

Resident Program Manual

PGY1 Pharmacy Residency

Fort Sanders Regional Medical Center
Knoxville, TN 37916
2022 - 2023

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Residency Program Coordinator: TBD

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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 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, a session with the current resident group, formal interview with the members of the RAC, and individual time with the RPD to discuss program details.
8. After the interview process is completed, each RAC member will submit a ordinal rank list of all candidates
9. RAC will then meet to determine an agreed upon rank list for all interviewed candidates.
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, RPh, In-patient Pharmacy Manager

Chris Norris, PharmD, Pharmacy Director

Lori Schirmer, PharmD, BCPS, BCNSP, Clinical Manager

Alan Padgett, PharmD, BCPS

Wade Register, PharmD

Bill Strozyk, PharmD

General Information

1. PGY1 Program 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.
2. 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.
3. 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 Resident's 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.
 - 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. 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.
4. 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.
5. Orientation to Covenant Health and to the Department of Pharmacy Services will take place during the first month of the program; however, training and skills development will continue on an as-needed basis.
6. Residents are classified as regular, full-time, exempt employees of Covenant Health (See Appendix A for the Pharmacist Resident Job Description)

Residency Requirements and Portfolio

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. 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).
3. 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.)
4. 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 work at minimum two weekends out of each five week period.
 - c. Residents are required to work at minimum one four-hour swing shift each week
5. Residents will be limited to 10 days of CTO (combined time off) to minimize days missed from rotations and residency throughout the year, unless extenuating circumstances. See Leave policy. All requests to use CTO for any scheduled absence are made in writing to the RPD and are subject to their approval.
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(s) 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(s) that the resident can contact for more difficult 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
 - iv. Administrative calls will be primarily called to the resident and will initiate the call tree process/notification to administration as appropriate

7. Residents are required to complete all assigned requirements by the end of the residency year to graduate from the program and receive a residency certificate. See below for **Fort Sanders Regional Pharmacy Residency Completion Requirements Checklist**
8. PharmAcademic evaluations of program objectives
 - a. ACHR will be determined by RPD or designee
 - b. Rating Scale Definitions:
 - i. Needs Improvement (NI):
 1. Resident is not performing at an expected level at that particular time; significant improvement needed
 - ii. Satisfactory Progress (SP):
 1. Resident is performing and progressing at a level that should eventually lead to mastery of the goal/objective
 - iii. Achieved (ACH):
 1. Resident can perform associated activities independently for this learning experience
 - iv. Achieved for Residency (ACHR):
 1. Resident can perform associated activities independently across the scope of pharmacy practice.
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 Residency.

Fort Sanders Regional Pharmacy Residency Completion Requirements Checklist

Resident: _____ **Residency Year:** _____

Directions:

- List will be reviewed and updated quarterly during quarterly meetings to discuss resident's development plan
- RPD will review list at the end of the residency, update if needed, and attest that the resident completed all program requirements for residents receiving a certificate of completion.
- **All related documents for each item listed below should be uploaded to PharmAcademic**
- Additionally, finalized checklist will be uploaded into the residents PharmAcademic files.

Requirement	Date Completed
Objective Achievement: Minimum of A 85% of program required objectives rated as Achieved for the Residency (ACHR); see above	
Complete all required learning experiences	
Complete all assigned evaluations in PharmAcademic	
Prepare a drug class review, monograph, treatment guideline, or protocol	
Departmental in-service with assessment (outside of rotation requirements)	
Resident project completion <ul style="list-style-type: none"> • Manuscript format • Poster sessions given at ASHP Midyear, TSHP or alternate venue as determined by RAC • Oral presentation regional residency conference or alternate venue as determined by RAC 	
Medication-use evaluation (MUE)	
Medication Safety Group Project (FMEA or alternative)	
Serve as the chief resident at least two separate months	
Two patient case/disease state presentations (15 min)	
Two journal club presentations (15 min)	
Two drug information presentations (10 minutes)	
Present the FDA MedWatch at least twice at separate P&T meetings	
Adverse drug event (ADE) reviews	
Curriculum Vitae and all deliverables uploaded to PharmAcademic Files	

Residency Program Certificate

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 Residency.

All program requirements completed:

RPD signature

Date

Pharmacy Resident Licensure Policy

1. All pharmacy residents must have graduated from an Accreditation Council for Pharmacy Education (ACPE) accredited school of pharmacy, and be licensed in the state of Tennessee.
2. The pharmacy resident should submit appropriate documentation to the Tennessee State Board of Pharmacy as soon as possible after learning where they have matched for their residency program.
3. Until the resident is a licensed pharmacist in Tennessee, they must work under the direct supervision of licensed pharmacist.
4. The resident must be fully licensed as a pharmacist (successfully passing the NAPLEX and MPJE exam in the state and having an active pharmacist license) within 90 days of the beginning of residency.
5. If the resident is not licensed within 90 days of the beginning of the residency program, the following describes the outcome for the resident:
 - a. If the resident has not successfully passed either the NAPLEX or MPJE exam, or both, the RAC may consider allowing a maximum 35 day extension.
 - i. If approved by RAC and hospital administration, the extension will be noted in RAC minutes.
 - ii. If this extension is not approved, the resident will be dismissed without a residency certificate.
 - iii. For the duration of the extension, the resident will be placed on UNPAID leave until licensure is obtained.
 1. If licensed within the 35 day extension, the residency year will be extended past the original date by the number of days on unpaid leave. This ensures the resident still completes a 12 month program with at least 2/3rds of the program is completed as a licensed pharmacist in direct patient care.
6. If a 35 day extension has been provided and the resident is still not licensed as a pharmacist at the end of the 35 day extension, the resident will be dismissed without a residency certificate.

Leave Policy

1. Residents are eligible to accrue combined time off (CTO) at a rate of 7.08 hours/two-week period (23 days/year). 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. 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.
 - c. See the Human Resource Combined Time Off (CTO) Policy HR.CB.263
2. Jury Duty leave: Employees who are notified of jury service must provide a copy of the court request to the RPD before the leave will be granted. Residents may refer to the complete Human Resource Leave Of Absence Policy HR.CB.131 for complete information.
3. Bereavement leave: Residents may refer to the complete Human Resource Leave Of Absence Policy HR.CB.131 for complete information.
4. The Family and Medical Leave Act (FMLA) Policy HR.CB.111 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. Residents may refer to the Family and Medical Leave Act (FMLA) Policy HR.CB.111 for complete information.
 - a. Additionally, if maternity/paternity leave is necessary, refer to Human Resource Maternity/Paternity Leave Policy HR.CB.135
5. Any leave of absence for a pharmacy resident beyond the accrued 23 CTO days must be made up via an extension of the residency year, if approved via RAC. Extension days will be paid and must equal the days missed. Any form/type/reason of extension of the residency year cannot exceed 35 days.

Disciplinary Action and Dismissal Policy

Disciplinary Policy

1. As with all Covenant Health employees, residents are subject to the Covenant Health Corrective Action Policy HR.JP.051. Violations of this policy are subject to the actions outlined in Policy HR.JP.051, and include immediate termination of employment. Residents are also subject to disciplinary action, up to and including dismissal from the residency program and termination of employment, for failure to meet residency expectations and requirements as outlined below and follow the Covenant Health Corrective Action Policy HR.JP.051

Disciplinary Action Specific to Residency

The Fort Sanders Regional Medical Center (FSRMC) Pharmacy Residency Program is committed to individual development and performance excellence. Residents are expected to satisfactorily complete all requirements of the Residency Program. Only those residents who satisfactorily complete the requirements will receive their residency certificate as evidence of program completion. Evaluation and documentation of the resident's progress in completing the requirements is done as part of the quarterly review process. The Residency Program Director (RPD) in conjunction with preceptors involved with resident training will continually assess the ability of the resident to meet the requirements by established deadlines and work with the resident to assure their individual development and satisfactory completion of requirements. If a resident is failing to make satisfactory progress in any aspect specific to the residency program, corrective action process will be followed as a formal mechanism to address disciplinary or performance issues. This will follow the Covenant Health Corrective Action Policy HR.JP.051.

The appeal process for any of the above disciplinary actions is covered by the Human Resources Problem Solving Policy HR.JP.175.

Duty Hour and Moonlighting Policy

Residency Program Duty Hours and Moonlighting Policy

Duty Hour Requirements

The program and residents are required to comply with ASHP Duty hour requirements for pharmacy residency programs. 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. See appendix E for the moonlighting approval form. See below for how duty hours will be tracked via PharmAcademic.

Duty Hours:

Duty hours are defined as all scheduled clinical and academic activities related to the pharmacy residency program. This includes inpatient and outpatient care; in-house call; administrative duties; and scheduled and assigned activities, such as conferences, committee meetings, and health fairs that are required to meet the goals and objectives of the residency program. Duty hours must be addressed by a well-documented, structured process.

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

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.

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

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

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.

Mandatory time free of duty: residents must have a minimum of one day in seven days free of duty (when averaged over four weeks).

Moonlighting

Moonlighting is defined as voluntary, compensated, pharmacy-related work performed outside the organization (external), or within Fort Sanders Regional Medical Center (internal), or at any of its related participating sites (Covenant Facilities). These are compensated hours beyond the resident's salary and are not part of the scheduled duty periods of the residency program.

- Moonlighting (internal or external) must not interfere with the ability of the resident to achieve the educational goals and objectives of the residency program.

- Internal or external moonlighting may be allowed after licensure and as training, research, and patient care responsibilities permit. Residents are required to receive permission from the RPD (see below, moonlighting approval form) prior to beginning any moonlighting activities. After initial approval, all moonlighting hours must be approved in person or via email by the Program Director, Coordinator, or designee.
 - Additionally, any resident who chooses to moonlight at an external job that could be considered a competitor or could potentially cause a conflict of interest, the resident must first complete an outside employment disclosure form.
- Moonlighting hours must be counted towards the 80-hour maximum weekly hour limit.
- The maximum moonlighting hours allowed is 24 hours per month.
- If a pharmacist believes the resident is exhibiting signs of fatigue, the resident should be relieved of their duty. The pharmacist and resident will notify the program director and the resident will be prohibited from moonlighting for a minimum of 4 weeks.
- 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.

Duty Hours Tracking

The resident MUST document their duty hours in PharmAcademic, including any internal moonlighting. The RPD will assign an evaluation in PharmAcademic on a monthly basis, which the resident will complete, and if issues, the RPD will review. If RPD finds duty-hours violations upon review, the RPD will discuss a plan with the resident to ensure compliance in the future. The RPD will document the plan in the co-signer comments of the evaluation.

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 am required to receive permission from the RPD prior to beginning any moonlighting activities. After initial approval, all moonlighting hours must be approved in person or via email by the Program Director, Coordinator, or designee. Should the Residency Program Director, Residency Coordinator, or rotation preceptor deem that moonlighting interferes with my responsibilities, he/she may remove the ability to moonlight.

Resident Signature

Date

Resident Program Director

Date

Rotations at Fort Sanders Regional Medical Center PGY1 Pharmacy Residency Program

Type: CORE rotations (1 month)

Required Core Rotation

JULY: ORIENTATION
CARDIOLOGY
CRITICAL CARE
DISTRIBUTIVE PRACTICE
EMERGENCY MEDICINE
INFECTIOUS DISEASES
MEDICINE/SURGERY
NEUROLOGY
PRACTICE MANAGEMENT
DECEMBER: RESEARCH MONTH/MED SAFETY

Type: Required Longitudinal Rotation (1 year)

MEDICATION SAFETY
PHARMACY PRACTICE/DECENTRALIZED PHARMACY PRACTICE
RESIDENT PROJECT
TEACHING AND LEARNING

Type: Elective Rotations (1 month) – Choose 2

ANESTHESIA (OR)
CRITICAL CARE II
EMERGENCY MEDICINE II
GERIATRIC MEDICINE
HOME INFUSION PHARMACY
NEUROLOGY II
NUTRITION SUPPORT (TPNS)
ONCOLOGY I
ONCOLOGY II

Master Residency Schedule

Fort Sanders Regional Medical Center Residency Schedule

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
1 (Call Week)	Rotation, OC, SS	Rotation, OC	Rotation, OC	Rotation, OC	Rotation, OC	Clinical	Clinical
2	Off	Rotation	Rotation/CROP	Rotation, SS	Rotation	Off	Off
3	Rotation	Rotation	Rotation	Rotation	Rotation, SS	Staff**	Staff**
4	Rotation	Rotation	Rotation, SS	Rotation	Off	Off	Off
5	Rotation	Rotation, SS	Rotation	Rotation	Rotation	Off	Off

Rotation Hours: Designated by your rotation preceptor

OC: On-Call - responsible to wear resident stroke/call pager and personal pager 24/7

SS: Swing Shift hours: 1630-2030

Medication Safety meetings will be on assigned Thursdays at 1100-1300

**Staffing hours will vary depending on skill level and staffing needs -- See pharmacist schedule for hours

FSR CROP (schedule to be determined; on alternating Wednesdays)

Rotation Schedule:						
Rotations	Caleb	John	Madalyne	Taylor	Lesley	
6/27/22	Orientation					
1 8/1/22						
2 9/1/22						
3 10/1/22						
4 11/1/22						
12/1/22	ASHP MCM/Medication Safety/MGMT Time					
5 12/26/22						
1/25/23	Research					
6 2/1/23						
7 3/1/23						
3/15-3/19	Spring Break/Staffing Week					
8 4/1/23						
9 5/1/23						
10 6/1/23						

Monthly Duty Schedule						
Month	Caleb	John	Madalyne	Taylor	Lesley	
August	MedWatch/Recalls	Journal Club	DI	Chief	Patient Case/Pres	
September	Patient Case/Pres	MedWatch/Recalls	Journal Club	DI	Chief	
October	Chief	Patient Case/Pres	MedWatch/Recalls	Journal Club	DI	
November	DI	Chief	Patient Case/Pres	MedWatch/Recalls	Journal Club	
December	*No staff meeting will be held the month of December					
January	Journal Club	DI	Chief	Patient Case/Pres	MedWatch/Recalls	
February	MedWatch/Recalls	Journal Club	DI	Chief	Patient Case/Pres	
March	Patient Case/Pres	MedWatch/Recalls	Journal Club	DI	Chief	
April	Chief	Patient Case/Pres	MedWatch/Recalls	Journal Club	DI	
May	DI	Chief	Patient Case/Pres	MedWatch/Recalls	Journal Club	
June	Journal Club	DI	Chief	Patient Case/Pres	MedWatch/Recalls	

*No staff meeting will be held the month of December

Holiday Schedule						
	Caleb	John	Madalyne	Taylor	Lesley	
	Labor Day	Thanksgiving	Christmas	Labor Day	Thanksgiving	
	Christmas	New Year's Day	Memorial Day	Christmas	New Year's Day	

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.
 - b. 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
Must meet October deadline set by ASHP
 - d. *November* Create poster for ASHP
 - e. *December*
to January Present poster at ASHP Midyear residency poster session
Submit abstract to TSHP for the Midyear Seminar
Data collection
 - f. *February* Present poster at TSHP Midyear Seminar in Nashville;
Regional residency conference abstract submission due
Complete data collection on project
 - g. *March or April* Practice presentations of completed projects for regional
residency conference
(See Appendix C for proper format and an example)
 - h. *April or May* Present project at regional residency conference
 - i. *May or June* Final Summary Report (manuscript format) of project to
RAC and project advisor(s)

Meetings and Conference Attendance

1. Residents shall attend the following monthly meetings:
 - a. Pharmacy & Therapeutics (P&T) Meetings
 - b. Departmental staff meetings
 - c. Medication Safety Meetings
2. Residents shall meet with the Medication Safety Pharmacist and pharmacy administration for discussions regarding regulatory and safety aspects of pharmacy.
3. Residents are encouraged to participate in department and hospital-based committees and task forces. Residents are also encouraged to participate on state and national committees and task forces.
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
6. Tennessee Society of Health-System Pharmacists (TSHP) Winter Meeting – Required
 - a. Residents will be given leave to attend the meeting.
 - 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 (or alternate venue)– 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.

Resident Preceptor Development

1. Residents will be involved in various teaching activities, including precepting students and 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*
 - iii.* Preceptor resources from ASHP:
<http://www.ashp.org/Import/MEMBERCENTER/NewPractitionersForum/DevelopmentalResources.aspx>

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.
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: Pharmacy Resident Job Description

Fort Sanders Regional Medical Center

Pharmacist Resident

23-307

Created/Revised: 04-05-22

Reviewed: 07-01-20

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. 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 a clinical pharmacist preceptor.

Position Accountabilities and Performance Criteria:

1. Designs, executes, and reports results of investigations of pharmacy practice-related issues.
2. Establishes a collaborative working relationship with physicians and other health care providers in the health system.
3. Designs, recommends, monitors, and evaluates patient-specific therapeutic regimens that incorporate the principles of evidence-based medicine.
4. Provides concise, applicable, comprehensive, and timely responses to requests for drug information from patients, health care providers, and the public.
5. Documents direct patient-care activities appropriately.
6. Participates in the components of disease management: identification of need for, development, implementation, and assessment of treatment guidelines and protocols related to individual and population-based patient care.
7. Prepares and dispenses medications following existing standards of practice and the health system's policies and procedures.

- 8. Participates in the medication-use evaluation (MUE) program.
- 9. Prepares and disseminates written drug information.
- 10. Participates in various planning and development programs within the department.
- 11. Utilizes pharmacy technical and clerical personnel effectively.
- 12. Provides instruction to pharmacy technicians, students, residents, and pharmacists.
- 13. Compounds, labels, and packages medications and pharmaceuticals.
- 14. Reviews patient medication profile for drug compatibilities, allergies, and appropriateness of drug order. Clarifies medication orders and/or doses of medication as necessary with physicians.
- 15. Provides drug information to physicians, health care professionals, and patients.
- 16. Provides support and consultative services to physicians.
- 17. Supervises technicians filling of inpatient prescriptions and admixture of intravenous medications.
- 18. Informs patients and family on proper use of various medications including dosage, side effects, etc.
- 19. Ensures secure storage of narcotics and other controlled substances on a regular basis.
- 20. Inspects nursing units on a monthly basis to ensure medications are maintained according to Tennessee State Law and manufacturer's storage requirements.
- 21. Follows policies, procedures, and safety standards. Completes required education assignments annually. Works toward achieving goals and objectives, and participates in quality improvement initiatives as requested.
- 22. Performs other duties as assigned.

Fort Sanders Regional Medical Center

Pharmacist Resident

23-307

Created/Revised: 04-05-22

Reviewed: 07-01-20

Position Qualifications:

Minimum Education: None specified; however, must be sufficient to meet the standards for achievement of the indicated license and/or certification as required by the issuing authority.

Minimum Experience: None

Licensure Requirement: Must have and maintain Tennessee state pharmacy license within 125 days of hire.

Physical Requirements: Type C