words</td>
<td>N/A</td>
<td>N/A</td>
</tr>
</tbody>
</table>

**ABSTRACT FORMAT:**
- Correctly format your title.
- Word Limits – your entire abstract should be approximately 300-600 words depending on the poster type.
- Do not use special functions such as tabs, underlines, trademarks, superscript, subscript, bold, or italics.
- Spell out special symbols - Greek letters, degrees, plus and/or minus signs, greater than or less signs, percentage, etc. Use standard abbreviations.
- Do not include graphs, tables, or illustrations in your abstract.
- Spell out all pharmaceutical acronyms.
- Do not include the title or authors in the body of the abstract.
- Abstracts in outline form will be rejected.
- Submission Type – Your abstract must be a Descriptive, Evaluative Study, Research-in-Progress, or Case Report

**SUBMISSION CONFIRMATION:**
The last page is your Confirmation which lists everything you entered. PRINT A COPY OF THIS PAGE. – You will need the submission number to verify the status of your abstract.
Appendix C – Regional Residency Conference Abstract & Presentation Requirements

Guidelines for abstracts

1. Deadline for online abstract submission is in February. Check grammar, punctuation and capitalization before final submission. Each abstract will be printed in the abstract book exactly how it was submitted.

2. Due to space limitation in the printed abstract book, please adhere to the following standards:
   a. Title is limited to 2 lines of text (short, specific titles are preferred)
   b. Authors' names are limited to 1 line of text (do not use degrees or titles)
   c. Choose the appropriate practice site from the drop down menu. This information will be automatically added to your final abstract.
   d. The remaining sections must be 250 words or less and should include:
      1. Purpose/Background
      2. Methodology
      3. Results (preliminary results are acceptable)
      4. Conclusion (reached to date)
      5. Presentation Objective
      6. Self-Assessment Question
   e. If results/conclusions not available, leave blank. "Details/results will be discussed" or "To be presented" are not acceptable.
   f. List e-mail of resident (or best contact) for follow-up by interested participants

3. The Presentation Objective and Self-Assessment Question are required to assure ACPE accreditation for continuing education credit. When you submit your abstract, you will be prompted to add this information.
   a. The Presentation Objective represents a fundamental learning concept that the audience should be able to demonstrate after the presentation.
   b. The Self-Assessment Question is a question to test the audience’s knowledge of a key aspect from your presentation. Also, the Self-Assessment Question needs to be incorporated into the final slide and should be addressed by the presenter along with other questions from the audience.

4. Developing Self-Assessment Questions and Answers
   a. Self-assessment questions should link directly to learning objectives and active learning
   b. Questions should be simple, clearly stated and measure only the educational objective for which they were designed.
   c. Pose the question in the affirmative, avoid the use of negative statements such as not and except because they often confuse the reader.
   d. Ensure that each question is similar in terms of grammatical construction, length, and complexity.
   e. If there are answer choices, they should be specific and distinct and not overlap with the other answers.
   f. Answer choices should be uniform in length and style and grammatically consistent with the question.
   g. Avoid using the same or similar words in both the question and the correct answer choice, as this may clue the reader to the correct answer.
Guidelines for presentations

1. The conference itself consists of 7 presentation sessions spread over two days. There will be up to 10 concurrent presentation rooms with 7-8 presentations scheduled in each room during each session. Many of the rooms will have similar presentations (such as pediatrics, adult medicine, etc.) so preceptors and residents with a specific interest might be able to stay in one room throughout the session. Each session is 20 minutes in which 15 minutes is allocated for the presentation:
   a. Each presentation should last no more than 12 minutes
   b. 3 minutes will be allowed for Q&A
   c. 5 minutes is provided for room changes after each session and to make it possible for attendees to easily get to the next presentation.

2. Each presentation should contain the following elements:
   a. Title slide
   b. Disclosure Statement slide
   c. Background slide(s)
   d. Purpose slide
   e. Objectives slide
   f. Methodology slide(s)
   g. Results slide(s)
   h. Conclusion slide
   i. Acknowledgement slide
   j. Presentation Objective and Self-Assessment Question slide (with presenter contact information)

3. Each room will be equipped with a computer and LCD projector. All residents must download their own presentation prior to their scheduled time.

4. All residents and preceptors are strongly encouraged to fill out an evaluation form on each presentation they attend. There will be a designated evaluator in each room who will meet briefly with the resident after their presentation to give them constructive feedback.
APPENDIX D

Moonlighting Approval Form

Name:_____________________________________________________________________________________

Moonlighting employer: _______________________________________________________________________

Address: ___________________________________________________________________________________

_____________________________________________________________________________________

Manager/contact person: _______________________________________________________

Phone Number: _____________________________________________________________________________

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

____________________________________          _____________________________
Resident Signature                                    Date

____________________________________          _____________________________
Inpatient Pharmacy Manager Signature                   Date
**APPENDIX E**

**Moonlighting Hours Log **

<table>
<thead>
<tr>
<th>Date</th>
<th>Hours during Moonlighting Shift</th>
<th>Total Moonlighting Hours/Week</th>
<th>Total Hours/Week (including duty hours)</th>
<th>Current Rotation</th>
<th>Preceptor signature*</th>
<th>Date signed</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tr>
</tbody>
</table>

* By signing, the preceptor acknowledges that he/she has reviewed the resident’s performance and agrees that the resident’s moonlighting activities have not impacted their rotation performance and delivery of safe patient care. Review should occur after moonlighting activities have occurred and should be conducted every time the resident moonlights.

**Appendix B should be electronically uploaded by the resident quarterly into their PharmAcademic profile as proof of compliance with the Duty Hour Policy.**
## Appendix D – Pharmacy Contact List & FSRMC Main Phone Numbers

<table>
<thead>
<tr>
<th>Name</th>
<th>Phone ext</th>
<th>Pager #</th>
<th>Pharmacy Ext Numbers:</th>
<th>Average Overfill</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pharmacy Fax Line</td>
<td>331-1786</td>
<td></td>
<td>6W Room Lines: 331-1397 &amp; 150-0260</td>
<td>25 mL bag 6 mL</td>
</tr>
<tr>
<td>3W Pharmacist Line</td>
<td>331-1673</td>
<td></td>
<td>Pharmacy Fax Line 331-1786</td>
<td>50 mL bag 6 mL</td>
</tr>
<tr>
<td>4W Pharmacist Line</td>
<td>150-0412</td>
<td></td>
<td>PIC: 331-1146</td>
<td>100 mL bag 10 mL</td>
</tr>
<tr>
<td>5N Pharmacist Line</td>
<td>331-1351</td>
<td>Order Entry A: 331-1876</td>
<td>250 mL bag 25 mL</td>
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</tr>
<tr>
<td>5W Pharmacist Line</td>
<td>331-1533</td>
<td>Order Entry B: 150-0109</td>
<td>500 mL bag 48 mL</td>
<td></td>
</tr>
<tr>
<td>6N Pharmacist Line</td>
<td>331-2064</td>
<td>Order Entry C: 150-0110</td>
<td>1000 mL bag 50 mL</td>
<td></td>
</tr>
<tr>
<td>EV Pharmacist Line</td>
<td>331-1673</td>
<td>CovRX station at window</td>
<td>331-1667</td>
<td></td>
</tr>
<tr>
<td>3W Pharmacist Line</td>
<td>331-1468</td>
<td>PIC: 331-1146</td>
<td>25 mL bag 6 mL</td>
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</tr>
<tr>
<td>4W Pharmacist Line</td>
<td>150-0412</td>
<td>Order Entry C: 150-0110</td>
<td>25 mL bag 17 mL</td>
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<tr>
<td>5N Pharmacist Line</td>
<td>331-1351</td>
<td>Order Entry B: 150-0109</td>
<td>500 mL bag 48 mL</td>
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</tr>
<tr>
<td>6N Pharmacist Line</td>
<td>331-2064</td>
<td>Order Entry C: 150-0110</td>
<td>1000 mL bag 50 mL</td>
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</tr>
<tr>
<td>Delivery Tech pager 1</td>
<td>597-2033</td>
<td>Cartfill/Acudose computer: 331-1426</td>
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<tr>
<td>Delivery Tech pager 2</td>
<td>597-2718</td>
<td>Hall Telephone extension</td>
<td>150-0161</td>
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<tr>
<td>On Call Pharmacist</td>
<td>597-3484</td>
<td>Pain Service/ &quot;pain&quot; pager</td>
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<tr>
<td>Pharmacy Conf room (Hall)</td>
<td>331-2098</td>
<td>IR Pharmacy fax 331-2866</td>
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<tr>
<td>Pharmacy Stroke pager</td>
<td>597-2193</td>
<td>3W Pharmacist Line 331-1468</td>
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<tr>
<td>Purchaser</td>
<td>331-1114</td>
<td>NICU, MSICU</td>
<td>Pharmacy Supervisor, Residency Prog. Dir.</td>
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<tr>
<td>Elliott, Dillon</td>
<td>331-2791</td>
<td>597-3049</td>
<td>Pharmacy Pax 6N, 5N Pharmacist line: 331-1351</td>
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<tr>
<td>Field, Beth</td>
<td>331-3699</td>
<td>597-3931</td>
<td>Inpatient Manager</td>
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<tr>
<td>Gilliland, Traci</td>
<td>331-3671</td>
<td>597-2473</td>
<td>OR Satellite Pharmacist</td>
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<tr>
<td>Granger, Nancy</td>
<td>331-1848</td>
<td>597-3597</td>
<td>OR Satellite Pharmacist</td>
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<tr>
<td>Holland, John</td>
<td>331-1863</td>
<td>597-3489</td>
<td>OR Pharmacy fax 331-2866</td>
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<tr>
<td>Humphrey, Lynda</td>
<td>331-1125</td>
<td>597-3494</td>
<td>Narcotic Surveillance Tech</td>
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<tr>
<td>Miller, Debbie</td>
<td>331-1317</td>
<td>597-3596</td>
<td>Narcotic Surveillance Tech</td>
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<td>Morrison, Joel</td>
<td>331-2793</td>
<td>597-1764</td>
<td>3N, 5N Pharmacist line 150-0220</td>
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<tr>
<td>Norris, Chris</td>
<td>331-4930</td>
<td>597-3493</td>
<td>Director of Pharmacy</td>
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<tr>
<td>Padgett, Alan</td>
<td>331-3697</td>
<td>597-2507</td>
<td>2N, CVICU, CSF, CROP</td>
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<tr>
<td>Reid, Stefanie</td>
<td>331-2767</td>
<td>597-4007</td>
<td>ED Pharmacist line 331-1833</td>
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<td>Schirmer, Lori</td>
<td>331-1126</td>
<td>597-3064</td>
<td>Nutrition: 3N, Clinical Pharmacist Supv</td>
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<tr>
<td>Strozzy, Bill</td>
<td>331-1878</td>
<td>597-2030</td>
<td>7N Pharmacist line 331-2064</td>
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<td>Turner, Pam</td>
<td>331-1304</td>
<td>597-3594</td>
<td>Medication Safety Pharmacist</td>
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<td>Vaughn, Rachel Wilkinson</td>
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<td>6N Pharmacist line 331-1351</td>
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<tr>
<td>Walters, Dana</td>
<td>331-2472</td>
<td>597-2554</td>
<td>4E/W, 9N contact Dana at 331-2472</td>
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<tr>
<td>Wheeler, Sperry</td>
<td>331-2979</td>
<td>597-2305</td>
<td>ER, general coverage</td>
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<tr>
<td>Residents</td>
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<tr>
<td>Formby, Jana</td>
<td>331-2209</td>
<td>597-1960</td>
<td>Resident</td>
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<tr>
<td>Hembree, Penny</td>
<td>331-1128</td>
<td>597-3401</td>
<td>Resident</td>
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<tr>
<td>Iman, Madison</td>
<td>331-1204</td>
<td>597-2112</td>
<td>Resident</td>
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<tr>
<td>Lasley, Hannah</td>
<td>331-3695</td>
<td>597-2113</td>
<td>Resident</td>
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<tr>
<td>Messer, Matthew</td>
<td>331-3698</td>
<td>597-3595</td>
<td>Resident</td>
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<tr>
<td>CovRX Pharmacy</td>
<td>541-4279</td>
<td>CovRX Fax 331-1667 (Dani 531-5132)</td>
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<td>Inf- Maryville, Kasey Grisham</td>
<td>962-1177</td>
<td>Maryville Infusion</td>
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<tr>
<td>Infusion - Oak Ridge</td>
<td>835-5433</td>
<td>Oak/Ridge Fax 835-5401</td>
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<tr>
<td>Infusion - Lenoir - Stout, Emily</td>
<td>271-6092</td>
<td>Lenior Fax 271-6098</td>
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<td>Infusion - Thompson</td>
<td>331-1704</td>
<td>TOF Infusion Fax 331-2451; TOF Ante-room 1500-388</td>
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<tr>
<td>Infusion Manager Jessica Lee</td>
<td>331-1320</td>
<td>Thompson Infusion</td>
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<tr>
<td>Bogartz, Cynthia</td>
<td>331-1716</td>
<td>Thompson Infusion</td>
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<tr>
<td>Infusion - West, Diana Turner</td>
<td>373-5060</td>
<td>West Infusion</td>
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<tr>
<td>Infusion - Home Infusion</td>
<td>331-1860</td>
<td>Home Infusion outside line 800-331-0607</td>
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<tr>
<td>Fleming, Scott</td>
<td>331-1864</td>
<td>597-2465</td>
<td>Home Infusion</td>
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<td>Wallace, Cheryl</td>
<td>331-1877</td>
<td>597-4006</td>
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<td>Yoder, Dawn</td>
<td>331-1871</td>
<td>597-4004</td>
<td>Home Infusion Manager</td>
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<td>Young, Lauren</td>
<td>331-1862</td>
<td>597-4005</td>
<td>Home Infusion</td>
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<tr>
<td>ER Med. Rec. <strong>ER desk</strong></td>
<td>331-2649</td>
<td>ER Medication Reconciliation</td>
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<tr>
<td>Medication Rec</td>
<td>331-1849</td>
<td>597-2466</td>
<td>Hot Beeper for Direct Admits &amp; Stats</td>
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<tr>
<td>PAT Med Rec</td>
<td>331-1875</td>
<td>597-0660</td>
<td>OR Medication Reconciliation; fax 11674</td>
<td></td>
</tr>
</tbody>
</table>

Refer to the On Call Clinical coverage calendar. Residents are “first call” on weekday evenings + weekend call on a rotating basis (listed on calendar). If “on call” pharmacist fails to respond contact Chris Norris.
Appendix E – Master Residency Schedule

Fort Sanders Regional Medical Center
Residency Schedule

<table>
<thead>
<tr>
<th>Referral Calendar</th>
<th>CPD Initial</th>
<th>License due</th>
<th>CTO requests may start</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 (Call Week)</td>
<td></td>
<td></td>
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<tr>
<td>2</td>
<td></td>
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<tr>
<td>5</td>
<td></td>
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</tr>
</tbody>
</table>

Rotation Hours: 0730 - 1600 (have pager accessible at this time), unless otherwise designated by your rotation preceptor
OC: On-Call - responsible to wear stroke/call pager and personal pager 24/7
SS: Swing Shift hours: 0600-0730 + 1600-1830  *may transition to 1600-2030 only later in year
Medication Safety and Practice Management meetings will be on Tuesdays at 1200
**Staffing hours (weekend and during week) will vary depending on skill level and staffing needs
FSR CROP (schedule to be determined on alternating Wednesdays)

Fort Sanders Regional Medical Center
Residency Schedule

<table>
<thead>
<tr>
<th>Referral Calendar</th>
<th>CPD Initial</th>
<th>License due</th>
<th>CTO requests may start</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 (Call Week)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td></td>
<td></td>
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<tr>
<td>5</td>
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</tr>
</tbody>
</table>

Orientation=
Elective =
Mgmt/Safety mon. =

Holiday Schedule - Residents off with CTO on Labor Day, Memorial Day, and July 4th
Labor Day (Mon, Sept. 2): 1 (Clinical) 2 (Staff)
Thanksgiving (time TBD): (Thu, 11/28) 3 (Clinical), 4 (Staff)
Christmas Day (time TBD): (Wed, 12/25) 1 (Clinical), 2 (Staff)
New Years Day: (Wed 1/1) (Clinical) (Staff)
Memorial Day (Mon. 5/25):

All Residents are asked to perform staffing/clinical responsibilities and will not be granted CTO for the March 16-20, 2020 week.
<table>
<thead>
<tr>
<th>Rotations</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>6/24/19</td>
<td>Orientation</td>
<td></td>
<td></td>
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<tr>
<td>8/1/19</td>
<td>Internal Medicine</td>
<td>Nutrition</td>
<td>Distributive</td>
<td>Cardiology</td>
<td>Distributive</td>
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<tr>
<td>9/1/19</td>
<td>Distributive</td>
<td>Alt Core 1</td>
<td>Critical Care</td>
<td>Distributive</td>
<td>Alt Core 1</td>
</tr>
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<td>10/1/19</td>
<td>Nutrition</td>
<td>Alt Core 1</td>
<td>Cardiology</td>
<td>Distributive</td>
<td>Alt Core 1</td>
</tr>
<tr>
<td>11/1/19</td>
<td>Critical Care</td>
<td>Management</td>
<td>Emergency Medicine</td>
<td>Alt Core 1</td>
<td>Internal Medicine</td>
</tr>
<tr>
<td>12/1/18</td>
<td>ASHP MCM/Medication Safety/MGMT Time</td>
<td></td>
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</tr>
<tr>
<td>12/26/20</td>
<td>Management</td>
<td>Alt Core 2</td>
<td>*Elective</td>
<td>Nutrition</td>
<td>*Elective</td>
</tr>
<tr>
<td>1/27/20</td>
<td>Research</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>2/1/20</td>
<td>Alt Core 1</td>
<td>Cardiology</td>
<td>Alt Core 2</td>
<td>Management</td>
<td>Alt Core 2</td>
</tr>
<tr>
<td>3/1/20</td>
<td>Cardiology</td>
<td>Internal Medicine</td>
<td>Nutrition</td>
<td>Critical Care</td>
<td>Management</td>
</tr>
<tr>
<td>3/16-3/20</td>
<td>Spring Break/Staffing Week</td>
<td></td>
<td></td>
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<tr>
<td>4/1/20</td>
<td>Alt Core 2</td>
<td>*Elective</td>
<td>Internal Medicine</td>
<td>*Elective</td>
<td>Critical Care</td>
</tr>
<tr>
<td>5/1/20</td>
<td>*Elective</td>
<td>Critical Care</td>
<td>Management</td>
<td>Alt Core 2</td>
<td>*Elective</td>
</tr>
<tr>
<td>6/1/20</td>
<td>*Elective</td>
<td>*Elective</td>
<td>*Elective</td>
<td>*Elective</td>
<td>Cardiology</td>
</tr>
</tbody>
</table>

**Rotation Schedule:**

**Chief/Drug Information Schedule**

<table>
<thead>
<tr>
<th>Month</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>August</td>
<td>MedWatch/Recalls</td>
<td>Journal Club</td>
<td>DI</td>
<td>Chief</td>
<td>Patient Case/Pres</td>
</tr>
<tr>
<td>September</td>
<td>Patient Case/Pres</td>
<td>MedWatch/Recalls</td>
<td>Journal Club</td>
<td>DI</td>
<td>Chief</td>
</tr>
<tr>
<td>October</td>
<td>Chief</td>
<td>Patient Case/Pres</td>
<td>MedWatch/Recalls</td>
<td>Journal Club</td>
<td>DI</td>
</tr>
<tr>
<td>November</td>
<td>DI</td>
<td>Chief</td>
<td>Patient Case/Pres</td>
<td>MedWatch/Recalls</td>
<td>Journal Club</td>
</tr>
<tr>
<td>December</td>
<td>Journal Club</td>
<td>DI</td>
<td>Chief</td>
<td>Patient Case/Pres</td>
<td>MedWatch/Recalls</td>
</tr>
<tr>
<td>January</td>
<td>Journal Club</td>
<td>DI</td>
<td>Chief</td>
<td>Patient Case/Pres</td>
<td>MedWatch/Recalls</td>
</tr>
<tr>
<td>February</td>
<td>MedWatch/Recalls</td>
<td>Journal Club</td>
<td>DI</td>
<td>Chief</td>
<td>Patient Case/Pres</td>
</tr>
<tr>
<td>March</td>
<td>Patient Case/Pres</td>
<td>MedWatch/Recalls</td>
<td>Journal Club</td>
<td>DI</td>
<td>Chief</td>
</tr>
<tr>
<td>April</td>
<td>Chief</td>
<td>Patient Case/Pres</td>
<td>MedWatch/Recalls</td>
<td>Journal Club</td>
<td>DI</td>
</tr>
<tr>
<td>May</td>
<td>DI</td>
<td>Chief</td>
<td>Patient Case/Pres</td>
<td>MedWatch/Recalls</td>
<td>Journal Club</td>
</tr>
<tr>
<td>June</td>
<td>Journal Club</td>
<td>DI</td>
<td>Chief</td>
<td>Patient Case/Pres</td>
<td>MedWatch/Recalls</td>
</tr>
</tbody>
</table>

*No staff meeting will be held the month of December

**Holiday Schedule**

<table>
<thead>
<tr>
<th>Holiday Schedule</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>New Years, staff</td>
<td>Christmas 2</td>
<td>Memorial day, clinical</td>
<td>Christmas 1, Cal</td>
<td>Labor day, staff</td>
<td>Thanksgiving, clinical</td>
</tr>
</tbody>
</table>
DEVELOPMENT AND IMPLEMENTATION OF A MEDICATION THERAPY MANAGEMENT SERVICE IN A COMMUNITY PHARMACY
Patricia Powell, Landon Castleman, Brian Buck
University of Georgia College of Pharmacy-Athens, GA

Background/Purpose: Design a community pharmacy model for implementing and conducting a MTM service

Methodology: Eligible participants are those ≥18 who take >3 medications a day. Patients scheduling an appointment completed a Patient Information Form. Participants' primary care physician was contacted to obtain laboratory values. Issues identified and recommendations were documented. A survey was administered to patients after their session to determine satisfaction.

Results: Eight patients were included in the IRB-approved study. The mean daily medication use was 18 medications (range 12-25). Thirty-seven medications (25.9%) required interventions. The most common interventions involved improper dose or directions, need for improved monitoring, and/or addition of a new medication. Three of 8 patients completing surveys believed the pharmacist was helpful and knowledgeable and would recommend the service. An average of two hours was needed to schedule, prepare for, conduct, and document the MTM session.

Conclusions: We observed substantial improper use of over-the-counter products. Because of this we believe there is opportunity for pharmacists and significant need for greater physician referral. Greater efficiency (perhaps through greater use of auxiliary personnel or technology) is needed in coordination. A defined follow-up process will aid in fully evaluating benefit and cost-effectiveness of this service.

Presentation Objective: List potential interventions made through a medication management (MTM) service. Self-Assessment: What is one area in which community pharmacists can have impact on patient care?

8:40 Room E ADCL
Suggested Slide Layout & Developing PowerPoint Slides

Part I: Sample SERC Presentation Layout
Part II: Tips for Making PowerPoint Slides

Project Title (1-3 lines)
Name, Pharm.D.
PGY1 Pharmacy Resident (or specialty resident)
Institution
Town, ST

Disclosure Statement
Disclosure statement: these individuals have the following to disclose concerning possible financial or personal relationships with commercial entities (or their competitors) that may be referenced in this presentation.
- Resident: list your name (nothing to disclose or indicate disclosure)
- Project Director, Advisor(s), & Co-Investigators: list other individuals who assisted in completing your project (nothing to disclose or indicate disclosure)

Background
(Suggested Time Allotted: 2-4 minutes)
- Brief background into why your topic is important (usually 2-4 slides that can be covered quickly)
- Any pertinent issues surrounding your institution on this topic
- General recommendation: the last background statement should lead you into your purpose statement

Purpose
- Single slide with statement as to why this project was done for your institution

Objectives
- Primary objective(s)
- Secondary objective(s)
Methodology
(Suggested time allotted: 3-5 minutes)
- Slide devoted to describing the design of your project and where it was conducted
  - Single-center, IRB-approved, prospective/concurrent/retrospective
  - Institution demographics
  - Inclusion criteria (exclusion, if necessary)
  - Statistical analysis/analyses performed, if necessary
- Slide describing the type of data that was collected and how patients were identified/enrolled
- Slide for definitions, if necessary

Results
(Suggested Time Allotted: 3-4 minutes)
- This will usually be the most detailed section of your presentation and should begin with enrollment results slide to familiarize the audience with the patient population
  - Patients evaluated
  - Patients excluded
  - Patients enrolled
- Demographics slide(s) may be helpful to establish your patient population (i.e., table format)
- Subsequent slides should focus on the primary objective

Discussion
(Suggested Time Allotted: 1-2 minutes)
- This should be a summary of your results, including:
  - Primary/secondary objectives
  - Any other significant data found during your analysis
  - Future directions for your project
- Limitations:
  - Address any problems associated with study or
  - Any important issues to consider when interpreting the data, especially for other institutions

Self Assessment Question
(Suggested Time Allotted: 1-2 minutes)
- Question: (state brief question here)
- Answer: (state brief answer here, use animation to display following click)

Conclusion
(use an effective and strong closing
- Your audience is likely to remember your last words
- Use a conclusion slide to:
  - Summarize the main points of your presentation
  - Suggest future avenues of research

Making PowerPoint Slides
Avoiding the Pitfalls of Bad Slides
Slide Structure – Good
☐ Use 1-2 slides per minute of your presentation
☐ Write in point form, not complete sentences
☐ Include 4-5 points per slide
☐ Avoid wordiness: use key words and phrases only

Slide Structure – Bad
☐ This page contains too many words for a presentation slide. It is not written in point form, making it difficult both for your audience to read and for you to present each point. Although there are exactly the same number of points on this slide as the previous slide, it looks much more complicated. In short, your audience will spend too much time trying to read this paragraph instead of listening to you.

Slide Structure – Good
☐ Show one point at a time:
  ☐ Will help audience concentrate on what you are saying
  ☐ Will prevent audience from reading ahead
  ☐ Will help you keep your presentation focused

Slide Structure – Bad
☐ Do not use distracting animation
☐ Do not go overboard with the animation
☐ Be consistent with the animation that you use

Fonts - Good
☐ Use at least an 18-point font
☐ Use different size fonts for main points and secondary points
  ☐ this font is 24-point, the main point font is 28-point, and the title font is 36-point
☐ Use a standard font like Times New Roman or Arial

Fonts - Bad
☐ If you use a small font, your audience won’t be able to read what you have written
☐ CAPITALIZE ONLY WHEN NECESSARY. IT IS DIFFICULT TO READ
☐ Don’t use a complicated font
Graphs - Good
- Use graphs rather than just charts and words
  - Data in graphs is easier to comprehend & retain than is raw data
  - Trends are easier to visualize in graph form
- Always title your graphs

Graphs - Bad
- Minor gridlines are unnecessary
- Font is too small
- Colours are illogical
- Title is missing
- Shading is distracting

Colour - Good
- Use a colour of font that contrasts sharply with the background
  - Ex: blue font on white background
- Use colour to reinforce the logic of your structure
  - Ex: light blue title and dark blue text
- Use colour to emphasize a point
  - But only use this occasionally

Colour - Bad
- Using a font colour that does not contrast with the background colour is hard to read
- Using colour for decoration is distracting and annoying.
- Using a different colour for each point is unnecessary
  - Using a different colour for secondary points is also unnecessary
- Trying to be creative can also be bad

Background - Good
- Use backgrounds such as this one that are attractive but simple
- Use backgrounds which are light
- Use the same background consistently throughout your presentation

Background - Bad
- Avoid backgrounds that are distracting or difficult to read from
- Always be consistent with the background that you use
Spelling and Grammar

Proof your slides for:
- spelling mistakes
- the use of repeated words
- grammatical errors you might have made

If English is not your first language, please have someone else check your presentation!
## Residency Check List

<table>
<thead>
<tr>
<th>Protocol or Policy Update/Creation:</th>
<th>~6/15/2020</th>
</tr>
</thead>
<tbody>
<tr>
<td>Order-set Update/Creation:</td>
<td>~6/15/2020</td>
</tr>
<tr>
<td>Drug Monograph #1:</td>
<td>~5/30/2020</td>
</tr>
<tr>
<td>Drug Monograph #2:</td>
<td>~6/15/2020</td>
</tr>
</tbody>
</table>

### ASHP Project:

- IRB Citi Training: 8/1/2019
- Select Project Topic: 8/15/2019 (email to Beth/Stef)
- ASHP Registration and Travel Request: 9/15/2019
- ASHP Abstract draft sent to mentors: 9/20/2019
- ASHP Abstract –Submitted to ASHP: 10/1/2019
- Poster draft sent to mentors: 11/1/2019
- Poster (final version) due to Beth for print: 11/10/2019
- IRB submission: 11/10/2019
- TSHP Registration and Travel Request: 11/15/2019
- TSHP Abstract (same as ASHP abstract): 12/1/2019
- ASHP Midyear Presentation (Dec 2019 in Las Vegas)
- Midyear Session Newsletters due ~12/20/2019
- MidSouth Registration and Travel Requests: 2/1/2020
- TSHP Presentation (Feb 23rd, 2020 in Nashville)
- MidSouth Abstract draft to mentors: 3/1/2020
- MidSouth Abstract due 3/10/2020
- MidSouth Mock Presentation #1 ~4/1/20
- MidSouth Mock Presentation #2 ~4/14/20
- MidSouth Presentation Slides: 4/15/2020
- MidSouth Presentation: 4/23-24, 2020 in Memphis
- Manuscript draft to mentors: ~5/5/2020
- Manuscript final version: 5/15/2020
- Performance Excellence abstract/application: ~6/1/2020

### MUE

- Selection of MUE: 9/15/2019
- Presented at P&T: no later than May meeting ~5/30/2020

### Failure Mode Effects Analysis (FMEA)

- Selection of FMEA: 11/1/19
- Completion required by ~6/1/2020 (worked on throughout year/med safety meetings)

### Monthly Duties:

- MedWatch and Recalls #1 due 15th of each mon.
- MedWatch and Recalls #2 due 15th of each mon.
- Drug Info Presentation #1
- Drug Info Presentation #2
- Chief Month #1
- Chief Month #2
- Journal Club Presentation #1
- Journal Club Presentation #2
- Patient Case Presentation #1
- Patient Case Presentation #2

### Drug Information Questions
| (3 per clinical rotation, uploaded to PA each mon.) |   |
| Medication Safety Paper |   |
| CE Seminar/TLP didactic Presentation |   |
| Close out research project/study with IRB ~6/15/20 |   |

- ADEs/Med Errors – (Narcan, Med. Safety hotline, etc.): day/week per Pam Turner
- CROP – alternating Wednesdays: schedule per Alan Padgett
- P&T meeting – 3rd Tuesday of each month
- Medication Safety – 2nd Wednesday of each month
- TLP – (optional)