

2021-
2022

Jackson Hospital and Clinic Pharmacy Residency Program



Jackson Hospital and Clinic
2021-2022

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REQUIRED COMPETENCY AREAS, GOALS, AND OBJECTIVES FOR POSTGRADUATE YEAR ONE (PGY1) PHARMACY RESIDENCIES

Introduction

The competency areas, goals, and objectives are for use with the *ASHP Accreditation Standard for Postgraduate Year One (PGY1) Pharmacy Residency Programs*. The first four competency areas described herein are required, and the others are elective.

The required competency areas and all of the goals and objectives they encompass must be included in all programs. Programs may add one or more additional competency areas. Programs selecting an additional competency area are not required to include all of the goals and objectives in that competency area. In addition to the potential additional competency areas described in this document, programs are free to create their own additional competency areas with associated goals and objectives. Each of the goals encompassed by the program's selected program competency areas (required and additional) must be evaluated at least once during the residency year. In addition, elective competency areas may be selected for specific residents only.

Each of the objectives listed in this document has been classified according to educational taxonomy (cognitive, affective, or psychomotor) and level of learning. An explanation of the taxonomies is available elsewhere.¹

¹ Nimmo, CM. Developing training materials and programs: creating educational objectives and assessing their attainment. In: Nimmo CM, Guerrero R, Greene SA, Taylor JT, eds. *Staff development for pharmacy practice*. Bethesda, MD: ASHP; 2000.

Definitions

Competency Areas: Categories of the residency graduates' capabilities.

Competency areas are classified into one of three categories:

Required: Four competency areas are required (all programs must include them and all their associated goals and objectives).

Additional: Competency area(s) that residency programs may choose to use (in addition to the four required areas) to meet program-specific program needs.

Elective: Competency area(s) selected optionally for specific resident(s).

Educational Goals (Goal): Broad statement of abilities.

Educational Objectives: Observable, measurable statements describing what residents will be able to do as a result of participating in the residency program.

Criteria: Examples intended to help preceptors and residents identify specific areas of successful skill development or needed improvement in residents' work.

Competency Area R1: Patient Care

Goal R1.1: In collaboration with the health care team, provide safe and effective patient care to a diverse range of patients, including those with multiple co-morbidities, high-risk medication regimens, and multiple medications following a consistent patient care process.

Objective R1.1.1: (Applying) Interact effectively with health care teams to manage patients' medication therapy.

Criteria:

- Interactions are cooperative, collaborative, communicative, and respectful.
- Demonstrates skills in negotiation, conflict management, and consensus building
- Demonstrates advocacy for the patient.

Objective R1.1.2 (Applying) Interact effectively with patients, family members, and caregivers.

Criteria:

- Interactions are respectful and collaborative.
- Uses effective communication skills.
- Shows empathy.
- Empowers patients to take responsibility for their health.
- Demonstrates cultural competence.

Objective R1.1.3: (Analyzing) Collect information on which to base safe and effective medication therapy.

Criteria:

- Collection/organization methods are efficient and effective.
- Collects relevant information about medication therapy, including:
 - History of present illness.
 - Relevant health data that may include past medical history, health and wellness information, biometric test results, and physical assessment findings.
 - Social history.
 - Medication history, including prescription, non-prescription, illicit, recreational, and non-traditional therapies; other dietary supplements; immunizations; and allergies.
 - Laboratory values.
 - Pharmacogenomics and pharmacogenetic information, if available.
 - Adverse drug reactions.
 - Medication adherence and persistence.
 - Patient lifestyle habits, preferences and beliefs, health and functional goals, and socioeconomic factors that affect access to medications and other aspects of care.
- Sources of information are the most reliable available, including electronic, face-to-face, and others.
- Recording system is functional for subsequent problem solving and decision making.
- Clarifies information as needed.
- Displays understanding of limitations of information in health records.

Objective R1.1.4: (Analyzing) Analyze and assess information on which to base safe and effective medication therapy.

Criteria:

- Includes accurate assessment of patient's:
 - Health and functional status.
 - Risk factors.
 - Health data.

- Cultural factors.
- Health literacy.
- Access to medications.
- Immunization status.
- Need for preventive care and other services, when appropriate.
- Other aspects of care, as applicable.
- Identifies medication therapy problems, including:
 - Lack of indication for medication.
 - Medical conditions for which there is no medication prescribed.
 - Medication prescribed or continued inappropriately for a particular medical condition.
 - Suboptimal medication regimen (e.g., dose, dosage form, duration, schedule, route of administration, method of administration).
 - Therapeutic duplication.
 - Adverse drug or device-related events or the potential for such events.
 - Clinically significant drug–drug, drug–disease, drug–nutrient, drug–DNA test interaction, drug–laboratory test interaction, or the potential for such interactions.
 - Use of harmful social, recreational, nonprescription, nontraditional, or other medication therapies.
 - Patient not receiving full benefit of prescribed medication therapy.
 - Problems arising from the financial impact of medication therapy on the patient.
 - Patient lacks understanding of medication therapy.
 - Patient not adhering to medication regimen and root cause (e.g., knowledge, recall, motivation, financial, system).
 - Laboratory monitoring needed.
 - Discrepancy between prescribed medications and established care plan for the patient.

Objective R1.1.5: (Creating) Design or redesign safe and effective patient-centered therapeutic regimens and monitoring plans (care plans).

Criteria:

- Specifies evidence-based, measurable, achievable therapeutic goals that include consideration of:
 - Relevant patient-specific information, including culture and preferences.
 - The goals of other interprofessional team members.
 - The patient’s disease state(s).
 - Medication-specific information.
 - Best evidence.
 - Ethical issues involved in the patient’s care.
 - Quality-of-life issues specific to the patient.
 - Integration of all the above factors influencing the setting of goals.
- Designs/redesigns regimens that:
 - Are appropriate for the disease states being treated.
 - Reflect:
 - The therapeutic goals established for the patient.
 - The patient’s and caregiver’s specific needs.
 - Consideration of
 - Any pertinent pharmacogenomic or pharmacogenetic factors
 - Best evidence.
 - Pertinent ethical issues.
 - Pharmaco-economic components (patient, medical, and systems resources).

- Patient preferences, culture, and/or language differences.
 - Patient-specific factors, including physical, mental, emotional, and financial factors that might impact adherence to the regimen.
- Adhere to the health system's medication use policies.
- Follow applicable ethical standards.
- Address wellness promotion and lifestyle modification.
- Support the organization's or patient's formulary.
- Address medication-related problems and optimize medication therapy.
- Engage the patient through education, empowerment, and promotion of self-management.
- Designs/redesigns monitoring plans that:
 - Effectively evaluate achievement of therapeutic goals.
 - Ensure adequate, appropriate, and timely follow-up.
 - Establish parameters that are appropriate measures of therapeutic goal achievement.
 - Reflect consideration of best evidence.
 - Select the most reliable source for each parameter measurement.
 - Have appropriate value ranges selected for the patient.
 - Have parameters that measure efficacy.
 - Have parameters that measure potential adverse drug events.
 - Have parameters that are cost-effective.
 - Have obtainable measurements of the parameters specified.
 - Reflects consideration of compliance.
 - If for an ambulatory patient, includes strategy for ensuring patient returns for needed follow-up visit(s).
 - When applicable, reflects preferences and needs of the patient.

Objective R1.1.6: (Applying) Ensure implementation of therapeutic regimens and monitoring plans (care plans) by taking appropriate follow-up actions.

Criteria:

- Effectively recommends or communicates patients' regimens and associated monitoring plans to relevant members of the health care team.
 - Recommendation is persuasive.
 - Presentation of recommendation accords patient's right to refuse treatment.
 - If patient refuses treatment, pharmacist exhibits responsible professional behavior.
 - Creates an atmosphere of collaboration.
 - Skillfully defuses negative reactions.
 - Communication conveys expertise.
 - Communication is assertive but not aggressive.
 - Where the patient has been directly involved in the design of the plans, communication reflects previous collaboration appropriately.
- Ensures recommended plan is implemented effectively for the patient, including ensuring that the:
 - Therapy corresponds with the recommended regimen.
 - Regimen is initiated at the appropriate time.
 - Medication orders are clear and concise.
 - Activity complies with the health system's policies and procedures.
 - Tests correspond with the recommended monitoring plan.
 - Tests are ordered and performed at the appropriate time.
- Takes appropriate action based on analysis of monitoring results (redesign regimen and/or monitoring plan if needed).
- Appropriately initiates, modifies, discontinues, or administers medication therapy as authorized.

- Responds appropriately to notifications and alerts in electronic medical records and other information systems that support medication ordering processes (based on factors such as patient weight, age, gender, comorbid conditions, drug interactions, renal function, and hepatic function).
- Provides thorough and accurate education to patients and caregivers, when appropriate, including information on medication therapy, adverse effects, compliance, appropriate use, handling, and medication administration.
- Addresses medication- and health-related problems and engages in preventive care strategies, including vaccine administration.
- Schedules follow-up care as needed to achieve goals of therapy.

Objective R1.1.7: (Applying) Document direct patient care activities appropriately in the medical record or where appropriate.

Criteria:

- Selects appropriate direct patient care activities for documentation.
- Documentation is clear.
- Documentation is written in time to be useful.
- Documentation follows the health system's policies and procedures, including requirements that entries be signed, dated, timed, legible, and concise.

Objective R1.1.8: (Applying) Demonstrate responsibility to patients.

Criteria:

- Gives priority to patient care activities.
- Plans prospectively.
- Routinely completes all steps of the medication management process.
- Assumes responsibility for medication therapy outcomes.
- Actively works to identify the potential for significant medication-related problems.
- Actively pursues all significant existing and potential medication-related problems until satisfactory resolution is obtained.
- Helps patients learn to navigate the health care system, as appropriate.
- Informs patients how to obtain their medications in a safe, efficient, and cost-effective manner.
- Determines barriers to patient compliance and makes appropriate adjustments.

Goal R1.2: Ensure continuity of care during patient transitions between care settings.

Objective R1.2.1: (Applying) Manage transitions of care effectively.

Criteria:

- Effectively participates in obtaining or validating a thorough and accurate medication history.
- Conducts medication reconciliation when necessary.
- Participates in thorough medication reconciliation.
- Follows up on all identified drug-related problems.
- Participates effectively in medication education.
- Provides accurate and timely follow-up information when patients transfer to another facility, level of care, pharmacist, or provider, as appropriate.
- Follows up with patient in a timely and caring manner.
- Provides additional effective monitoring and education, as appropriate.
- Takes appropriate and effective steps to help avoid unnecessary hospital admissions and/or readmissions.

Goal R1.3: Prepare, dispense, and manage medications to support safe and effective drug therapy for patients.

Objective R1.3.1: (Applying) Prepare and dispense medications following best practices and the organization's policies and procedures.

Criteria:

- Correctly interprets appropriateness of a medication order before preparing or permitting the distribution of the first dose, including:
 - Identifying, clarifying, verifying, and correcting any medication order errors.
 - Considering complete patient-specific information.
 - Identifying existing or potential drug therapy problems.
 - Determining an appropriate solution to an identified problem.
 - Securing consensus from the prescriber for modifications to therapy.
 - Ensuring that the solution is implemented.
- Prepares medication using appropriate techniques and following the organization's policies and procedures and applicable professional standards, including:
 - When required, accurately calibrating equipment.
 - Ensuring that solutions are appropriately concentrated, without incompatibilities; stable; and appropriately stored.
 - Adhering to appropriate safety and quality assurance practices.
 - Preparing labels that conform to the health system's policies and procedures.
 - Ensuring that medication has all necessary and appropriate ancillary labels.
 - Inspecting the final medication before dispensing.
- When dispensing medication products:
 - Follows the organization's policies and procedures.
 - Ensures the patient receives the medication(s) as ordered.
 - Ensures the integrity of medication dispensed.
 - Provides any necessary written and/or verbal counseling.
 - Ensures the patient receives medication on time.
- Maintains accuracy and confidentiality of patients' protected health information.
- Obtains agreement on modifications to medication orders when acting in the absence of, or outside, an approved protocol or collaborative agreement.

Objective R1.3.2: (Applying) Manage aspects of the medication-use process related to formulary management.

Criteria:

- Follows appropriate procedures regarding exceptions to the formulary, if applicable, in compliance with policy
- Ensures non-formulary medications are dispensed, administered, and monitored in a manner that ensures patient safety.

Objective R1.3.3: (Applying) Manage aspects of the medication-use process related to oversight of dispensing.

Criteria:

- When appropriate, follows the organization's established protocols.
- Makes effective use of relevant technology to aid in decision-making and increase safety.
- Demonstrates commitment to medication safety in medication-use processes.
- Effectively prioritizes workload and organizes workflow.
- Checks accuracy of medications dispensed, including correct patient identification, medication, dosage form, label, dose, number of doses, and expiration dates; and proper

repackaging and relabeling medications, including compounded medications (sterile and nonsterile).

- Checks the accuracy of the work of pharmacy technicians, clerical personnel, pharmacy students, and others according to applicable laws and institutional policies.
- Promotes safe and effective drug use on a day-to-day basis.

Competency Area R2: Advancing Practice and Improving Patient Care

Goal R2.1: Demonstrate ability to manage formulary and medication-use processes, as applicable to the organization.

Objective R2.1.1 (Creating) Prepare a drug class review, monograph, treatment guideline, or protocol.

Criteria:

- Displays objectivity.
- Effectively synthesizes information from the available literature.
- Applies evidenced-based principles.
- Consults relevant sources.
- Considers medication-use safety and resource utilization.
- Uses the appropriate format.
- Effectively communicates any changes in medication formulary, medication usage, or other procedures to appropriate parties.
- Demonstrates appropriate assertiveness in presenting pharmacy concerns, solutions, and interests to internal and external stakeholders.

Objective 2.1.2 (Applying) Participate in a medication-use evaluation.

- Uses evidence-based principles to develop criteria for use.
- Demonstrates a systematic approach to gathering data.
- Accurately analyzes data gathered.
- Demonstrates appropriate assertiveness in presenting pharmacy concerns, solutions, and interests to internal and external stakeholders.
- Implements approved changes, as applicable.

Objective 2.1.3: (Analyzing) Identify opportunities for improvement of the medication-use system.

Criteria:

- Appropriately identifies problems and opportunities for improvement and analyzes relevant background data.
- Accurately evaluates or assists in the evaluation of data generated by health information technology or automated systems to identify opportunities for improvement.
- Uses best practices to identify opportunities for improvements.
- When needed, makes medication-use policy recommendations based on a review of practice standards and other evidence (e.g., National Quality Measures, Institute for Safe Medication Practices alerts, Joint Commission sentinel alerts).
- Demonstrates appropriate assertiveness in presenting pharmacy concerns, solutions, and interests to internal and external stakeholders.

Objective 2.1.4: (Applying) Participate in medication event reporting and monitoring.

Criteria:

- Effectively uses currently available technology and automation that supports a safe

medication-use process.

- Appropriately and accurately determines, investigates, reports, tracks, and trends adverse drug events, medication errors, and efficacy concerns using accepted institutional resources and programs.

Goal R2.2: Demonstrate ability to evaluate and investigate practice, review data, and assimilate scientific evidence to improve patient care and/or the medication-use system.

Ideally, objectives R2.2.1-R2.2.5 will be addressed through residents working on one quality improvement or research project; however, if this is not possible, all objectives must be addressed by the end of the residency year and can be addressed through work on more than one initiative.

Objective R2.2.1: (Analyzing) Identify changes needed to improve patient care and/or the medication-use system.

Criteria:

- Appropriately identifies problems and opportunities for improvement and analyzes relevant background data.
- Determines an appropriate topic for a practice-related project of significance to patient care.
- Uses best practices or evidence-based principles to identify opportunities for improvements.
- Accurately evaluates or assists in the evaluation of data generated by health information technology or automated systems to identify opportunities for improvement.

Objective R2.2.2: (Creating) Develop a plan to improve patient care and/or the medication-use system.

Criteria:

- Steps in plan are defined clearly.
- Applies safety design practices (e.g., standardization, simplification, human factors training, lean principles, FOCUS-PDCA, other process improvement or research methodologies) appropriately and accurately.
- Plan for improvement includes appropriate reviews and approvals required by department or organization and addresses the concerns of all stakeholders.
- Applies evidence-based principles, if needed.
- Develops a sound research or quality improvement question that can be realistically addressed in the desired time frame, if appropriate.
- Develops a feasible design for a project that considers who or what will be affected by the project.
- Identifies and obtains necessary approvals, (e.g., IRB, funding) for a practice-related project.
- Uses appropriate electronic data and information from internal information databases, external online databases, appropriate Internet resources, and other sources of decision support, as applicable.
- Plan design is practical to implement and is expected to remedy or minimize the identified challenge or deficiency.

Objective R2.2.3: (Applying) Implement changes to improve patient care and/or the medication-use system.

Criteria:

- Follows established timeline and milestones.
- Implements the project as specified in its design.
- Collects data as required by project design.
- Effectively presents plan (e.g., accurately recommends or contributes to recommendation for operational change, formulary addition or deletion, implementation of medication guideline or restriction, or treatment protocol implementation) to appropriate audience.
- Plan is based on appropriate data.
- Gains necessary commitment and approval for implementation.
- Effectively communicates any changes in medication formulary, medication usage, or other procedures to appropriate parties.
- Demonstrates appropriate assertiveness in presenting pharmacy concerns, solutions, and interests to external stakeholders.
- Change is implemented fully.

Objective R2.2.4: (Evaluating) Assess changes made to improve patient care or the medication-use system.

Criteria:

- Outcome of change is evaluated accurately and fully.
- Includes operational, clinical, economic, and humanistic outcomes of patient care.
- Uses continuous quality improvement (CQI) principles to assess the success of the implemented change, if applicable.
- Correctly identifies need for additional modifications or changes.
- Accurately assesses the impact of the project, including its sustainability (if applicable).
- Accurately and appropriately develops plan to address opportunities for additional changes.

Objective R2.2.5: (Creating) Effectively develop and present, orally and in writing, a final project report.

Criteria:

- Outcome of change is reported accurately to appropriate stakeholders(s) and policy-making bodies according to departmental or organizational processes.
- Report includes implications for changes to or improvement in pharmacy practice.
- Report uses an accepted manuscript style suitable for publication in the professional literature.
- Oral presentations to appropriate audiences within the department and organization or to external audiences use effective communication and presentation skills and tools (e.g., handouts, slides) to convey points successfully.

Competency Area R3: Leadership and Management

Goal R3.1: Demonstrate leadership skills.

Objective R3.1.1: (Applying) Demonstrate personal, interpersonal, and teamwork skills critical for effective leadership.

Criteria:

- Demonstrates effective time management.
- Manages conflict effectively.
- Demonstrates effective negotiation skills.

- Demonstrates ability to lead interprofessional teams.
- Uses effective communication skills and styles.
- Demonstrates understanding of perspectives of various health care professionals.
- Effectively expresses benefits of personal profession-wide leadership and advocacy.

Objective R3.1.2: (Applying) Apply a process of ongoing self-evaluation and personal performance improvement.

Criteria:

- Accurately summarizes own strengths and areas for improvement (in knowledge, values, qualities, skills, and behaviors).
- Effectively uses a self-evaluation process for developing professional direction, goals, and plans.
- Effectively engages in self-evaluation of progress on specified goals and plans.
- Demonstrates ability to use and incorporate constructive feedback from others.
- Effectively uses principles of continuous professional development (CPD) planning (reflect, plan, act, evaluate, record/review).

Goal R3.2: Demonstrate management skills.

Objective R3.2.1: (Understanding) Explain factors that influence departmental planning.

Criteria:

- Identifies and explains factors that influence departmental planning, including:
 - Basic principles of management.
 - Financial management.
 - Accreditation, legal, regulatory, and safety requirements.
 - Facilities design.
 - Human resources.
 - Culture of the organization.
 - The organization's political and decision-making structure.
- Explains the potential impact of factors on departmental planning.
- Explains the strategic planning process.

Objective R3.2.2 (Understanding) Explain the elements of the pharmacy enterprise and their relationship to the health care system.

Criteria:

- Identifies appropriate resources to keep updated on trends and changes within pharmacy and health care.
- Explains changes to laws and regulations (e.g., value-based purchasing, consumer-driven healthcare, reimbursement models) related to medication use.
- Explains external quality metrics (e.g., FDA-mandated Risk Evaluation and Mitigation Strategy) and how they are developed, abstracted, reported, and used.
- Describes the governance of the health care system and leadership roles.

Objective R3.2.3: (Applying) Contribute to departmental management.

Criteria:

- Helps identify and define significant departmental needs.
- Helps develop plans that address departmental needs.
- Participates effectively on committees or informal work groups to complete group projects, tasks, or goals.

- Participates effectively in implementing changes, using change management and quality improvement best practices and tools, consistent with team, departmental, and organizational goals.

Objective R3.2.4: (Applying) Manage one’s own practice effectively.

Criteria:

- Accurately assesses successes and areas for improvement (e.g., a need for staffing projects or education) in managing one’s own practice.
- Makes accurate, criteria-based assessments of one’s own ability to perform practice tasks.
- Regularly integrates new learning into subsequent performances of a task until expectations are met.
- Routinely seeks applicable learning opportunities when performance does not meet expectations.
- Demonstrates effective workload and time-management skills.
- Assumes responsibility for personal work quality and improvement.
- Is well prepared to fulfill responsibilities (e.g., patient care, projects, management, meetings).
- Sets and meets realistic goals and timelines.
- Demonstrates awareness of own values, motivations, and emotions.
- Demonstrates enthusiasm, self-motivation, and a “can-do” approach.
- Strives to maintain a healthy work–life balance.
- Works collaboratively within the organization’s political and decision-making structure.
- Demonstrates pride in and commitment to the profession through appearance, personal conduct, planning to pursue board certification, and pharmacy association membership activities.
- Demonstrates personal commitment to and adheres to organizational and departmental policies and procedures.

Competency Area R4: Teaching, Education, and Dissemination of Knowledge

Goal R4.1: Provide effective medication and practice-related education to patients, caregivers, health care professionals, students, and the public (individuals and groups).

Objective R4.1.1: (Applying) Design effective educational activities.

Criteria:

- Accurately defines educational needs with regard to target audience (e.g., individual versus group) and learning level (e.g., health care professional versus patient).
- Defines educational objectives that are specific, measurable, at a relevant learning level (e.g., applying, creating, evaluating), and address the audiences’ defined learning needs.
- Plans use of teaching strategies that match learner needs, including active learning (e.g., patient cases, polling).
- Selects content that is relevant, thorough, evidence based (using primary literature where appropriate), and timely and reflects best practices.
- Includes accurate citations and relevant references and adheres to applicable copyright laws.

Objective R4.1.2: (Applying) Use effective presentation and teaching skills to deliver education.

Criteria:

- Demonstrates rapport with learners.

- Captures and maintains learner/audience interest throughout the presentation.
- Implements planned teaching strategies effectively.
- Effectively facilitates audience participation, active learning, and engagement in various settings (e.g., small or large group, distance learning).
- Presents at appropriate rate and volume and without exhibiting poor speaker habits (e.g., excessive use of “um” and other interjections).
- Body language, movement, and expressions enhance presentations.
- Summarizes important points at appropriate times throughout presentations.
- Transitions smoothly between concepts.
- Effectively uses audio-visual aids and handouts to support learning activities.

Objective R4.1.3: (Applying) Use effective written communication to disseminate knowledge.

Criteria:

- Writes in a manner that is easily understandable and free of errors.
- Demonstrates thorough understanding of the topic.
- Notes appropriate citations and references.
- Includes critical evaluation of the literature and knowledge advancements or a summary of what is currently known on the topic.
- Develops and uses tables, graphs, and figures to enhance reader’s understanding of the topic when appropriate.
- Writes at a level appropriate for the target readership (e.g., physicians, pharmacists, other health care professionals, patients, the public).
- Creates one’s own work and does not engage in plagiarism.

Objective R4.1.4: (Applying) Appropriately assess effectiveness of education.

Criteria:

- Selects assessment method (e.g., written or verbal assessment or self-assessment questions, case with case-based questions, learner demonstration of new skill) that matches activity.
- Provides timely, constructive, and criteria-based feedback to learner.
- If used, assessment questions are written in a clear, concise format that reflects best practices for test item construction.
- Determines how well learning objectives were met.
- Plans for follow-up educational activities to enhance or support learning and (if applicable) ensure that goals were met.
- Identifies ways to improve education-related skills.
- Obtains and reviews feedback from learners and others to improve effectiveness as an educator.

Goal R4.2: Effectively employ appropriate preceptor roles when engaged in teaching students, pharmacy technicians, or fellow health care professionals.

Objective R4.2.1: (Analyzing) When engaged in teaching, select a preceptor role that meets learners’ educational needs.

Criteria:

- Identifies which preceptor role is applicable for the situation (direct instruction, modeling, coaching, facilitating).
 - Selects direct instruction when learners need background content.
 - Selects modeling when learners have sufficient background knowledge to understand the skill being modeled.
 - Selects coaching when learners are prepared to perform a skill under supervision.

- Selects facilitating when learners have performed a skill satisfactorily under supervision.

Objective R4.2.2: (Applying) Effectively employ preceptor roles, as appropriate.

Criteria:

- Instructs students, technicians, or others as appropriate.
- Models skills, including “thinking out loud,” so learners can “observe” critical-thinking skills.
- Coaches, including effective use of verbal guidance, feedback, and questioning, as needed.
- Facilitates, when appropriate, by allowing learner independence and using indirect monitoring of performance.

Approved by the Commission on Credentialing of the American Society of Health-System Pharmacists on March 8, 2015. This is the document referenced in the *ASHP Accreditation Standard for Postgraduate Year One (PGY1) Pharmacy Residency Programs* approved on September 19, 2014, and is intended to be used in conjunction with that Standard.
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Elective Competency Areas

***not the entire list of elective competency, only the ones included in Jackson Hospital and Clinic’s objective list**

Competency Area E1: Pharmacy Research

Goal E1.1 Conduct and analyze results of pharmacy research.

Objective E1.1.1 (Creating) Design, execute, and report results of investigations of pharmacy-related issues.

Criteria:

- Identifies appropriate pharmacy issues to study.
- Associated literature search is comprehensive and draws appropriate conclusions.
- Develops an appropriate research question(s) to be answered by an investigation.
- Develops specific aims, selects an appropriate study design, and develops study methods to answer the research question(s).
- Proactively seeks guidance from IRB resources (e.g., published policies and procedures, website, personal contact) prior to completing IRB proposal.
- Responds promptly to IRB requests for clarifications, additional information or revisions.
- Acts in accordance with the ethics of research on human subjects, if applicable.
- Appropriately collects and analyzes data.
- Draws valid conclusions through evaluation of the data.
- Effectively reports the results and recommendations orally and in writing.

Objective E1.1.2 (Analyzing) Participate in prospective and retrospective clinical, humanistic, and economic outcomes analyses.

Criteria:

- Applies principles and methods of basic pharmacoeconomic analyses.

- Uses study designs appropriate for prospective or retrospective clinical, humanistic, and/or economic outcomes analyses as appropriate.
- Collects the appropriate types of data for use in a prospective or retrospective clinical, humanistic, and/or economic outcomes analysis as appropriate.
- Uses reliable sources of data for a clinical, humanistic, and/or economic outcomes analysis.
- Uses appropriate methods for analyzing data in a prospective and retrospective clinical, humanistic, and/or economic outcomes analysis.
- Applies results of a prospective or retrospective clinical, humanistic, and/or economic outcomes analysis to internal business decisions and modifications to a customer's formulary or benefit design as appropriate.
- Considers the impact of limitations of retrospective data on the interpretation of results.

Competency Area E5: Management of Medical Emergencies

Goal E5.1 Participate in the management of medical emergencies.

Objective E5.1.1 (Applying) Exercise skill as a team member in the management of medical emergencies according to the organization's policies and procedures.

Criteria:

- Acts in accordance with the organization's policies and procedures for medical emergencies.
- Applies appropriate medication therapy in medical emergency situations.
- Accurately prepares medications and calculates doses during a medical emergency.
- Effectively anticipates needs during a medical emergency.
- Obtains certification in the American Heart Association Advanced Cardiac Life Support (ACLS)

Competency Area E6: Teaching and Learning

Goal E6.1 Demonstrate foundational knowledge of teaching, learning, and assessment in healthcare education.

Objective E6.1.1 (Understanding) Explain strategies and interventions for teaching, learning, and assessment in healthcare education.

Criteria:

- Accurately differentiates teaching and learning.
- Discusses appropriate teaching strategies for learning environments, including small and large group, didactic and experiential.
- Describes various teaching approaches and benefits for different learning styles.
- Characterizes assessment tools available for learning environments.

Objective E6.1.2: (Understanding) Explain academic roles and associated issues.

Criteria:

- Resident can discuss and explain:
 - the role of a course syllabus;
 - the importance of academic honesty;
 - the importance of professionalism in academia;
 - the role of accreditation (ACPE), professional organizations (AACP) and Center for the Advancement of Pharmacy Education (CAPE) Outcomes on pharmacy curricula; and,
 - faculty roles and responsibilities, including academic rank and promotion, and relationship between teaching, scholarship, and service.

Goal E6.2 Develops and practices a philosophy of teaching.

Objective E6.2.1 (Creating) Develop a teaching philosophy statement.

Criteria:

- Teaching philosophy includes:
 - self-reflection on personal beliefs about teaching and learning;
 - identification of attitudes, values, and beliefs about teaching and learning; and,
 - illustrates personal beliefs on practice and how these beliefs and experiences are incorporated in a classroom or experiential setting with trainees.

Objective E6.2.2 (Creating) Prepare a practice-based teaching activity.

Criteria:

- Develops learning objectives using active verbs and measureable outcomes.
- Plans teaching strategies appropriate for the learning objectives.
- Uses materials that are appropriate for the target audience.
- Organizes teaching materials logically.
- Plans relevant assessment techniques.
- When used, develops examination questions that are logical, well-written, and test the learners' knowledge rather than their test-taking abilities.
- Participates in a systematic evaluation of assessment strategies (e.g., post-exam statistical analysis) when appropriate.
- Ensures activity is consistent with learning objectives in course syllabus.

Objective E6.2.3 (Applying) Deliver a practice-based educational activity, including didactic or experiential teaching, or facilitation.

Criteria:

- Incorporates at least one active learning strategy in didactic experiences appropriate for the topic.
- Uses effective skills in facilitating small and large groups.
- For experiential activities:
 - organizes student activities (e.g., student calendar);
 - effectively facilitates topic discussions and learning activities within the allotted time;
 - effectively develops and evaluates learner assignments (e.g., journal clubs, presentations, SOAP notes);
 - effectively assesses student performance; and,
 - provides constructive feedback.

Objective E6.2.4 (Creating) Effectively document one's teaching philosophy, skills, and experiences in a teaching portfolio.

Criteria:

- Portfolio includes:
 - a statement describing one's teaching philosophy;
 - curriculum vitae;
 - teaching materials including slides and other handouts for each teaching experience;
 - documented self-reflections on one's teaching experiences and skills, including strengths, areas for improvement, and plans for working on the areas for improvement;
 - peer/faculty evaluations; and,
 - student/learner evaluations.

Jackson Hospital and Clinic Pharmacy Residency Program Policies

Purpose Statement: The purpose of Jackson Hospital and Clinic's Pharmacy Practice (PGY-1) pharmacy residency program is to build on the 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 PGY-2 pharmacy residency training.

Position Summary: The PGY-1 pharmacy residency program is offered by the Department of Pharmacy at Jackson Hospital and Clinic. The American Society of Health-Systems Pharmacists (ASHP) is the accrediting body for pharmacy residency programs. This program is intended to meet or exceed the standards of the ASHP, where such standards exist. ASHP defines a pharmacy residency as a postgraduate program of organized training that meets the requirements set forth and approved and published by ASHP in the appropriate accreditation standard. A pharmacy residency program prepares pharmacists for practice in a medical specialty and sub-specialty focusing on the development of specific clinical skills and professional competencies. A pharmacy residency program is structured to encourage and permit pharmacy residents to assume increasing levels of responsibility commensurate with their individual growth progress in experience, skill, knowledge and judgment. Each learning experience must adhere to current accreditation requirements as set forth by the ASHP for all matters pertaining to the training program.

Essential Functions: A pharmacy resident's duties may be best divided into the broad headings of clinical, administrative, teaching and research. The resident will assume the following duties and responsibilities:

Clinical:

- Participate in safe, evidence based, compassionate and cost-effective patient care. This activity is under supervision of preceptor pharmacists and is commensurate with the resident's level of training as determined by their residency program and stated specifically in the residency handbook guidelines.
- Communicate effectively with their supervising preceptor pharmacist regarding their patient evaluation, interpretation of diagnostic tests and plan of care and/or intended therapeutic interventions.
- Provide oral and written consultations focused on improving patient outcomes and consistent with Jackson Hospital and Clinic's formulary, drug use matrix and cost-effective therapy.

Administrative:

- Participate in documentation of clinical activities including progress notes, etc. as outlined by his/her respective preceptor and required by the hospital. In addition, participate in institutional committees, especially those related to patient care activities, as directed by their residency program.
- Participate in appropriate institutional committees and councils whose actions affect their

education and/or patient care including but not limited to quality improvement and quality assurance activities.

- Abide by all Jackson Hospital and clinic policies and procedures, including the provisions outlined in the *Jackson Hospital Pharmacy Residency Manual*.

Educational:

- Participate in the clinical education of pharmacy students, other residents, medical students and other allied health professionals under the guidance of his/her preceptor pharmacist.
- Participate fully in the educational and scholarly activities of the program and, as required, assume responsibility for teaching and supervising other residents and students.
- Develop a personal program of learning to foster continued professional growth with guidance from the teaching faculty and staff.

Research:

- Participate in scholarly activity, in addition to teaching, as outlined by their residency program.

Reporting Relationships: The pharmacy resident reports to the residency preceptor assigned for the current learning experience and the Pharmacy Residency Director at Jackson Hospital and Clinic. The resident provides immediate direction to clerkship pharmacy students (IPPE and APPE).

Minimum Qualifications:

- Must possess a Doctor of Pharmacy Degree (Pharm.D.) from a college accredited by ACPE
- Must be eligible for licensure in Alabama and successfully complete the exam within 90 days of the program's start day.
- Must be a part of the ASHP Matching Program.

Organizational and Advisory Structure

Residency Program Director (RPD)

The Residency Program Director is responsible for overseeing all aspects of the residency program. Program goals, objectives and requirements will be the responsibility of the program director in conjunction with the Assistant V.P. of Pharmacy Services and the Residency Program Coordinator. The program director will work with other preceptors and pharmacy administration to coordinate schedules, rotations and to track the resident's progress and to resolve any pertinent issues.

Residency Program Coordinator (RPC)

The Residency Program Coordinator will be responsible for sharing in the organization of residency candidates, scheduling, development and coordination of rotation experiences, preceptor evaluations and development. Other responsibilities of the Residency Program Coordinator include recordkeeping for residency related materials, orientation development, and annual program evaluation.

Residency Research Chair (RRC)

The Residency Research Chair will be responsible for gathering research topics for resident review, coordinating the development and evaluation of residency research projects, and guiding the residents throughout the research timeline for the year and ensuring all required elements of the research project are met.

Residency Preceptors

Thomas Cobb, Pharm.D.	Pharmacy Leadership and Administration
Nancy Bailey, Pharm.D., BCPS	Orientation, Drug Information
J. Luke Britton, Pharm.D., BCPS	Critical Care
Michael Trey Dailey, Pharm.D.	Pharmacy Leadership and Administration
Catelin Fulghum, Pharm.D., BCPS	General Internal Medicine
Kelly G. Gandy, Pharm.D., MPH, BCPS	Emergency Medicine
Adam Harnden, Pharm.D., BCPS	Internal Medicine Specialty
Terry Harris, Pharm.D., BCPS	Cardiology/CHF Clinic
William R. Johnson, Pharm.D., BCCCP	Emergency Medicine
Leborah Cole Lee, Pharm.D., BCPS	Internal Medicine/Progressive Care
James (Steve) Phillips, RPh	Operations
Alanna Rufe, Pharm.D.	Antimicrobial Stewardship/Infectious Diseases

** The rotation preceptor will be responsible for scheduling the resident's activities, assuring the resident's progress toward meeting the objectives of the rotation, and identifying potential problems with the resident's competencies or the residency objectives. **

Responsibilities of the Preceptor

- Review learning description with resident by the end of the first day of rotation
- Introduce resident to unit/clinic, team members and area staff
- Review rotation schedule in advance for days off, meetings, etc.
- Discuss the clinical activities/responsibilities of the clinical pharmacist in area
- Attend rounds with resident, if applicable
- Instruct resident how to verify orders, review profiles, identify and make interventions
- Discuss how to identify adverse drug reactions (ADR) and how to report them
- Review clinical activities to be provided/documented by the resident (ie. pharmacokinetics, antibiotic monitoring, formulary interventions, and TDM, TPN, AMS monitoring)
- Inform the resident of expectations for responding to drug information questions and resolving medication related problems
- Complete rotation evaluations of the resident within 7 days of completion of the rotation

Research Project Preceptor

The resident will work with a project advisor, who is a content expert in the subject matter of the specific project. The project advisor assumes the primary responsibility to guide the resident in completing the required research project. The project advisor assists the resident in planning and implementation of the project to ensure successful outcomes.

Resident Teaching and Learning Preceptor

The resident will have a preceptor who will assume the primary responsibility to guide the resident throughout the teaching certificate process. The mentor will also assist the resident with their presentations, both written and oral, and other requirements as set forth by the teaching certificate program.

Resident Mentor

Each resident will have a preceptor to serve as a program mentor to advise them throughout the year. Mentors are a resource for the resident to help achieve both professional and personal goals throughout their program year. The mentor will be given the resident's baseline information at the start of the residency year and will ensure the resident stays focused on their assignments, projects and other program requirements. The mentor will also offer advice to the resident on their career options. The resident and mentor should also establish a strict timeline on residency requirements and discuss expectations at every meeting. The mentor will meet with the resident every month, at a minimum, to ensure progress toward program requirements.

Residency Advisory Committee

The Residency Advisory Committee (RAC) is a standing committee of the Department of Pharmacy. Members include the Assistant Vice President of Pharmacy Services, the RPD, RPC, and RRC. The Committee serves to support the program goals and improve the quality of the residency program. This group meets monthly to discuss the progress of the residents, any problems with the residents' schedule, ability to achieve goals/objectives, progress on their project(s), and other components of the program. This group also determines the overall plan for the year and if the program needs to make adjustments for the current year and how to restructure for subsequent years.

Additionally RAC:

- Discusses the incoming residents' interests, strengths, and professional/personal goals they have outlined during their orientation process
- Discusses the residents' performance on their assigned learning experiences and address any goals and objectives with a "needs improvement"
- Review resident timelines and individualized learning plans quarterly
- Establishes preceptor and mentor responsibilities
- Discusses the overall performance of the residents and identify any areas for improvement
- Continuously evaluates the program curriculum, goals and objectives
- Discusses resident recruitment and selection
- Holds an annual preceptor meeting to discuss program improvements, program advancement and reflection on the current year
- Schedule quarterly preceptor development meetings

Personnel Policies

Duration of Appointment: 1-year period

Benefits:

Full employee benefits including medical, dental and vision insurance, earned time off, health club and hospital cafeteria discounts, certification training (e.g. BLS, ACLS, and PALS) and professional meeting and travel assistance are offered. Resident Stipend is approximately \$48,000/yr.

JACKSON HOSPITAL & CLINIC, INC.

Pharmacy Department

Subject: Resident Leave, Duty Hour and Moonlighting Policy	Original Date: 03/01/2017
	Date Review/Revision: 6/11/2018
Approved By: Thomas H. Cobb, Assistant V.P. of Pharmacy Services Nancy Bailey, Residency Program Director	Authorized Signature: DOP: RPD:

Resident Leave Policy

Residents earn 19 days of earned time off (ETO) during the year of the residency program. This leave is to be used for illness, holidays, personal reasons, attendance of professional meetings and interview days other than those required by the residency program. Any remaining leave will be paid upon completion of the program. All leave MUST be approved. Approval must be obtained by sending an email requesting the day off to the following: the affected learning experience preceptor and the Residency Director. Failure to follow this process for requesting time off may result in denial of the request. Not more than 1 ETO day (with the exception of illness and approved academic related activity) may be taken on any one learning experience block. The resident is allotted 5 interview days which are preferably not all on one rotation. The Residency Director will address exceptional circumstances on an individual basis.

- ETO time is not available / to be used for longitudinal weekend staffing coverage.
- Residents are asked not to request time off during the July orientation month.
- All time off must be accrued prior to taking ETO (in accordance with the Hospital's holiday policy for advanced ETO).
- The resident will work one major holiday:

Major Holidays
Thanksgiving Day
Christmas Day
New Year's Day

Professional Leave: Residents may take leave from the residency for attending professional meetings (other than residency required) or interviewing for a position. This leave **MUST** be approved by the Residency Program Director (RPD) and the resident's current preceptor at least 4 weeks prior to the dates requested. ETO is used for these days off. The following professional meetings/conferences are not part of ETO but considered part of Duty Hours:

ALSHP Fall Meeting

ASHP Midyear Clinical Meeting (through the Residency Showcase – ETO will be used if the resident attends days past Jackson Hospital's allotted time at the Residency Showcase and/or their poster presentation.)

ALSHP Pre-SERC Meeting

SERC Meeting

Other meetings approved by the Residency Program Director and the Assistant VP of Pharmacy Services

Recruitment forums as needed

Travel Allowance:

Each resident will be provided a travel allowance which may be used to attend the regional pharmacy residents' conference (such as the Southeastern Residency Conference and the Alabama Residency Conference) and ASHP Midyear Clinical Meeting, as well as residency recruiting trips and other approved meetings. This will be coordinated with the Residency Program Director and the Assistant V.P. of Pharmacy Services.

Personal/Leave due to Illness: In extraordinary circumstances, residents may request a leave of absence for illness or personal reasons. For a leave of 3 months or less, the resident will be permitted to "make up" time missed after the original end of the residency. However, the resident will not receive additional stipend beyond 1 year. If a leave of absence of up to than 3 months is necessary, the Residency Program Director and resident will work with Assistant V.P. of Pharmacy Services to determine a plan to make up missed time. In the event time cannot be made up the resident will be considered for dismissal. A leave of absence greater than 3 months will not be permitted.

Time off Requests (other than Professional Leave):

Requests for Days Off

- Requests for days off must be **emailed** to the Preceptor, Residency Program Director and the Assistant Director of Pharmacy Operations 4 weeks prior to the pharmacist schedule distribution. **Both the Preceptor and RPD must approve prior to the Assistant Director of Pharmacy Operations scheduling the day (s) off.**
- In order to maximize the learning experience in each learning experience, residents are limited to **1 ETO day off** per learning experience, under the discretion of the preceptor or RPD.

ETO for Sick time

- If a resident is ill and needs to take off to recover, the resident must email/text/call the preceptor and notify the RPD in **writing (via email)**. Extended sick time will be in accordance with Jackson Hospital's ETO/ESL policy

Attendance

Residents are expected to attend all functions as required by the Residency Program Director, pharmacy administration, and learning experience preceptors. The residents are solely responsible for their assigned operational pharmacy practice schedule and are responsible for assuring that these service commitments are met. All leave requests should be discussed in advance with the involved preceptor to assure that service responsibilities can be fulfilled and must be approved by the Residency Program Director with notification of the ADOP for pharmacist scheduling purposes. An excused absence is defined as, sick leave, or professional leave discussed with and signed off by the respective learning experience preceptor and Program Director. All approved professional leave will be recorded on the residency calendar for the purpose of communication to the pharmacy team. Leave is not considered approved until it is posted to the Pharmacist Schedule. If a resident is scheduled for operational pharmacy practice and they call in sick, they must make up this time on the subsequent schedule.

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, 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. (See Policy below)

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

Residents will maintain a duty hours log documenting hours worked, including moonlighting; residents will notify the RPD immediately if it is discovered that a resident has worked in a manner inconsistent with the standard. The residents will complete an attestation in PharmAcademic monthly verifying that they are in compliance with the ASHP duty hours standard.

Duty hours will be assessed monthly. Please complete by the last day of each month.

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

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

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

Strategic napping: Short sleep periods, taken as a component of fatigue management, which can mitigate the adverse effects of sleep loss.

The Pharmacy Residency Program will also adhere to the American Society of Health System Pharmacists (ASHP) duty-hour standards (see link below).

<https://www.ashp.org/-/media/assets/professional-development/residencies/docs/duty-hour-requirements.pdf>

POLICY FOR MOONLIGHTING: Residents, RPD, and preceptors have the professional obligation to ensure they are fit to provide services that promote patient safety. The RPD must ensure that there is not excessive reliance on residents to fulfill service obligations that do not contribute to the educational value of the residency program or that may compromise their capability for duty and endanger patient safety. Providing residents with a sound training program must be planned, scheduled and balanced with concerns for patients' safety and resident's well-being. Therefore, the Jackson Hospital PGY1 Pharmacy Residency Program will comply with the ASHP Accreditation Standards for duty hours and moonlighting.

PROCEDURE FOR MOONLIGHTING:

A. GENERAL REQUIREMENTS

1. Residents will be introduced to this Policy and Procedure alongside the supporting ASHP Duty- Hour Requirements document during the interview process and orientation period.
2. Unlicensed residents shall be supervised by licensed pharmacists.
3. Duty hours must be limited to no more than 80 hours per week, averaged over a four-week period, inclusive of all hours related to the JH Residency Program, Duty hours and moonlighting.
4. Moonlighting (internal and external) must not interfere with the ability of the resident to achieve educational goals and objectives of the JH Residency Program.
 - a. All moonlighting must be approved by the RPD through the outlined process in Procedure Section B: External Moonlighting Approval.
 - b. All moonlighting hours must be counted towards the 80-hour maximum weekly limit.
 - c. All moonlighting hours must be limited to 10 hours per week averaged over a one-month period.
 - d. A monthly attestation statement must be electronically signed and submitted through PharmAcademic™ and include the type and number of total duty hours averaged over the past four-week period.
 - e. Duty hours will be reviewed and co-signed monthly by RPD through PharmAcademic™.
 - f. The RPD and preceptors will evaluate the resident's judgment and overall performance while on scheduled duty periods. If there is concern that a resident's ability to achieve the Residency Program goals and provide safe patient care is being compromised by moonlighting activities, the RPD reserves the right to cancel any moonlighting agreements at any time. If the resident does not comply, further disciplinary action may be pursued, including dismissal of the resident from the Program.
 - g. Internal moonlighting is defined as hours worked for Jackson Hospital & Clinic, and external moonlighting is defined as hours work outside Jackson Hospital & Clinic.
5. Residents will have a minimum of one day in seven days free of duty (when averaged over four weeks).

6. Residents should have 10 hours free of duty between scheduled duty hours, and must have a minimum of 8 hours between scheduled duty periods
 - a. Continuous duty periods of residents will not exceed 16 hours.

B. EXTERNAL MOONLIGHTING APPROVAL

1. The resident must request approval from the RPD prior to any moonlighting activities at an external site using Appendix A. This written request must outline which hours and days of the week that the resident is requesting to moonlight.
2. The RPD will provide written permission for the resident to moonlight at any external site.
 - a. The Assistant V.P. of Pharmacy Services and any preceptor deemed to be affected by the moonlighting will be notified by the RPD.
3. The resident is responsible for logging all moonlighting hours at both external sites and within Jackson Hospital following the general procedure guidelines delineated above.
 - a. The resident will provide verbal or written notification to the RPD of any week in which he/she exceeded 10 hours of moonlighting, unless it is part of an approved agreement.
 - b. Failure to submit a log of moonlighting hours as outlined above may lead to the cancellation of any current agreement in place. The resident will be required to submit a new request for any future moonlighting activities.
4. The RPD has the ability to cancel any moonlighting agreement at any time if they feel that the moonlighting is having a negative impact on the resident's responsibilities to the Residency Program

Signing indicates receipt and understanding of the Leave, Duty Hours and Moonlighting Policy.

Resident: _____ Date: _____

RPD: _____ Date: _____

Expectations and Responsibilities of Residents:

Professional Conduct

It is the responsibility of all residents of Jackson Hospital and Clinic, and the profession of pharmacy, to uphold the highest degree of professional conduct at all times. The resident will display an attitude of professionalism in all aspects of his/her daily practice.

Time Management

Each resident will learn time management techniques during their residency year. One area to highlight is adding “buffer” times to deadlines. This will allow adequate time for review of a project by a preceptor or outside party, as well as allowing time to make changes to a project.

Professional Dress

All residents are expected to dress in an appropriate professional manner whenever they are in the institution or attending any function as a representative of Jackson Hospital and Clinic. Clean, pressed white lab coats of full length will be worn at all times in patient care areas. Any specific problems with dress will be addressed by the resident's Preceptor or the Residency Program Director. A detailed policy on dress code may be found on Jackson Hospital and Clinic's Intranet and attire should conform to this policy.

Employee Badges

Jackson Hospital and Clinic Security requires all personnel to wear his/her badge at all times when they are on campus. If the employee badge is lost, the resident must report the loss immediately to Security, and render a fee for replacement.

Patient Confidentiality

Patient confidentiality will be strictly maintained by all residents. Any consultations concerning patients will be held in privacy with the utmost concern for the patients' and families' emotional as well as physical well-being. Residents will not leave confidential documents (profiles, charts, prescriptions, etc.) in public places. Residents are required to complete HIPAA training and comply with all HIPAA policies.

Communication

The resident is responsible for promoting good communication between the pharmacists, patients, physicians, and other hospital staff. Constructive criticism is a means of learning and is not meant to embarrass. Any conflicts which may arise between the resident and preceptor should first be handled by discussing it with one another. If resolution is not achieved, then discussing the situation with the program director is the next appropriate step.

ACLS & BLS Certification

The resident is required to complete training and acquire certification of ACLS and BLS during orientation month of the residency year which will be planned for them by the residency program. Of note, if certification not offered during that time period, it will be rescheduled at the earliest convenient time. The resident is required to attend all codes during the week prior to their weekend

to work. The residents will alternate weekly in the attendance of codes. Codes include Code 88 (stroke/brain attack) and Code 99 (impending or actual cardiac and/or respiratory arrest) and Code 99P (impending or actual pediatric cardiac and/or respiratory arrest) and (optional) ICE teams (at the discretion of the primary preceptor for that month).

Recruitment Efforts

The resident will be responsible for attendance to recruitment efforts of future residents at any event deemed necessary by the Assistant V.P. of Pharmacy Services and/or Residency Program Director.

Verbal Orders (Prior to Licensure)

Please be advised that under current pharmacy law, if a resident is NOT an AL licensed pharmacist or have an Alabama Intern license, they **cannot** take verbal orders, period. Only licensed personnel (whether it be Alabama licensed pharmacists or Alabama licensed interns) can take verbal orders. If a resident has an Alabama Intern License, then they can take verbal orders, but it **must be co-signed** by the preceptor, or a licensed pharmacist.

Notes and Recommendations in the Medical Record (chart); Presentations to healthcare

providers: A resident can leave progress notes and recommendations in the patient chart, but it must be **reviewed and co-signed by the preceptor before** placing in the chart. As residents progress through the program and at the preceptor's discretion, progress notes and recommendations can be left without verifying with a preceptor. A resident will also have presentations to healthcare providers reviewed prior to presenting. Again, as a resident progresses through the program and at the preceptor's discretion, presentations can be made without preceptor review.

JACKSON HOSPITAL & CLINIC, INC.

PHARMACY DEPARTMENT

Subject: Pharmacy Residency Licensure, Dismissal and Discipline Policy	Original Date: 03/20/2017
	Date Review/Revision: 06/07/2018
Approved By: Thomas H. Cobb, Assistant V.P. of Pharmacy Services Nancy Bailey, Residency Program Director	Authorized Signature: DOP: RPD:

Pharmacy Residency Licensure, Dismissal and Discipline Policy

PURPOSE: The intention of this policy is to help a resident succeed in the residency program and to clearly redirect the resident so that success can be achieved. To provide a positive system of Corrective action for pharmacy residents who violate the pharmacy department's standards, expectations or policy.

RESPONSIBILITY: Pharmacy Residents

POLICY/PROCEDURE: There are certain standards of behavior that are expected at Jackson Hospital. Included is professional conduct at work, acting in accordance with the Mission and Values of Jackson Hospital, and compliance with federal and state laws and compliance with required licenses and certifications required for position eligibility.

- A. **Mandatory standards:** Each resident must meet minimum standards to complete certain tasks in order to remain in the program. The following standards and skills must be met by applicable deadlines:
1. Alabama Licensure received no later than October 15 of their residency year. If the resident does not obtain licensure within the designated time, the resident may be dismissed from the program.
 2. Completion of hospital and departmental orientation checklist (excluding rotation specific tasks) by 90 days from start date.
- B. **Disciplinary Action:** Disciplinary action will be initiated if a resident:
1. Does not follow policies and procedures of the Jackson Hospital Department of Pharmacy Services, or Residency Program
 2. Does not present him/herself in a professional manner
 3. Has unsatisfactory advancement (see below- Unsatisfactory Advancement for additional details) on any of the residency goals or objectives
 4. Does not make adequate progress (see below- Unsatisfactory Advancement for additional details) towards the completion of residency requirements (e.g., residency project, rotation requirements, longitudinal activities, service requirements, etc.)

5. Does not comply with Resident Leave, Duty Hour and Moonlighting Policy

In the event of the identification of need for disciplinary action of a resident the following disciplinary steps shall be taken:

1. The first step in helping to correct a problem is the issuance of the Verbal Counseling. The Residency Program Director (RPD) will discuss the incident with the resident and the resident will be given an opportunity to explain the event. The resident will be required to develop an Action Plan and he/she will review it with the RPD. If acceptable, the RPD will sign the plan for corrective action. A copy of the Corrective Action Plan, if required, is to be placed in the resident's personnel file as part of his/her record. Corrective action documented will also be uploaded to PharmAcademic.
2. In the event the problem is not corrected as outlined in the corrective action plan or additional incidents/behavior issues occur; the resident will receive a Written Warning for the next offense. The purpose of this document is to let the resident know that the problem has not been corrected and that a further recurrence will result in a Disciplinary Probation or dismissal from the residency program.
3. In the event of a further occurrence, the resident will receive a Disciplinary Probation or dismissal from the residency program based on the severity of the infraction. In the event the resident returns to work and does not change his/her behavior, the result will be dismissal from the residency program. A Disciplinary Probation or Suspension or Letter of Dismissal will be reviewed with the Human Resources Department prior to discussion with the resident. A Human Resources Manager or Representative may be present for the issuance of a dismissal from the residency program.

C. **Unsatisfactory Advancement:** Achieving ACHR on assigned goals and objectives in ASHP's Competency Areas' R1 and R3 and SP on R2 and R4 by the end of the residency is a requirement for completing residency program.* Progress of achieving goals and objectives will be assessed throughout residency year, specifically during quarterly development plan review.

Unsatisfactory advancement towards achieving goals and objectives is defined as follows:

1. Delay in Licensure 90 days after beginning the residency program
2. 50% of Goals and Objectives are marked "Needs Improvement" by preceptors at 1st and 2nd Quarter development plan review
3. 25% of Goals and Objectives are marked "Needs Improvement" by preceptors at 3rd Quarter development plan review
4. Failure to make adequate progress towards the completion of a residency requirements (research project, manuscript, teaching certificate etc.) determined by failure to meet due dates and deadlines established by preceptors, the Residency Advisory Committee, the Residency Program Director, or the Assistant V.P. of Pharmacy Services.

***Definition of Evaluation Scores**

Rating	Definition
Needs Improvement (NI)	<ul style="list-style-type: none"> • Deficient in knowledge/skills in this area • Often requires assistance to complete the objective • Unable to ask appropriate questions to supplement learning
Satisfactory Progress (SP)	<ul style="list-style-type: none"> • Adequate knowledge/skills in this area • Sometimes requires assistance to complete the objective • Able to ask appropriate questions to supplement learning • Requires skill development over more than one rotation
Achieved (ACH)	<ul style="list-style-type: none"> • Fully accomplished the ability to perform the objective • Rarely requires assistance to complete the objective; minimum supervision required • No further developmental work needed
Achieved for Residency (ACHR)*	<ul style="list-style-type: none"> • Resident consistently performs objective at Achieved level, as defined above, for the residency.

If a resident fails to make satisfactory advancement in any aspect of the residency program the following steps shall be taken:

1. RPD will:
 - a. Discuss progress with the resident.
 - b. In conjunction with the resident, develop an action plan to include:
 - i. Solution to rectify the deficiency
 - ii. A monitoring process or follow-up plan
 - iii. Specific Goal (what must be demonstrated or achieved to be deemed satisfactory progress)
 - iv. Timeline for reassessment of improvement or satisfactory progress
 - v. Outline of next steps if immediate improvement is not seen
 - c. The action plan will be downloaded to PharmAcademic by RPD.
 - d. Residency Advisory Committee will be notified of the resident's deficiency and will be asked to provide feedback on additional, ongoing, future concerns to the RPD.
2. If the action plan does not yield satisfactory results as described and agreed upon, or another deficiency, behavior or action warrants attention, the involved preceptor(s), RPD in consultation with the Assistant V.P. of Pharmacy Services will determine a plan and course of action.
 - a. If deemed necessary, the resident's length of training may be extended – with or without pay as dictated by hospital budget – to allow for at least 9 months of overlapping licensure and residency training for a maximum of three months extension.
3. Specific to delay in licensure:
 - a. Residents should sit for applicable licensure exams prior to the beginning of the residency year or at the earliest available time slot after the start of the program. If this deadline cannot be accommodated, extension may be made by RPD.
 - b. If residents are not licensed once learning experiences begin, the required learning experiences will be delayed or modified to a non-independent elective rotation. If deemed necessary, an extension of the resident's 12-month contract (up to 3 months) can be made if the extension can be accommodated by the program and approved by Residency Advisory Committee. If an extension is granted, the resident must obtain

said licensure as soon as possible. If deemed necessary, the resident's length of training may be extended – with or without pay as dictated by hospital budget – to allow for at least 9 months of overlapping licensure and residency training for a maximum of three months extension.

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

Signing indicates receipt and understanding of the Dismissal and Discipline Policy.

Resident: _____ Date: _____

RPD: _____ Date: _____

JACKSON HOSPITAL & CLINIC, INC.

Department of Pharmacy/Pharmacy Residency

Subject: Pharmacy Residency Support Policy	Original Date: 11/14/2018
	Date Review/Revision: N/A
Approved By: Thomas H. Cobb, Assistant V.P. of Pharmacy Services Nancy Bailey, Residency Program Director	Authorized Signature: DOP: RPD:

Pharmacy Residency Well-Being Policy

PURPOSE: In conjunction with ASHP, we recognize that a healthy and thriving clinician workforce is essential to ensuring optimal patient health outcomes and safety. At Jackson Hospital, we are committed to fostering and sustaining the well-being, resilience, and professional engagement of pharmacy residents.

RESPONSIBILITY: Pharmacy Residents & Residency Program Director & Residency Program Coordinator & Mentors/Preceptors

POLICY/PROCEDURE: Below are the following options of support available to you throughout your time at Jackson Hospital. These are in no particular order and are listed for your benefit and/or knowledge.

Crisis:

If you are in crisis, please call the National Suicide Prevention Lifeline at **1-800-273-TALK (8255)** or contact the Crisis Text Line by texting TALK to **741741**.

Discussion with RPD:

At quarterly meetings with RPD, the top 3 stressors will be asked to see how to mitigate them (if possible).

Resident Well-Being Quarterly Evaluation

The residents will complete a resident well-being quarterly evaluation in PharmAcademic and review this evaluation with the RPD during their quarterly review.

ASHP Well-Being Web Site

ASHP has made a well-being and resilience web site with resources available to the pharmacy profession to help address this issue:

<https://wellbeing.ashp.org/>

Resident Mentor Support:

For the duration of the residency year, there will be a mentor for each resident. The mentor will monitor the resident periodically regarding the resident’s coping skills and life circumstances. Discussions will be confidential in nature, unless the mentor feels intervention would be beneficial to the residents. The resident is expected to choose a mentor by the end of August. If a mentor is not decided by the end of August, one will be assigned to ensure the resident has support throughout the year. The RPD will be responsible for ensuring the residents have a mentor. Other responsibilities for the mentor were previously mentioned under **Organizational and Advisory Structure**.

Goals of the Mentor:

- 1. Resident’s advocate & sounding board
- 2. Foster professional development
- 3. Support through challenging times
- 4. Share in rewarding times

Activities of the Mentor

- 1. Build trust and keep discussions confidential
- 2. Open communication and serve as liaison
- 3. Provide positive and constructive feedback

Well-Being Assessment Tools:

- 1. https://www.mywellbeingindex.org/account_setup
 - i. Includes application and resources

Resilience/Coping Mechanisms:

Jackson Hospital requires residents to complete a personality assessment. In the assessment, it allows for the identification of interests, usual behaviors, needs, and stress behaviors. The mentor, resident, and RPD will work throughout the year to assess the resident’s coping mechanism at least quarterly in conjunction with their personality assessment and quarterly evaluation to help the resident learn appropriate coping mechanisms specific for that resident’s needs based on their personality traits.

In-House Counseling:

Mark Springer, #8675, who can provide immediate assistance and short-term counseling.

Long-Term Counseling:

Samaritan Counseling Center Services who has licensed counselors who are available within 1-2 days’ notice. To set up an appointment, call 334-626-7795. This is covered by insurance and should not require a referral from a healthcare provider. If insurance requires a referral, the Samaritan Counseling Center will work with you to get an appointment for a referral.

Signing indicates receipt and understanding of the Pharmacy Residency Support Policy.

Resident: _____ Date: _____

RPD: _____ Date: _____

ANTI-HARASSMENT POLICY

During orientation, the residents will review the anti-harassment policy from Human Resources at Jackson Hospital which can also be found on the JH intranet and the PharmAcademic website.

JACKSON HOSPITAL & CLINIC, INC.

PHARMACY DEPARTMENT

Subject: Jackson Hospital and Clinic PGY1 Pharmacy Residency Criteria for Certificate	Original Date: 03/01/2017 Date Review/Revision: 06/11/2018
Approved By: Thomas H. Cobb, Assistant V.P. of Pharmacy Services Nancy Bailey, Residency Program Director	Authorized Signature: DOP: RPD:

Jackson Hospital and Clinic PGY1 Pharmacy Residency Criteria for Certificate

Residency Requirements	Achieved	Date Completed
1. Complete Orientation Checklist		
2. Alabama Licensed pharmacist for more than 80% of the residency year		
3. Operational Service Commitment (with a minimum of 32 hours/month)		
4. Successful completion of all learning experiences (per evaluation of preceptor) <ul style="list-style-type: none"> a. Orientation + Required Learning Experiences + 2 Elective Learning Experiences b. Longitudinal Learning Experiences (Ambulatory Care, Drug Information, Pharmacy Leadership and Administration, Project, Teaching, Operations) 		
5. Complete one research project or service improvement project <ul style="list-style-type: none"> a. Obtain IRB approval (for research project) b. Submit abstract to ASHP Resident Poster Session c. Conduct research d. Present results at Southeastern Residency Conference 		
6. Achieve ACHR in all residency goals and objectives In R1 and R3 and make SP (or higher) in R2 and R4* Note: R1 objectives and R3.2.4 to be achieved in two separate learning experiences to have ACHR		
7. Seminar Presentation with ACPE approved continuing education		

***Definition of Evaluation Scores**

Rating	Definition
Needs Improvement (NI)	<ul style="list-style-type: none"> • Deficient in knowledge/skills in this area • Often requires assistance to complete the objective • Unable to ask appropriate questions to supplement learning
Satisfactory Progress (SP)	<ul style="list-style-type: none"> • Adequate knowledge/skills in this area • Sometimes requires assistance to complete the objective • Able to ask appropriate questions to supplement learning • Requires skill development over more than one rotation
Achieved (ACH)	<ul style="list-style-type: none"> • Fully accomplished the ability to perform the objective • Rarely requires assistance to complete the objective; minimum supervision required • No further developmental work needed
Achieved for Residency (ACHR)*	<ul style="list-style-type: none"> • Resident consistently performs objective at Achieved level, as defined above, for the residency.

In the event that any of the above criteria are not met, and failure was not due to a lack of performance, a development plan may be created, at the discretion of RAC, in order to allow the resident(s) the opportunity to successfully complete the program and obtain a program certificate.

Resident (Print name)	Residency Program Director	Date
Resident (signature)	Date	

Jackson Hospital and Clinic PGY1 Pharmacy Residency

Program Structure

The pharmacy residency at Jackson Hospital is a 12-month full time program than offers experience in a variety of clinical settings. Clinical, operational, and educational aspects of pharmacy practice are emphasized during this comprehensive training experience. Developing skills to provide safe medication use through patient-focused, evidence-based medication management is the foundation and focus of our training. Required clinical learning experiences are 4-6 weeks in duration. Residents may select electives based on their interests and tailor the program to focus on specific clinical interests and career goals.

In addition to developing clinical skills, residents also have several direct teaching opportunities, are involved in the medication use process, and gain experience in clinical research through completion of a major project. All learning experiences are designed to produce a well-rounded pharmacist with strong leadership abilities, project management skills, critical thinking skills and oral and written communication skills.

Additional projects designed to develop project management skills, leadership skills, and the ability to manage and improve the medication use process are also included in individual learning experiences.

In addition to developing clinical skills, residents gain experience in clinical research through a longitudinal residency project or service project and will have the opportunity to submit the project results for publication as well as present the results at a regional pharmacy residency conference. Involvement in P&T committee and completion of medication use evaluations and drug monographs allow for direct physician interaction and exposure to the medication use process on a hospital-wide level. A service commitment is also required.

Required Learning Experiences	Required Longitudinal Experiences	Elective Learning Experiences (choose 2)
Orientation (7 weeks)	Pharmacy Leadership and Administration (6 months)	Rotation in selected area of choice (i.e. Repeat any "required" rotation) (4 weeks)
General Internal Medicine (4 weeks) *	Ambulatory Care (4 months for each resident)	Teaching Certificate (11 months)
Internal Medicine Specialty (4 weeks) *	Research (12 months)	
Internal Medicine/Progressive Care (4 weeks) *	Operations (12 Month)	
Cardiology (6 weeks) *	Drug Information (11 months)	
Critical Care (6 weeks) *	Resident Teaching and Learning Program (11 months)	
Emergency Medicine (6 weeks) *		
Antimicrobial Stewardship/Infectious Diseases (6 weeks) *		

*Direct patient care learning experiences

General Residency Requirements:

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

Residency Orientation Program (including Checklist).

A formal orientation program for all residents is at the beginning of each residency year. All residents are expected to attend these sessions. This orientation period is used to introduce the incoming residents to Jackson Hospital and the Department of Pharmacy including both clinical and operational pharmacy services, and to outline the expectations for the residency year. Several basic competencies will be reviewed and completed during the orientation period including; computer order entry, pharmacokinetics, renal dosing and IV to PO conversions as well as others. At the conclusion of the orientation period, the preceptor, RPD, and the resident will mutually determine if the resident is ready to function independently as a pharmacist if licensed in Alabama.

Of note, most pharmacy residents are not able to perform order verification independently. The RPD will speak with operational staff, the primary preceptor of the first rotation, and the operational preceptor in regards by the 1st half of the first rotation to assess independence and will allow for no further double check of order verifications when the previously mentioned people notify the RPD of the resident's ability.

Operational Service Commitment (Operations)

Operations is an 11-month experience designed to ensure that they gain experience in the distribution process and can function as a pharmacy generalist. The main focus of the operations learning experience is to help the residents understand the operational and distributive functions of the inpatient pharmacy. Residents will become familiar with using systems, procedures, and technology needed for inpatient drug distribution.

To achieve this objective, residents will be scheduled approximately 32 hours a month, which will consist of working every 3rd weekend and 4 hours one evening a week. This will commence following the end of July/beginning of August. During the second half of the year, the RPD reserves the ability to expand responsibilities to potential clinical staffing once the resident has been deemed competent for the majority of central staffing responsibilities. Basic operational training will take place during the orientation block.

All residents are required to have an active pharmacy license in the state of Alabama, and, if not parenterally certified, the resident must complete an approved CE before functioning independently in the sterile products area.

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

Learning Experiences

Residents successfully complete all learning experiences (per evaluation of preceptors) including Orientation, Required Learning Experiences, two Elective Learning Experiences, Longitudinal Learning Experiences (Ambulatory Care, Drug Information, Pharmacy Leadership and Administration, Project, Teaching, Operations). Residents successfully achieve ACHR on all required residency goals and objectives contained within ASHP's Competency Areas R1 and R3 and make satisfactory progress (or higher) in Competency Areas R2 and R4 by the end of the residency year. Of note, R1 objectives and R3.2.4 to be achieved in two separate learning experiences to have ACHR Learning experiences will be evaluated using the required Competency Areas, Goals, and Objectives for PGY1 residencies. Please see each syllabi for further information

1. **Elective Learning experience requests:**
Learning experience requests for Electives, or request for changes must be requested **at least one month prior via email to the residency program director to** the start of the learning experience. This is to allow adequate preparation by the preceptor to accommodate any requests or changes.
2. **Required Presentations:** During some core rotations depending on the month, the resident will be required to complete either a case presentation or journal club. These evaluations will be completed in PharmAcademic. Further information can be found later in the manual and in the individual syllabus of each rotation.
3. **Ambulatory Care:** (12 months): tentatively one half-day per week the resident will attend an ambulatory care site. The resident will alternate sites every 4 months.

Research Project

Residents complete a Research or Service Project **designed to improve the services of** the department or to achieve a specific research objective. A list of potential research projects will be provided to the residents. The residents can pick a project from the list of IRB-approved projects. At least two preceptors must be chosen as a co-investigator for the project. To aid in the project management process the resident will be required to watch the ASHP Foundation's Residency Research Webinars Series, if available. Data collection will begin in August. This project will be presented at ASHP Midyear, the Alabama Residency Conference (ARC), and the Southeastern Residency Conference (SERC). ASHP Midyear is a poster presentation which will have results and conclusions presented at the showcase. ARC and SERC are held in the spring of the year and are forums where residents share their experiences and expertise. Prior to ARC and SERC, the residents will present their research presentation to the research committee and pharmacy staff. Other presentations may be required. Information regarding SERC is found at <http://sercpharm.org/how-conference-works/>. Following SERC, the residents will come up with two new project ideas. The research committee will select one idea, and the resident will complete a study protocol and submit research to IRB for approval prior to the end of the residency. A residency certificate will not be awarded until the project is completed. The project including poster and PowerPoint must be emailed to the residency program director. The project will be considered complete when the stated objectives have been met. If applicable, the project may also be presented at Jackson's Pharmacy & Therapeutics committee meeting. A timeline for the project can be found in the syllabus for research rotation along with other supporting documents to assist in completing the project. Research meetings will be held monthly.

1. **Status Reports**

The resident will complete a Quarterly longitudinal project evaluation form (PharmAcademic). The resident will email/talk about status of the project to the preceptor, research committee chair, and RPD each month to be reviewed at the Research Meetings.

2. **Evaluation Process**

The project preceptor and the resident will independently complete a criteria-based summative evaluation on a quarterly basis while also comparing and discussing the evaluations. Formative evaluations will be utilized as needed.

Please see the **Research Project Learning Description-Longitudinal learning experience** for further information.

Manuscript (optional)

All residents are encouraged to write at least one **Manuscript** suitable for publication in a peer-reviewed biomedical journal. Suggestions include a report of the resident's research project. Additional manuscript submissions may include a drug monograph, journal article, case report, etc. Editorial assistance by a preceptor is required. The resident must be first author and be responsible for submission and revisions to a journal, if submitted.

Teaching Activities

Residents participate in Teaching Activities and is an 11-month rotation. Resident involvement in teaching activities fosters the development and refinement of the resident's communication skills, builds confidence and promotes the effectiveness of the resident as a teacher. The rotation is designed to effectively develop teaching and precepting skills most essential to clinical pharmacy practitioners and preceptors of students and residents. Teaching responsibilities may include clinical and didactic teaching for pharmacy students, medical students, hospital personnel, and departmental staff. Teaching activities may involve formal lectures, small group seminars, case studies, in-service presentations, or discussion sessions throughout the residency year. Each learning experience may have teaching responsibilities as designated by the preceptor at the beginning of the learning experience. The residency preceptor is responsible for communicating to PharmD students the service and teaching role of the resident. All residents act as co-preceptors for Auburn University or other schools of pharmacy students APPE (pharmacy student learning experiences). Specific responsibilities will vary by service. Residents may also complete a **teaching certificate program** in conjunction with by one of the schools of pharmacy in Alabama or the ASHP teaching certificate (as determined by the RPD). A certificate is awarded upon successful completion of the learning experience.

Continuing Education Presentation

Each resident will present one **Continuing Education Presentation** approved for ACPE credit during the residency program. The goal of the seminar is to improve the resident's communication skills and presentation techniques, literature evaluation, and understanding of the continuing education process. The seminar topic will be selected by the resident with guidance from at least one preceptor and the RPD. Specific procedures are outlined in the section entitled *Resident Seminar Guidelines*.

Please see the **Residency Drug Information Learning Experience Description** for further information (specifically the **Residency Seminar/Continuing Education Guidelines**)

Longitudinal Drug Information Activities

The purpose of the 11-month drug information rotation is intended to hone the resident's skills in providing pharmaceutical and drug therapy information to medical, nursing, and allied health professionals as well as patients and the community as necessary. A major responsibility of the resident is to provide concise, applicable, and timely responses to our staff and to work in concert with them to resolve problems related to drug therapy.

The resident will participate in various **Longitudinal Drug Information Activities** including but not limited to the following:

- The resident will be responsible for participating in lunch and learn presentations as requested, responding to drug information questions, and any other drug information projects or opportunities that arise during the residency year.
- Each resident is required to participate in a Medication Use Evaluation (MUE). Many of these MUEs will be conducted in support of patient care at Jackson Hospital. The MUE may be used to develop a new policy and procedure and will be presented to the Pharmacy and Therapeutics Committee. Once the new policy/procedure is approved the resident will educate the medical and hospital staff. Satisfactory performance as determined by the Assistant Director of Clinical Pharmacy Services is required for successful completion of the program.
- Each resident may coordinate a Pharmacy and Therapeutics Formulary recommendation that will be presented at a designated P&T meeting. This will include the initial review, evaluation, and written recommendation including efficacy, safety, and pharmacoeconomic evaluations. Once approved by the medical staff, the resident will be expected to coordinate the implementation of this recommendation house-wide. Implementation may include educating the medical and hospital staff, developing a newsletter and poster campaign, and/or coordinating the roll-out of the formulary change. Subsequently, the resident will evaluate for appropriate utilization of the formulary change to ensure the efficacy and safety. The resident will report back to P&T on the progress towards the recommendation at the end of the residency year, if applicable.
- The resident will assist with medication error and adverse event monitoring.

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

Jackson Hospital Committees

The resident will participate in **Jackson Hospital Committees**.

- The resident will attend all Pharmacy and Therapeutics (P&T) Committee meetings
- The resident may attend other quality committees as an active pharmacy participant as assigned by the RPD or pharmacy director.

Pharmacy Leadership and Administration Longitudinal Learning Experience

The purpose of the leadership and administration rotation is designed to introduce the resident to core elements of practice and residency leadership. The resident will perform a variety of duties requiring detailed functional and organizational knowledge and will be exposed to a variety of regulatory requirements and organizations.

The resident will participate in various **Pharmacy Leadership and Administration Longitudinal learning experiences.**

Activities including but not limited to the following:

- Joint Commission accreditation and Medication Management Standards
- Staff management
- Basic leadership principles
- Pharmacy budget
- LEAN processes
- Formulary Management
- Medication Safety principles

Please see Residency Management Administration Learning Experience.

Documentation in MedMined

Pharmacy Services **Documentation in MedMined**-Each resident will document his/her daily interventions in MedMined. This is extremely important to the program to document cost savings and improved patient care.

Residency Evaluation Policies and Procedures

A. Resident's Self-assessment Evaluation

- Each resident will assess his or her progress for required learning experiences (for 4 or 6-week core clinical learning experiences) by completing the assigned electronic SELF Summative Evaluation form online at PharmAcademics, **prior to the scheduled evaluation meeting with the preceptor**. Written comments exemplifying the objectives with **qualitative** comments (How you can improve) are mandatory. This teaches the art of self-reflection and self-assessment.

B. Resident's Evaluation of Preceptor and Learning experience

- Each resident will complete a Resident's Evaluation of the Preceptor and Learning experience before the end of each learning experience. These evaluations will be completed in PharmAcademic.

C. Preceptor's Evaluation of the Resident's Learning Experience Performance

- Each Preceptor will review and electronically "sign off" on the resident's SELF-evaluation before completing their evaluation of the resident for required learning experiences (for 4 or 6-week core clinical learning experiences).
- Each preceptor will complete an electronic Summative evaluation (for 4 or 6-week core clinical learning experiences) for each resident with mandatory **qualitative** comments (**How** can the resident improve) for completion of mandatory learning experiences.
- Each preceptor for **required learning experiences** (4 of 6-week core clinical learning experiences) rotations will complete a midpoint evaluation with mandatory **qualitative** comments (**How** can the resident improve) for completion of learning experiences.
- The preceptor will review and compare it to the resident's self-evaluation, electronically sign off on it within PharmAcademics, and then will discuss it with the resident to help improve their future performance.
- **After** this discussion, the preceptor will submit the evaluation.
- Residents will electronically "sign off" on the preceptors' evaluation on their performance.
- Evaluations will be completed and submitted on PharmAcademics within 7 days of the scheduled deadlines.

D. Quarterly Evaluations

I. Quarterly Longitudinal Evaluation Process for All Residents

- The following longitudinal activities will be evaluated at least once each quarter: Operations Pharmacy Experience, Pharmacy Leadership and Administration, Drug Information, Ambulatory Care, Resident Teaching and Learning Experience, and Residency Research Projects. These are completed by the respective preceptors/ evaluators.
- Each Preceptor will review and electronically "sign off" on the resident's SELF evaluation before completing their evaluation of the resident.
- Residents will electronically "sign off" on the preceptors' evaluation on their performance.

- Completed electronic evaluations must be completed on PharmAcademics by the following dates (Subject to change): **October 10, January 10, April 10, and June 10**. By submitting the evaluation on these dates, the Residency Program Director (RPD) can incorporate these comments into the resident's quarterly evaluation.

II. Resident Quarterly Progress Report

- All residents will complete a quarterly progress tracking report (electronically) detailing their residency activities for the designated time period, and email the report to the RPD.
- The report includes progress made toward meeting goals and objectives established at the beginning of the residency year.
- The quarterly report should also contain, in chronological order, a summary of the learning experiences completed by the residents in that quarter. Any comments the resident would like to make regarding their achievements toward these goals should also be included.
- The resident will submit the quarterly progress report to the RPD and the self-evaluations to PharmAcademics by the dates designated, or as requested. The quarterly progress report will be reviewed by the RPD and applied towards the preparation of the resident's quarterly evaluation. The RPD has the option to add a summary of overall progress.

III. Residency Program Director Quarterly Evaluations

- The RPD will evaluate the resident quarterly based upon the resident's progress and tracking report, and overall residency performance. This evaluation will also take into account the learning experience evaluations from prior preceptors. This report will evaluate the progress towards meeting goals and objectives established by the resident and RPD at the start of the residency year.
- The quarterly report will be discussed with the resident and signed by both the RPD and the resident.

Resident Quarterly Progress Report and Quarterly Evaluation Submission Dates

<u>Quarter(subject to change)</u>	<u>Resident Quarterly Report Submission Date</u>
1st Qtr.: July 1 - September 30	October 10
2nd Qtr: October 1 - December 31	January 10
3rd Qtr: January 1 - March 30	April 10
4th Qtr: April 1 - June 30	June 10

E. Compliance with the Evaluation Policy

- Residents must comply with the evaluation policy. This is essential for the advancement of the resident and the residency program. Failure to comply with this policy will be addressed and may result in disciplinary action by the RPD.

Summary of Residency Evaluation Responsibilities

A. Residents (Submit all Electronically - PharmAcademic)

1. PharmAcademics-based self-assessment – Summative.
2. Learning experience evaluation of the preceptor and learning experience.
3. Quarterly progress report and Quarterly Longitudinal Evaluations on Operations, Drug Information, Pharmacy Leadership and Administration, Ambulatory Care, and Research Projects.

B. Preceptors (Submit all Electronically- PharmAcademic)

1. PharmAcademic-based resident learning experience evaluations –Summative with qualitative commentary.
2. Patient Case Presentations and Journal Club Evaluations – the preceptor that is responsible for that particular presentation will submit the formal PharmAcademic evaluation with input from other preceptors, students, and residents in attendance to the presentation. The preceptor responsible for the particular presentations is listed in each individual syllabus for core rotations.
3. Quarterly longitudinal evaluations for those preceptors in: Operations (Pharmacy Preceptor), Pharmacy Leadership and Administration (V.P. of Pharmacy Services and Assistant Director of Pharmacy Operations), Drug Information (Assistant Director of Clinical Pharmacy Services), Ambulatory Care (various preceptors), Resident Teaching and Learning (various preceptors), Research (various preceptors)

C. Residency Program Director

1. Quarterly evaluation of resident, tracking progress of all educational goals and objectives.
2. Review and sign off all evaluations.

FORMS AND GUIDELINES

Residency Guidelines for Journal Club (JC) and Case Presentations (CP) -

****These are guidelines for both JC and CP and may be changed under the discretion of the preceptor****

- Topic for case presentations and journal club articles to be announced **PRIOR** to the presentation, by the Residency Program Director or Residency Program Coordinator, to allow time for preceptors to review and participate along with date and time of presentation.
- Journal Club and Case Presentations will be held in October, November, March and April. Additional presentations may be required depending on the resident's needs for possible improvement.
- **Due to time constraints, do not go over your 30 minute allotted time (20-25 minutes maximum to present and 5-10 minutes for Questions)******* You will be timed.
- Please be courteous and be aware if there is another meeting scheduled afterwards.
- Evaluations will be completed in PharmAcademic. It will be submitted by the primary preceptor responsible for the rotation with input from other preceptors, pharmacy students, and pharmacy residents. For examples of evaluation forms, please see Appendix D

Required for Each Type of Presentation:

Primary Literature Evaluation

- The best **2 – 3** studies from primary literature should be presented. For the journal club, this can be used to compare drug study or incorporated in background.
- Resident should evaluate the articles and formulate conclusions for each and then apply those to the patient case or journal club.
- Articles should be *clinically relevant* to the case.

Upon discretion of the preceptors, case presentations or journal club will be repeated with a new case or new article if done inadequately

Journal Club (JC): 20-25 minutes to present and 5-10 minutes for Questions = 30 minutes maximum

The intent of Journal Club is to review how the article will impact clinical practice. In order to do this, you need to critically evaluate the article against current clinical practice and use your judgment if this will change or impact clinical practice.

- Article must be from a peer-reviewed journal.
- Article must be published within the **last 3-6 months**.
- Topic must be related to the current learning experience.
- Email a copy of the article to the Residency Program Director with the date/time 1 week before presentation.
- A handout must accompany the presentation—**optional per preceptor**.

Case Presentations (CP) or New Drug presentation –Power Point presentation: 20-25 minutes to present and 5-10 minutes for Questions = 30 minutes maximum

- ****Topic to be approved by learning experience preceptor and reviewed prior to the actual presentation*****
- Handout of Power Point slides to be provided

- **Choice of cases: must be a narrow topic.** (Think of the presentation as “The use of ___ in the treatment of ___”, or like “clinical pearls”)
 - Rare or interesting disease states – Broad disease states are NOT appropriate (Examples: Lung cancer, hepatic encephalopathy, Community Acquired Pneumonia, Pulmonary Embolism). Broad disease states must have a focus.
 - If disease states are chosen, then focus on the evaluation of the treatments available or treatment- induced side effects. Examples are:
 - -Lung Cancer: Non-standard of care treatment or severe chemotherapy induced side effects
 - -Hepatic Encephalopathy: Treatment controversies or lactulose versus antibiotics.
 - -Pulmonary embolism: Treatment with LMWH vs. unfractionated heparin or thrombolytic therapy.
 - Narrow topic examples are: Pulmonary hypertension, cryptococcal meningitis, tetanus, disseminated histoplasmosis, ethylene glycol overdose, heparin induced thrombocytopenia with thrombosis.
 - New Drug or Controversial Treatments
 - Examples are: Use of Aspirin for VTE prophylaxis in orthopedic patients, or Phenytoin versus Levetiracetam for Post-traumatic brain injury early seizure prophylaxis.

Appendix A

Jackson Hospital and Clinic Pharmacy Residency Program

MOONLIGHTING APPROVAL FORM

Name: _____ Date: _____

Outside Employer: _____ Position: _____

Address: _____

Phone Number _____ Manager: _____

Normal Hours of Operation: _____

Potential Employment Hours: _____

I understand that my primary responsibility is to the Jackson Hospital and Clinic Residency Program and that outside employment should not interfere with this responsibility. I also understand that I need to check with my rotation preceptor before agreeing to work. Should the Residency Program Director deem that "moonlighting" interferes with my responsibilities, he/she may prohibit me from any outside employment.

Pharmacy Resident Date

Residency Program Director Date

Appendix B
Jackson Hospital and Clinic PGY1 Residency: Moonlighting Log

Resident: _____ Month/year: _____

Date	Hours during moonlighting shift	Time of work (e.g. 1730-2000)	Total hours worked	Preceptor signature & date

Appendix C

Jackson Hospital and Clinic Pharmacy Residency Research Closure Checklist

Resident: _____

Advisors: _____

Project Title: _____

At the close of the residency year, the following items must be completed by the resident. Please complete and initial the following items. Sign and date this form and return to Nancy Bailey.

Initials	Task
----------	------

_____	IRRB has been notified that the study is closed. Notification of Closure of Human Subjects Research Study form has been completed and submitted
-------	--

OR

_____	IRRB has been notified of continuation of the study. Continuing Review / Interim Report of Human Subjects Research form has been completed and submitted (This is for residents projects that will be continued by the primary advisor)
-------	---

_____	All data (paper and electronic) containing patient identifiers have been destroyed. No other copies of these data exist.
-------	--

_____	De-identified data (spreadsheets, databases) have been stored on the designated secure Jackson Hospital- Montgomery, AL network drive and exist there only.
-------	---

_____	Other documents for the project (posters, abstracts, manuscripts, etc) have been stored on the designated secure Akron General network drive.
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Signature: _____ Date: _____

APPENDIX D
**Jackson Hospital and
Clinic**
Clinical Pharmacy
EVALUATION OF PRESENTATIONS
FOR JOURNAL CLUB

Speaker _____ **Date** _____

Topic: _____

Evaluator (s):

	Strongly Agree	Agree	Not Sure	Disagree	Strongly Disagree	
1. Was audible, articulate and spoke at an appropriate rate	5	4	3	2	1	N/A
2. Did not display any distracting mannerisms	5	4	3	2	1	N/A
3. Demonstrated good eye contact and body language	5	4	3	2	1	N/A
4. Presented the information in an interesting manner	5	4	3	2	1	N/A
5. Was knowledgeable about the topic	5	4	3	2	1	N/A
6. Was organized in presenting the information	5	4	3	2	1	N/A
7. Responded precisely and appropriately to questions	5	4	3	2	1	N/A
8. Presented information in self-assured manner	5	4	3	2	1	N/A
9. Exhibited interest and enthusiasm for topic	5	4	3	2	1	N/A
10. Topic was focused	5	4	3	2	1	N/A

Content

11. Was appropriate for the topic (fit the title)	5	4	3	2	1	N/A
12. Was appropriate for the time allotted	5	4	3	2	1	N/A
13. Was relevant and timely	5	4	3	2	1	N/A
14. Included critical evaluation of the literature	5	4	3	2	1	N/A
15. Was accurate, thoroughly researched and well referenced	5	4	3	2	1	N/A
16. Good understanding of literature/studies and clinical application of article						

Format

17. There was a smooth introduction to the presentation	5	4	3	2	1	N/A
18. Handout and/or AV material complemented presentation	5	4	3	2	1	N/A
19. Presentation came to an appropriate conclusion and closure	5	4	3	2	1	N/A

OVERALL RATING:

5 4 3 2 1

Please provide complimentary and constructive remarks on the bottom of this page.

APPENDIX D
**Jackson Hospital and
Clinic**
Clinical Pharmacy
EVALUATION OF PRESENTATIONS
FOR PATIENT CASE PRESENTATIONS

Speaker _____ **Date** _____

Topic: _____

Evaluator (s):

	Strongly Agree	Agree	Not Sure	Disagree	Strongly Disagree	
1. Was audible, articulate and spoke at an appropriate rate	5	4	3	2	1	N/A
2. Did not display any distracting mannerisms	5	4	3	2	1	N/A
3. Demonstrated good eye contact and body language	5	4	3	2	1	N/A
4. Presented the information in an interesting manner	5	4	3	2	1	N/A
5. Was knowledgeable about the topic	5	4	3	2	1	N/A
6. Was organized in presenting the information	5	4	3	2	1	N/A
7. Responded precisely and appropriately to questions	5	4	3	2	1	N/A
8. Presented information in self-assured manner	5	4	3	2	1	N/A
9. Exhibited interest and enthusiasm for topic	5	4	3	2	1	N/A
10. Topic was focused	5	4	3	2	1	N/A

Content

11. Was appropriate for the topic (fit the title)	5	4	3	2	1	N/A
12. Was appropriate for the time allotted	5	4	3	2	1	N/A
13. Was relevant and timely	5	4	3	2	1	N/A
14. Patient presentation was appropriate for the topic	5	4	3	2	1	N/A
15. Patient-specific therapeutics were considered	5	4	3	2	1	N/A
16. Included critical evaluation of the literature	5	4	3	2	1	N/A
17. Was accurate, thoroughly researched and well referenced	5	4	3	2	1	N/A

Format

18. There was a smooth introduction to the presentation	5	4	3	2	1	N/A
19. The case was well-integrated into presentation	5	4	3	2	1	N/A
20. Handout and/or AV material complemented presentation	5	4	3	2	1	N/A
21. Presentation came to an appropriate conclusion and closure	5	4	3	2	1	N/A

OVERALL RATING: 5 4 3 2 1

Please provide complimentary and constructive remarks on the bottom of this page.

APPENDIX D

**Jackson Hospital and
Clinic**

Clinical Pharmacy

EVALUATION OF TOPIC DISCUSSIONS

Speaker _____ **Date** _____

Topic: _____

Evaluator (s):

	Strongly Agree	Agree	Not Sure	Disagree	Strongly Disagree	
1. Well prepared for discussion and presents completed handout to preceptor	5	4	3	2	1	N/A
2. Identifies etiology of disease and appropriate background information	5	4	3	2	1	N/A
3. Discusses risk factors for developing the stated disease	5	4	3	2	1	N/A
4. Identifies appropriate pharmacotherapy goals	5	4	3	2	1	N/A
5. Displays command of the pharmacotherapy being discussed (i.e.: mechanism of action, adverse effects, brand/generic, drug-disease state interactions)	5	4	3	2	1	N/A
6. Follows a logical format when leading topic discussion	5	4	3	2	1	N/A
7. Answers questions appropriately and can verbalize thought process behind answers	5	4	3	2	1	N/A

Additional Comments:

Appendix E
PRECEPTOR AND LEARNING EXPERIENCE EVALUATION

Resident:	Preceptor:
Learning Experience:	
Evaluation Period: _____ through _____	

Please check one of the following for each category.

1 - ALWAYS 2 - FREQUENTLY 3 - SOMETIMES 4 - NEVER

Part 1 - Evaluation of the Preceptor		1	2	3	4
1.	The preceptor was a pharmacy practice role model.				
2.	The preceptor gave me feedback on a regular basis.				
3.	The preceptor's feedback helped me improve my performance.				
4.	The preceptor was available when I needed him or her.				
5.	When possible, the preceptor arranged the necessary learning opportunities to meet my objectives.				
6.	The preceptor displayed enthusiasm for teaching.				
7.	The preceptor gave clear explanations.				
8.	The preceptor asked questions that caused me to do my own thinking.				
9.	The preceptor answered my questions clearly.				
10.	The preceptor modeled for me, coached my performance, or facilitated my independent work as appropriate.				
11.	The preceptor displayed interest in me as a resident.				
12.	The preceptor displayed dedication to teaching.				
Comments:					

Please check one of the following for each category.

1 - CONSISTENTLY TRUE 2 - PARTIALLY TRUE 3 - FALSE

Part II: Evaluation of the Learning Experience		1	2	3
1.	I understood the objectives for this learning experience prior to beginning.			
2.	The learning opportunities afforded me during this learning experience matched the objectives specified for this experience.			
3.	Resources I needed were available to me.			
4.	I feel that the preceptor's assessment of my performance on the objectives			
5.	I was encouraged to further develop my ability to self-assess during this learning experience.			
6.	This learning experience provided me opportunities to provide pharmaceutical care in a responsible way to my patients.			
What were the strengths of this learning experience?				
What were the weaknesses of this learning experience?				
What suggestions can you make to improve this learning experience?				

Resident's
Signature/Date
Preceptor's
Signature/Date

Forward completed evaluation to Residency Program Director