2023-2024

Jackson Hospital and Clinic Pharmacy Residency Program

TABLE OF CONTENTS

• Learning Experiences • Research or Service Project • Manuscript • Teaching Activities • Continuing Education Presentation • Longitudinal Drug Information Activities • Committees • Pharmacy Leadership and Administration • Documentation	
Residency Evaluation Policies and Procedures • Resident's Self-assessment Evaluation (Resident) • Resident's Evaluation of Preceptor and Learning Experience • Preceptor's Evaluation of the Resident's Learning Experience Performance • Quarterly Evaluations • Resident Quarterly Evaluation Submission Dates • Compliance with the Evaluation Policy • Evaluation Responsibilities Summary	
Forms and Guidelines for Presentations • Journal Club • Case Presentations • Primary Literature Evaluation	
Appendices Research Project Closure Form, Evaluation of Presentations, Journal club, Case Presentations, and Topic Discussions Preceptor and Learning Experience Evaluation, Journal Club Template,	

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 electives.

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.

- o Health literacy.
- o Access to medications.
- o Immunization status.
- o Need for preventive care and other services, when appropriate.
- o Other aspects of care, as applicable.
- Identifies medication therapy problems, including:
  - o Lack of indication for medication.
  - o Medical conditions for which there is no medication prescribed.
  - o Medication prescribed or continued inappropriately for a particular medical condition.
  - o Suboptimal medication regimen (e.g., dose, dosage form, duration, schedule, route of administration, method of administration).
  - o Therapeutic duplication.
  - o Adverse drug or device-related events or the potential for such events.
  - o Clinically significant drug–drug, drug–disease, drug–nutrient, drug–DNA test interaction, drug–laboratory test interaction, or the potential for such interactions.
  - o Use of harmful social, recreational, nonprescription, nontraditional, or other medication therapies.
  - o Patients not receiving full benefit of prescribed medication therapy.
  - o Problems arising from the financial impact of medication therapy on the patient.
  - o Patient lacks understanding of medication therapy.
  - o Patient not adhering to medication regimen and root cause (e.g., knowledge, recall, motivation, financial, system).
  - o Laboratory monitoring needed.
  - o 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:
  - o Relevant patient-specific information, including culture and preferences.
  - o The goals of other interprofessional team members.
  - o The patient's disease state(s).
  - o Medication-specific information.
  - o Best evidence.
  - o Ethical issues involved in the patient's care.
  - o Quality-of-life issues specific to the patient.
  - o Integration of all the above factors influencing the setting of goals.
- Designs/redesigns regimens that: o Are appropriate for the disease states being treated.
  - o 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.
      - Pharmacoeconomic 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. o Recommendation is persuasive.
  - Presentation of recommendation accords patient's right to refuse treatment.
  - If a 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.
- The 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:
    - o Basic principles of management.
    - o Financial management.
    - o Accreditation, legal, regulatory, and safety requirements.
    - o Facilities design.
    - o Human resources.
    - o Culture of the organization.
    - o 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.

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).

Approved by the Commission on Credentialing of the American Society of Health-System Pharmacists on October 27, 2014. 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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REQUIRED COMPETENCY AREAS, GOALS, AND OBJECTIVES FOR POSTGRADUATE YEAR ONE (PGY2) PHARMACY RESIDENCIES

Introduction

The competency areas, goals, and objectives are for use with the *ASHP Accreditation Standard for Postgraduate Year Two (PGY2) Pharmacy Residency Programs* while incorporating the required competencies found in the *ASHP Required Competency Areas, Goals, and Objectives for Emergency Medicine PGY2 Pharmacy Residencies.* The first six 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.

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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.
- Effectively contributes and communicates pharmacotherapy knowledge and patient care skills as an essential member of the health care team.

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

Criteria:
- Interactions are respectful and collaborative.
- Shows empathy.
- Uses effective (e.g., clear, concise, accurate) communication skills.
- Communicates with family members and caregivers to obtain patient information when patients are unable to provide the information.
- Communicates with patient, family, and caregivers about initiation and changes of patient therapies.
- Empowers patients, family members, and caregivers regarding the patient's well-being and health outcomes.
- Demonstrates cultural competence.
- Demonstrates advocacy for patients, families, and caregivers.
- Maintains accuracy and confidentiality of patients' protected health information.

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.
    - Pre-hospital course of care (e.g., medications given, vital sign trends, information from the scene, onset of illness/exposure/injury).
    - Social history, including social-behavioral considerations that may impact medication management for the emergency medicine patient and preventative treatment of partners when appropriate.
    - Relevant health data that may include past medical history, physical assessment findings, outside resources such as external medical records or pharmacy data.
    - Medication history, including prescription, non-prescription, illicit, recreational, and non-traditional therapies; other dietary supplements; immunizations; and allergies.
    - Patient assessment (e.g. physiologic monitoring, laboratory values, microbiology results, diagnostic imaging, procedural results, and scoring systems [e.g., Injury severity score (ISS), Glasgow Coma Scale (GCS), Richmond Agitation-Sedation Scale (RASS)/Sedation Agitation Scale (SAS), National Institutes of Health Stroke Scale (NIHSS), Emergency Severity Index (ESI), Rule of Nines, Lund and Browder chart]).
    - Pharmacogenomics and pharmacogenetic information, if available.

- o Allergies/Adverse drug reactions.
- o Medication adherence and persistence.
- o Patient lifestyle habits, preferences and beliefs, health and functional goals, and socioeconomic factors that affect access to medications and other aspects of care.
- Consults most reliable sources of information available (e.g., electronic, face-to-face).
- Process for data collection, follow-up, and patient tracking is functional for subsequent problem solving and decision-making.
- Clarifies information with health care team, patient, or patient representative as needed.
- Displays understanding of limitations of information in the emergency department and health records at the time of initial evaluation.

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:
  - o History of present illness.
  - o Health and functional status at baseline.
  - o Health data (e.g., vital signs, imaging, laboratory values, microbiology data).
  - o Immunization status.
  - o Cultural factors.
  - o Health literacy.
  - o Access to medications.
  - o Other aspects of care, as applicable.
- Identifies medication therapy problems, including:
  - o Benefit vs. risk factors of treatment options.
  - o Medication omissions for present illness, symptoms, concomitant medication administration (e.g., sedation required with paralytics).
  - o Lack of indication for medication.
  - o Suboptimal medication regimen (e.g., dose, dosage form, route, method, duration of administration, frequency, duration of regimen).
  - o Need for medication therapy modifications due to:
    - ▪ Suboptimal medication response.
    - ▪ Medication toxicity.
    - ▪ Adverse drug or device-related events or the potential for such events.
    - ▪ Abnormal lab values/imaging/microbiology.
  - o Medication prescribed or continued inappropriately for a particular medical condition.
  - o Discrepancy between prescribed medications and established care plan for the patient.
  - o Therapeutic duplication.
  - o Clinically significant drug–drug, drug–disease, drug–nutrient, drug–genotype interaction, drug–laboratory test interaction, or the potential for such interactions.
  - o Use of harmful social, recreational, nonprescription, nontraditional, or other medication therapies.
  - o Problems arising from the financial impact of medication therapy on the patient.
  - o Patient not receiving full benefit of prescribed medication therapy.
  - o Patient lacks understanding of medication therapy.
  - o Patient not adhering to medication regimen and root cause (e.g., knowledge, recall, motivation, financial, system).

- Prioritizes patient's health care needs.
  - o Triage based on severity of illness.
  - o Manage multiple patients simultaneously.

- o   Triage based on throughput as appropriate.
- o   Delegate to other pharmacists as appropriate.

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:
    - o   The patient's disease state(s).
    - o   Best evidence, including clinical guidelines and the most recent literature.
    - o   Effective interpretation of new literature for application to patient care.
    - o   Medication-specific information.
    - o   The goals of other interprofessional team members.
    - o   Relevant patient-specific information, including culture and preferences.
    - o   Ethical issues involved in the patient's care.
    - o   Quality-of-life issues specific to the patient.
    - o   End of life issues, when needed.
    - o   Integration of all the above factors influencing the goals of care.
- Designs/redesigns regimens that: o Are appropriate for the disease states being treated.
    - o   Reflect:
        - ▪ Clinical experience.
        - ▪ Evidence-based medicine.
        - ▪ Therapeutic goals established for the patient.
        - ▪ Patient's and caregiver's specific needs.
    - o   Consideration of
        - ▪ Patient-specific factors, including physical, mental, emotional, patient preferences, culture, or language differences, and financial factors that might impact adherence to the regimen.
        - ▪ Any pertinent pharmacogenomic or pharmacogenetic factors.
        - ▪ Pharmacoeconomic components (patient, medical, and systems resources).
        - ▪ Pertinent ethical issues.
        - ▪ Drug shortages.
    - o   Adhere to the health system's medication use policies.
    - o   Follow applicable ethical standards.
    - o   Address wellness promotion and lifestyle modification.
    - o   Support the organization's or patient's formulary.
    - o   Address medication-related problems and optimize medication therapy.
- Designs/redesigns monitoring plans that:
    - o   Effectively evaluate achievement of therapeutic goals.
    - o   Ensure adequate, appropriate, and timely follow-up.
    - o   Establish parameters that are appropriate measures of therapeutic goal achievement.
    - o   Reflect consideration of best evidence.
    - o   Have appropriate value ranges selected for the patient.
    - o   Have parameters that measure efficacy.
    - o   Have parameters that measure potential and actual adverse drug events.
    - o   Have parameters that are cost-effective.
    - o   Reflects consideration of compliance.
    - o   Anticipates future drug-related problems.
    - o   o 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 interdisciplinary health care team.
- Poses appropriate questions as needed.
- Recommendation is persuasive.
- Presentation of recommendation accords patient's right to refuse treatment.
- If patient refuses treatment, resident exhibits responsible professional behavior.
- If the health care team refuses the resident's recommendation, 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:
    - Plan represents the highest level of patient care.
    - Regimen is initiated at the appropriate time.
    - Patient receives their medication as directed.
    - Medications in situations requiring immediacy are effectively facilitated.
    - 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.

Objective R1.1.7: (Applying) Communicate and document direct patient care activities appropriately in the medical record, or where appropriate.
Criteria:

- Accurately and concisely communicates drug therapy recommendations to health care professionals representing different disciplines.
- Appropriately documents patient/caregiver communication and relevant direct patient care activities in a timely manner.

Objective R1.1.8: (Applying) Demonstrate responsibility for patient outcomes.
Criteria:

- Gives priority to patient care activities.
- Routinely ensures all steps of the medication management process are completed.
- 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.
- Communicates with patients and family members/caregivers about their medication therapy.
- 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:
- Provides accurate, pertinent, and timely follow-up information when patients transfer to another facility, level of care, pharmacist, or provider, as appropriate.
- Follows up on identified drug-related problems, additional monitoring, and education in a timely and caring manner.
- Participates in medication histories/reconciliation when necessary. Takes appropriate and effective steps to help avoid unnecessary hospital admissions or readmissions.

Goal R1.3: Manage and facilitate delivery of medications.

Objective R1.3.1: (Applying) Facilitate delivery of medications following best practices and local organization 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.
    - Identifying existing or potential drug therapy problems.
    - Considering complete patient-specific information.
    - 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 follows the organization's policies and procedures and applicable professional standards in emergent and non-emergent situations, including:
    - Ensures intravenous 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, as appropriate.
    - Ensuring that medication has all necessary and appropriate ancillary labels.
    - Inspecting the final medication before dispensing for accuracy.
- 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 information for the patient and support/education for relevant interdisciplinary staff (e.g., nursing, respiratory therapy).
    - Ensures the patient receives medication on time.
- Obtains agreement on modifications to medication orders when acting in the absence of, or outside, an approved protocol or collaborative agreement.
- Assesses appropriate contents of automatic dispensing cabinets and optimizes as necessary.
- References appropriate literature resources to ensure use of proper practices regarding

compatibility and concentrations.

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) Facilitate aspects of the medication-use process.
Criteria:
- Demonstrates commitment to medication safety.
- Makes effective use of technology to aid in decision-making and increase safety.
- 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).

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 available literature and applies evidenced-based principles for advancing pharmacotherapy knowledge.
- 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 and timeliness in presenting pharmacy concerns, solutions, and interests to internal and external stakeholders.
- When appropriate, may include proposals for medication-safety technology improvements.

Objective 2.1.2 (Analyzing) Identify opportunities for improvement of the medication-use system

Criteria:
- Identifies problems and opportunities for improvement.
- Analyzes relevant background data.
- Evaluates data generated by health information technology or automated systems to identify

opportunities for improvement.
- Utilizes best practices to identify opportunities for improvements.
- When needed, makes medication-use policy recommendations based on a review of practice standards, guidelines, and other evidence (e.g., National Quality Measures, Institute for Safe Medication Practices alerts, Joint Commission sentinel alerts).

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 and/or demonstrate understanding of specific project topic.
Criteria:
- Appropriately identifies or understands problems and opportunities for improvement or research projects.
- Uses best practices or evidence-based principles to identify opportunities for improvements.
- Conducts a comprehensive literature search and draws appropriate conclusions.
- Determines an appropriate research question or topic for a practice-related project of significance to patient care that can realistically be addressed in the desired time frame.
- 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 or protocol for the project.
Criteria:
- Develops specific aims, selects an appropriate study design, and develops study methods to answer the research question(s).
- Applies safety design practices (e.g., standardization, simplification, human factors training, lean principles, FOCUS-PDCA, STROBE other process improvement or research methodologies) appropriately and accurately.
- Considers who or what will be affected by the project.
- Plan for improvement includes appropriate reviews and approvals required by the department or organization and addresses concerns of all stakeholders.
- Applies evidence-based and/or basic pharmacoeconomic principles, if needed.
- Identifies and obtains necessary approvals (e.g., IRB, quality review board, funding) and responds promptly to feedback or reviews for a practice-related project.
- Acts in accordance with the ethics of research on human subjects, if applicable.
- Plan design is practical to implement.
- Develops and follows an appropriate research or project timeline.

Objective R2.2.3: (Evaluating) Collect and evaluate data or the project
Criteria:
- Collects the appropriate types of data as required by project design.
- Uses appropriate electronic data and information from internal information databases, external online databases, appropriate Internet resources, and other sources of decision support.
- Uses appropriate methods for analyzing data.

- Considers the impact of the limitations of the project or research design on the interpretation of results.
- Accurately and appropriately develops plan to address opportunities for additional changes.
- Improvement plan, if applicable, is based on appropriate data.

Objective R2.2.4: (Applying): Implement an improvement project or conduct research activities.
Criteria:
- Implements the project as specified in its design.
- Follows established timeline.
- 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.
- Demonstrates appropriate assertiveness in presenting pharmacy concerns, solutions, and interests to external stakeholders.
- Gains necessary commitment and approval for implementation.
- Effectively communicates any changes in clinical practice, medication formulary, medication usage, or other procedures to appropriate stakeholders.

Objective R2.2.5: (Evaluating) Assess changes or need to make changes related to the project.
Criteria:
- Correctly identifies need for additional modifications or changes based on outcome.
- Uses continuous quality improvement (CQI) principles to assess the success of the implemented change and sustainability if applicable.
- Accurately and appropriately develops plan to address opportunities for additional changes.

Objective R2.2.6: (Creating) Effectively develop and present, orally and in writing, a final project or research report suitable for publication at a local, regional, or national conference.
Criteria:
- Report includes implications for changes to or improvement in clinical care or pharmacy practice.
- Outcome of change is reported accurately to appropriate stakeholders(s) and policy-making bodies according to departmental or organizational processes.
- Oral presentations use effective communication and presentation skills and tools (e.g., handouts, slides) to convey points successfully.
- Report uses an accepted manuscript style suitable for publication in the professional literature.

Competency Area R3: Leadership and Management

Goal R3.1: Demonstrate leadership skills for successful self-development in the provision of patient care.

Objective R3.1.1: (Applying) Demonstrate personal, interpersonal, and teamwork skills critical for effective leadership in the provision of patient care.
Criteria:
- Demonstrates ability to lead interprofessional teams.
- Uses effective communication skills and styles.
- Demonstrates effective negotiation skills.
- Demonstrates understanding of perspectives of various health care professionals.

- Manages conflict effectively.
- Effectively expresses benefits of personal profession-wide leadership and advocacy.
- Effectively provides leadership in patient care related services, including interprofessional teams (e.g., cardiac arrest, rapid response, stroke teams).

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: (Applying) Contribute to departmental management.
Criteria:
- Helps identify and define significant departmental needs.
  - Staffing needs.
  - Scheduling and contingencies.
  - Staff qualifications.
  - Assesses and develops educational opportunities.
- Helps develop plans that address departmental needs.
  - Orientation.
  - Training and supervision.
  - Competency development.
  - Effectively participate in, or evaluate, strategic plan.
  - Regulatory compliance.
- 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 R3.2.2 (Applying) When presented with a drug shortage, identify appropriate alternative medications.
Criteria:
- States resources for identifying medications in short supply.
- Demonstrates understanding of strategies for making optimal choices for alternative medications.
- Demonstrates understanding of the organization's system for communicating information regarding drug shortages.

Objective R3.2.3: (Analyzing) Participate in the organization's system for reporting medication errors and adverse drug events (ADEs).
Criteria:

- Appropriately and accurately determines, investigates, reports, tracks, and trends adverse drug events, medication errors, and efficacy concerns using accepted institutional resources and programs.
- Create an objective report of the medication error, ADE, or near miss event in the organization's reporting system.
- If applicable, analyze medication error, ADE, or near miss events to determine root cause.
- If applicable, develop a plan to improve process that led to medication error or near miss event in the emergency department.

Objective R3.2.4: (Applying) Manage one's own emergency medicine practice effectively.
Criteria:
- Evaluate clinical practice activities for potential contributions to scholarship.
- Accurately assesses successes and areas for improvement 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.
- Demonstrates personal commitment to and adheres to organizational and departmental policies and procedures.
- Routinely seeks applicable learning opportunities.
- 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, presentations, projects, 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 and personal conduct.
- Develop a plan to pursue board certification.
- Demonstrates pride in and commitment to emergency medicine through membership in professional organizations related to emergency medicine pharmacy.

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).
- Selects topics of significance to emergency medicine pharmacy as outlined in the appendix.
- 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.

Competency Area: R5: Management of Medical Emergencies

Goal R5: Participate in and exercise leadership in the management of medical emergencies.

Objective R5.1.1: (Applying) Demonstrate the essential role of the emergency pharmacist in the management of medical emergencies.

Criteria:
- Acts in accordance with the organization's policies and procedures for medical emergencies or emergency department surge capacity event.
- Effectively anticipates medication needs during medical emergencies.
- Proactively contributes to management of medical emergencies by making patient-specific, evidence-based recommendations to the interdisciplinary team.
- Accurately prepares medications and calculates doses during medical emergencies.
- Effectively addresses patient safety concerns that may arise when members of the interdisciplinary team are required to make complex care decisions under time constraints.
- Obtains certification in Advanced Cardiac Life Support. If available, obtains certifications in Pediatric Advanced Life Support, Advanced Trauma Life Support (audit), Advanced Burn Life Support, and Advanced HazMat Life Support.
- Participates in simulation activities as available at the organization.

Objective R5.1.2: (Applying) Exercise leadership as a team member in the management of medical emergencies.

Criteria:
- Quickly analyzes situation to identify potential causes of patient instability.
- Collaborates with interdisciplinary team to identify appropriate treatment during medical emergencies.
- Contributes to the success of the interdisciplinary team by tactfully assessing recommendations made by the team during medical emergencies or debriefing.
- Contributes to the success of the interdisciplinary team by tactfully offering suggestions for medications omitted by the team during medication emergencies

Objective R5.1.3: (Complex Overt Response) When allowed by the organization, exercise skill in the administration of emergency medications.

Criteria:
- Ensure the five rights of medication administration including: right patient; right drug; right dose; right route; and right time.
- Perform aseptic technique (when time permits) when preparing and administering intravenous, intraosseous, or intramuscular medications.
- Ensure patency of intravenous or intraosseous lines prior to administration.
- When administering medications intramuscularly, select appropriate site of administration based on medication (volume, concentration) and patient specific factors (preferred sites based on age, patient's hemodynamic status, and predicted absorption of medication).
- Evaluate patient's ability to swallow prior to the administration of oral medication.

Competency Area R6: Management of Toxicology Patients

Goal R6.1: Describe the role of the poison center or medical toxicologist in the care of the toxicology patient.

Objective R6.1.1: (Understanding) Explain the collaboration between the medical toxicologist, poison center and emergency department.
Criteria:
- Demonstrates understanding of the role of poison centers in the care of toxicology patients.
- Demonstrates understanding of the role of the medical toxicologist in the care of toxicology patients.
- Demonstrates understanding of specific situations in which the emergency medicine clinical pharmacist/poison center may optimize patient care.
- Explains the pharmacy training requirements for board certification in clinical toxicology.

Goal R6.2: Demonstrate the ability to provide appropriate evidenced-based recommendations for the patient in need of toxicologic intervention.

Objective R6.2.1: (Evaluating) Assess patients in need of toxicologic intervention.

Criteria:
- Demonstrates understanding of the general approach to treating toxicology patients.
- Demonstrates understanding of common toxidromes and their presentation in the initial assessment of the patient.
- Effectively selects and recommends options for decontamination, as appropriate, for patients presenting to the emergency department.
- Demonstrates understanding of resources available to gather information related to toxic ingestions.
- Effectively uses medical references to gather information related to toxic ingestion or exposure management and treatment.
- Identifies and explains the most common exposures as specified by the American Academy of Clinical Toxicology (AACT).

Objective R6.2.2: (Applying) Participate in the management of a patient in need of toxicologic intervention.

Criteria:

- Effectively uses recommended physiologic monitoring and diagnostic testing options for specific ingestions or exposures.
- Demonstrates understanding of how to interpret physical exam, physiologic monitoring, laboratory data, and diagnostic testing results for specific ingestions or exposures.
- Explains the mechanism of action of toxins in acute and chronic poisoning or exposure.

Objective R6.2.3: (Creating) Prioritize and specify appropriate pharmacologic and supportive measures for the management of a patients in need of toxicologic intervention.

Criteria:
- Demonstrates understanding of the time sensitivity of antidote administration for specific toxins.
- Appropriately considers patient-specific data in determination of antidote or other supportive treatment.
- Explains the mechanism of action of antidote therapy in treating toxicologic ingestions or exposures.
- Determines appropriate dosing and administration of common antidotes.
- Uses appropriate monitoring during common antidote administration.
- Demonstrates understanding of exposures common to various geographic locations (e.g., envenomations in the South and West) and specific practice settings (rural versus urban versus industrial).
- Develops appropriate evidence-based plans for the care of toxicologic patients until hospital discharge.

Elective Competency Areas for Postgraduate Year Two (PGY2) Pharmacy Residencies in Emergency Medicine specific to the Jackson Hospital and Clinic residency program*not the entire list of elective competency, only the ones included in Jackson Hospital and Clinic's objective list*

Competency Area E2: Leadership and Practice Management Skills

Goal E2.1: Exhibits additional skills of a practice leader.

Objective E2.1.1: (Creating) Develops an effective proposal for a new emergency medicine pharmacy initiative.

Criteria:
- Effectively employs clinical, humanistic, and economic outcome strategies to justify emergency medicine pharmacy services, as applicable.

Competency Area E3: Medication-Use Evaluation

Goal E3.1: Lead a medication-use evaluation.

Objective E3.1.1: (Evaluating) Lead a medication-use evaluation related to care of emergency medicine patients.

Criteria:

- Explain the medication-use processes and patients' vulnerability to medication errors or adverse drug events (ADEs).
- Utilizes best practices to identify opportunities for improvements.
- Evaluates data generated by health information technology or automated systems to identify opportunities for improvement.
- Identifies problems and opportunities for improvement and analyzes relevant background data.
- Demonstrates a systematic approach to develop medication-use evaluation.
- Analyze the structure and process and measure outcomes of the medication-use processes.
- When needed, makes medication-use policy recommendations based on a review of practice standards, guidelines, and other evidence (e.g., National Quality Measures, Institute for Safe Medication Practices alerts, Joint Commission sentinel alerts).
- Other examples include performing an MUE, or implementing some metric or measure in the practice setting, evaluating results, and suggesting a plan for improvement.
- Demonstrates appropriate confidence and assertiveness in presenting pharmacy concerns, solutions, and interests to internal and external stakeholders.
- Implements approved changes, as applicable.

Approved by the ASHP Commission on Credentialing on March 3, 2018. Endorsed by the ASHP Board of Directors on April 12, 2018. Developed by the ASHP Commission on Credentialing in collaboration with the American College of Clinical Pharmacy (ACCP). Copyright © Year 2018, American Society of Health-System Pharmacists, Inc. All rights reserved.

Jackson Hospital and Clinic
Pharmacy Residency Program Policies

PGY-1 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.

PGY-2 Purpose Statement: The purpose of Jackson Hospital and Clinic's PGY-2 emergency medicine pharmacy residency program is to build on the Doctor of Pharmacy (Pharm.D.) education and PGY-1 training to contribute to the development of clinical pharmacists responsible for medication-related care of patients presenting emergently with a wide range of conditions, eligible for emergency medicine board certification, and capable of managing an emergency medicine pharmacy practice.

Combined Position Summary: Jackson Hospital and Clinic residency programs are 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. These programs are 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).

Application Requirements
- Must be a U.S. Citizen
- The applicant must be enrolled in or be a graduate of an ACPE-accredited advanced pharmacy program
- Applicants must obtain a license to practice pharmacy and a controlled substance registration in the state of Alabama as per Jackson Hospital Residency License, Dismissal and Discipline Policy
- Applicants to the PGY2 programs must be in the process of completing or have completed an ASHP-accredited PGY1 pharmacy residency or equivalent
- PhORCAS must be used to submit the following information
    - Application and CV
    - Official transcripts
    - Three letters of reference
        - PGY1 Requirements
            - At least 2 letters should be from clinical preceptors
        - PGY2 Emergency Medicine Requirements
            - One letter from PGY1 RPD (or equivalent)
            - One letter from a PGY1 emergency medicine preceptor (if applicable)
- Letter of Intent

All rules and regulations of ASHP and the National Matching Service will be strictly followed.

Candidate Selection for Interviews
- Members of the RAC will review applications using program specific applicant selection rubrics. These documents will be located in the Residency Files on the Pharmacy Shared Drive
- If the PhORCAS application is not "Complete" at the deadline for submission, the application will not be reviewed, and the candidate will not be considered for an onsite interview
- The final selection of candidates for onsite interviews is the responsibility of the RPD

Interview and Evaluation of Candidates

- An onsite interview with RPD, departmental leadership, and residency preceptors is required for PGY-1 candidates; it is preferred for PGY-2 candidates
- A virtual interview may be conducted in the event that a program must move to the second phase of the match or other extenuating circumstances are present as determined by program leadership
- All participants in the interview process will complete an applicant evaluation. The scores from these evaluations will be used to develop a preliminary rank list.
- All participants in the interview process will be invited to attend a confidential session to discuss the preliminary rank list and candidate selection
- The RPD is responsible for submitting the finalized rank list to the National Matching Service

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, BCCCP	Critical Care
Michael Trey Dailey, Pharm.D., MBA	Pharmacy Leadership and Administration
Catelin Fulghum, Pharm.D., BCPS	General Internal Medicine
Kelly Gandy, PharmD, MPH, BCPS	Emergency Medicine
Adam Harnden, Pharm.D., BCPS	Internal Medicine/Surgery
James Miracle, Pharm.D.	Emergency Medicine
Holly Loyd, Pharm.D.	Internal Medicine
Tyler Mitchell, PharmD	Cardiology
James (Steve) Phillips, RPh	Operations
Alanna Rufe, Pharm.D., BCIDP	Antimicrobial Stewardship/Infectious Diseases
Ann Slattery, DrPH, RN, RPh, DABAT, FAACT	Toxicology

** 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 medication errors and how to report them
- Review clinical activities to be provided/documented by the resident (i.e. pharmacokinetics, antibiotic monitoring, formulary interventions, and TDM, PN, 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 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 RPDs and the preceptors for the PGY-1 and PGY-2 programs. The Committee serves to support the program goals and improve the quality of the residency programs. 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 including adjustments for the current year and any restructuring for subsequent years. RAC is involved in each Quarterly Evaluation of the Residents and will make recommendations to be included in the development plan of each resident. RAC is also involved in the resident selection process and will assist in the review and interview of residency candidates as well as development of the final rank list. 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
- Schedules quarterly preceptor development meetings

Residency Oversight Committee
The Residency Oversight Committee (ROC) consists of the Assistant Vice President of Pharmacy Services, and the PGY-1 and PGY-2 Program Directors. ROC develops policies and procedures related to preceptor development as well as develops and implements criteria for appointment and reappointment of preceptors. ROC creates and implements a preceptor development plan for the residency program. ROC has genal oversight over the pharmacy residency programs.

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. The PGY-1 Resident Stipend is approximately $53,250/yr. The PGY-2 Resident Stipend is approximately $54,000/yr.

JACKSON HOSPITAL & CLINIC, INC.
Pharmacy Department

Subject: Resident Leave and Duty Hour Policy	Original Date: 03/01/2017
	Date Review/Revision: 6/13/2023
Approved By: Thomas H. Cobb, Assistant V.P. of Pharmacy Services Nancy Bailey, Residency Program Director PGY-1 Pharmacy Residency Program Luke Britton, Residency Program Director PGY-2 Emergency Medicine Residency Program	**Authorized Signature:** **AVP:** **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, the Residency Program Director and the Assistant Director of Pharmacy Operations (ADOP). 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 of 4 weeks/1-month or 2 ETO days per 6 weeks learning experience. The resident is allotted 5 interview days which are preferably not all on one rotation. The Residency Program 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).

- PGY-2 residents may not be eligible for ETO during certain learning experiences (ex. Toxicology)

- PGY-1 residents will work one major holiday and one minor holiday (1 resident will work Memorial Day and 2 will work Labor Day)

- PGY-2 residents will work one major holiday and minor holidays as the schedule necessitates

<u>Major Holidays</u>	<u>Minor Holidays:</u>
Thanksgiving Day	Memorial Day
Christmas Day	Labor Day
New Year's Day	

Professional Leave: Residents may take leave from the residency to attend professional meetings (other than residency required) or to interview for a position. This leave MUST be approved by the Residency Program Director (RPD) and any affected preceptors 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 do count towards the 37 days they are allowed to be away from the residency program:

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 Residency Conference
Southeastern Residency Conference
Other meetings approved by the Residency Program Director and the Assistant VP of Pharmacy Services
Recruitment forums as needed

As per ASHP standards, time away from the residency program does not exceed a combined total of the greater of 37 days per 52-week training period without requiring extension of the program. For the purposes of the Standard, time away from the program is defined as the total number of days taken for vacation, sick, interview, and personal days; holidays; religious time; jury duty; bereavement leave; military leave; parental leave; leaves of absence; and extended leave. Conference and/or education days, are also defined as "time away" for the purposes of the Standard. The RPD, as well as each resident is responsible for tracking time away from the residency.

Travel Allowance:

Each resident will be provided travel funds which may be used to attend the regional pharmacy residents' conferences (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. This travel allowance will cover meeting registration, lodging, transportation, and meals (limit of $50/day). For any air travel, the cost of a coach seat will be covered. Residents must submit an expense report and receipts of items claimed and will be reimbursed after this report is approved by the Assistant Vice President of Pharmacy.

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 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 affected 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.**

ETO for Sick time
- If a resident is ill and needs to take off to recover, the resident must email/text/call the affected 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 if they are not able to switch shifts with another co-resident.

Duty Hours

Residents will be introduced to this Policy and Procedure alongside the supporting ASHP Duty-Hour Requirements document during the interview process and orientation period.

Unlicensed residents shall be supervised by licensed pharmacists.

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.

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.

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.

Residents will have a minimum of one day in seven days free of duty (when averaged over four weeks).

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

A monthly attestation statement must be electronically signed and submitted through PharmAcademic™ by the resident verifying that they are in compliance with the ASHP duty hours standard.

Duty hours will be assessed monthly by the RPD in PharmAcademic. Residents will have all duty hours documentation complete by the last day of each month.

Scheduled duty periods: Assigned duties, regardless of setting, are those 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 workday, beyond the normal workday, or a combination of both. Occasionally the resident will have the opportunity to cover a pharmacist's position (e.g., scheduled pharmacist is sick), the resident will be compensated with pharmacist salary. This does not include staffing weekends, evenings, or holidays that are a part of relevant longitudinal learning experiences.

Moonlighting: Voluntary, compensated, pharmacy-related work performed 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. Moonlighting outside the organization (external) is not allowed during the residency program. (See Policy for Moonlighting).

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

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

Resident:_____ Date:_____

RPD:_____ Date:_____

JACKSON HOSPITAL & CLINIC, INC.

Pharmacy Department

Subject: Resident Moonlighting Policy	Original Date: 03/01/2017
	Date Review/Revision: 6/13/2023
Approved By: Thomas H. Cobb, Assistant V.P. of Pharmacy Services Nancy Bailey, PGY-1 Residency Program Director Luke Britton, Residency Program Director PGY-2 Emergency Medicine Residency Program	**Authorized Signature:** **AVP:** **RPD:**

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, Jackson Hospital Pharmacy Residency Programs will comply with the ASHP Accreditation Standards for duty hours and moonlighting.

PROCEDURE FOR MOONLIGHTING:
    A. INTERNAL MOONLIGHTING
        1. Moonlighting (internal) must not interfere with the ability of the resident to achieve educational goals and objectives of the JH Residency Program.
            a. All moonlighting hours must be approved by the RPD in coordination with the Assistant Director of Pharmacy Operations via e-mail 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. 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.
            e. Internal moonlighting is defined as hours worked for Jackson Hospital & Clinic, and external moonlighting is defined as hours worked outside Jackson Hospital & Clinic.

B. EXTERNAL MOONLIGHTING
1. Moonlighting outside the organization (external) is not allowed during the pharmacy residency program.

Signing indicates receipt and understanding of the 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.

BLS, ACLS and PALS Certification

The PGY-1 resident is required to complete training and acquire certification of BLS and ACLS. PGY-2 residents are required to complete training and acquire certification of BLS, ACLS and PALS. This should occur during orientation month of the residency year which will be planned for them by the residency program. Of note, if certification is not offered during that time period, it will be rescheduled at the earliest convenient time.

PGY-2 residents are expected to attend all codes that occur while they are on duty. If multiple PGY-2 residents are on duty at the time a code is called, the resident for the learning experience overseeing the patient care area for the code will respond. If no resident is directly assigned to that patient care area, the PGY-2 resident on an EM experience (days, nights) will respond.

Both PGY-1 and PGY-2 residents will be accompanied by a qualified preceptor to all codes until such time as the resident has completed the relevant competencies to attend alone.

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 has 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 the presentation. 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: 6/1/2023
Approved By: Thomas H. Cobb, Assistant V.P. of Pharmacy Services Nancy Bailey, PGY-1Residency Program Director Luke Britton, PGY-2 Residency Program Direction	Authorized Signature: AVP: 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 & Clinic. Included is professional conduct at work, acting in accordance with the Mission and Values of Jackson Hospital & Clinic, 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 90 days from the start date 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, or 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 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:**

For PGY-1's, 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.* Achieve ACHR in 50% of R2 and R4 objectives and be at a minimum of satisfactory progress (SP) for the rest (i.e. no current needs improvement by the end of the year) * (Note: R1 objectives and R3.2.4 to be achieved in two separate learning experiences to have ACHR)*.

For PGY-2's, achieving ACHR on all assigned goals and objectives in ASHP's Competency Areas' R1, R3, R5, and R6 as well as SP on all goals and objectives in R2 and R4 by the end of the residency is a requirement for completing the residency program. This correlates to an overall ACHR rate of 64% across all objectives.

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 (see below)
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.

Ratings Scale Definitions and ACHR Criteria

Rating Scale Example	Definition
Needs Improvement (NI)	• 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)	Resident is performing and progressing at a level that should eventually lead to mastery of the goal/objective • 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)	• Fully accomplished in the ability to perform the objective independently in the learning experience • Rarely requires assistance to complete the objective; minimum supervision required • No further developmental work needed
Achieved for Residency (ACHR)*	Resident consistently performs objective independently at the Achieved level, as defined above, across multiple settings/patient populations/acuity levels for the residency program

* On a quarterly basis, the RPD will review all summative and quarterly evaluations completed for learning experiences that the resident has completed and assess the ratings rendered by preceptors for each objective assigned to be taught and evaluated.

For objectives that are assigned to be taught and evaluated in only one learning experience when the objective and associated activities would generally only be completed once (i.e., objectives at the "Understanding" taxonomy level or objectives that are generating only one work product such as the participation in and completion of a medication usage evaluation), and the objective has been marked with the ACH rating, the RPD will confer the ACHR rating. This will be brought to the quarterly RAC meeting for discussion with the RAC members.

For objectives that are assigned to be taught and evaluated in two or more learning experiences (i.e., R1 patient care objectives), once the resident has been assessed in two separate learning experiences/two separate patient populations and/or acuity levels (e.g., internal medicine and critical care, etc.), and the objective has been marked with the ACH rating as described, the RPD will confer the ACHR rating. This will be brought to the quarterly RAC meeting for discussion with the RAC members.

Once ACHR rating consensus is conferred to applicable objectives, this will be documented in the RAC meeting minutes, communicated to the resident, documented in the resident's development plan as well as the RPD will document the applicable objectives as ACHR in PharmAcademic™. Once all objectives related to a goal are documented as ACHR in PharmAcademic™, the goal automatically is assessed as ACHR.

For any objective(s) marked as ACHR, if assigned on subsequent learning experiences, the preceptor is not required to rate or comment on such objective(s). However, the preceptor may always elect to include

any comments specific to such objective(s) in the overall evaluation comments as they deem appropriate.

At any time during the course of the residency program training if a preceptor and/or the RPD observe any resident performance as needing reinforcement, remediation, and/or further assessment, the RAC can decide to remove the ACHR rating from the associated objectives for further training and evaluation. If this occurs, it will be documented in the RAC meeting minutes, an action plan developed in collaboration with the resident which will be documented in the resident development plan and communicated with applicable preceptor(s).

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 uploaded to PharmAcademic by the RPD.
    d. The 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) and RPD, in consultation with the Assistant V.P. of Pharmacy Services, will determine a plan and course of action.
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 rotation.
    c. Ultimately, licensure received no later than 90 days from the start date of their residency year must be achieved.
    d. 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 the Residency Advisory Committee and the Residency Oversight Committee.
        i. If an extension is granted, the resident must obtain said licensure as soon as possible
        ii. Any extension may be with or without pay as dictated by hospital budget
    e. The resident will be terminated from the program if they do not pass the NAPLEX after two attempts.

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: AVP: 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 and is vital to resident accomplishment and success in a rigorous training environment. 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

DEFINITIONS:
Burnout
- A job-related syndrome that develops through prolonged response to chronic interpersonal stressors. Pharmacists may be predisposed to burnout because of regulatory compliance, excessive documentation, and incongruities between training and daily tasks. Rates of pharmacy resident burnout has not been documented; however, pharmacist burnout rates vary between 46-62%.

Resiliency
- The ability to respond to stressful situations in a positive manner and adapt well under pressure
- Being aware of the situations, persistent and self-determined are elements of resilience
- Resiliency in pharmacy can lead to improved patient care, patient safety and satisfaction

Grit
- Described as "Perseverance and passion for long-term goals"
- It enables a person to function under high pressure for a long period. Personality has been found to be common in highly successful people, including medical professionals and teachers.
- Low grit scores have been associated with burnout and wellbeing compared to high grit scores in medical students.

Well-Being
- Defined as positive outlook, not experiencing depression or anxiety, sense that life is good and functions in a positive manner.
- Feeling healthy and with high energy

POLICY/PROCEDURE: This document will be used to orient residents to the wellness program at the beginning of the residency year by outlining the support the program and hospital provide to residents to facilitate well-being and prevent burnout. Optional wellness activities will be planned and

offered each year based on resident interest. Below are the following options of support available to you throughout your time at Jackson Hospital.

Program Details:

1. Prevention of Resident Burnout
   a. Mindfulness
      i. Helps prevent burnout, stress, anxiety, and depression
   b. Sleep hygiene
      i. Helps with overall restoration which will improve ability to function at higher levels
   c. Physical activity
      i. Improves quality of life and relieve stress
   d. Identification of Needs through Birkman Personality Assessment
      i. 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.

2. Residency Program Support
   a. Wellbeing and Resiliency Training
      i. Discussion with RPD:
         1. At quarterly meetings with RPD, the top 3 stressors will be asked to see how to mitigate them (if possible).
      ii. Resident Well-Being Quarterly Evaluation
         1. The residents will complete a resident well-being quarterly evaluation in PharmAcademic and review this evaluation with the RPD during their quarterly review.
         2. The residents are strongly encouraged to take the My Well-Being Index Quarterly through APhA
            a. 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/
            b. **Well-Being Assessment Tools:**
               i. https://www.mywellbeingindex.org/account_setup
               ii. Includes application and resources
   b. Mentor Program
      i. 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.**
         1. **Goals of the Mentor:**
            a. Resident's advocate & sounding board

b. Foster professional development
                    c. Support through challenging times
                    d. Share in rewarding times
            2. **Activities of the Mentor**
                    a. Build trust and keep discussions confidential
                    b. Open communication and serve as liaison
                    c. Provide positive and constructive feedback
    c. Wellbeing activities
            i.   Montgomery Biscuits Baseball Game in June/July
            ii. End of the Year Luau Pool Party
            iii. Tacky Christmas Party with Dirty Santa
            iv. Social outings at least quarterly. Ideas include:
                    1. Bowling
                    2. Sips and Strokes
                    3. Costume Parties
                    4. Trivia Night
    d. Service opportunities – giving back and serving others as a Residency Program and
        Pharmacy Department is a key strategy to build community and combat burnout and
        compassion fatigue; service opportunities will be announced via email from the
        marketing department.

3. **Jackson Hospital Resources**
    a. **Emotional Wellbeing**
            i.   **Employee Assistance Program (EAP)**
                    1. A FREE program offered by your organization that is available to you,
                        your household members and dependents offering access to
                        confidential, professional support, 24/7/365. Work life services are also
                        provided which can help you find resources and providers that can help
                        you achieve a better balance between work, life, and family (see EAP
                        website for full details) Support and services include:
                            a. Live, Immediate Assistance
                                    i.   Call 24/7: (855) 775-4357. Schedule confidential, face-
                                         to-face, phone, video, text or chat assistance with
                                         professionals that's private, confidential.
                            b. Mental Health Counseling
                                    i.   HELP WITH: Family Conflict, Couples/Relationships,
                                         Substance Abuse, Anxiety, Depression and more.
                            c. Work/Life Resources
                                    i.   RESOURCES INCLUDE: Adoption, Elder/Adult Care,
                                         Parenting, Child Care, Medical Advocacy, Special
                                         Needs Support, Wellness and more.
                            d. Legal/Financial Resources
                                    i.   RESOURCES INCLUDE: Budgeting, Estate
                                         Planning/Wills, Divorce/Custody, Bankruptcy, Personal
                                         Injury/Malpractice, Major Life Event Planning, ID Theft
                                         and more.
                            e. Life Coaching

           i. COACHES HELP WITH: Life Transitions, Work/Life Balance, Goal Setting, Improving Relationships, and more.

    2. These services are free of charge and 100% confidential. Call 1-855-775-4357 or go to rsli.acieap.com for assistance or visit the "Employee Assistance Program" tab on the Human Resources page for more information.

  ii. Crisis:

    1. 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.

  iii. In-House Counseling:

    1. In house counselor can be reached at extension #8675, who can provide immediate assistance and short-term counseling

  iv. Additional Counseling Beyond EAP and In-House Counseling:

    1. 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.

b. Physical Wellbeing

  i. Care for Illness

    1. Jackson Clinic

      a. Comprehensive medical care including primary care visits, prescription management, and lab tests.

      b. 23 total Primary Care offices with $25 copay

    2. Urgent Care

      a. Convenient alternative to urgent care visits. Physicians available anytime and can resolve many non-emergency medical issues via phone or online video.

      b. Locations in Montgomery, Pike Road, and Prattville open Monday – Friday 8am – 6pm

      c. Copay of $25

    3. Employee Health

      a. Routine hours for occupational health needs such as TB skin testing, immunizations, annual health screen, injury care, blood tests, and respirator fit tests. Work related injuries do not require an appointment: minor sprain/strain, respiratory illnesses, chemical/hazardous exposure, minor lacerations and wounds, eye injuries, and skin conditions.

      b. Minor non-work-related conditions may be seen by appointment

        i. Minor sprain/strain, conjunctivitis, skin rash/cuts, minor GI complaints, bladder infections, headaches, respiratory illnesses

    4. Specialist

      a. Jackson Hospital and Clinic has numerous specialists. If there is any issue establishing as a patient that is not within a reasonable amount of time, please let the RPC, RPD, or AVP of Pharmacy Services know to assist with coordination of care.

b. Copay of $40
      ii. Jackson Wellness Center (Gym)
              1. Membership is free
              2. Hours: Monday-Friday 5:00am-9:00pm, Saturday 7:00am-3:00pm, Sunday 1:00pm-6:00pm, and Closed Holidays
              3. Amenities include:
                      a. Cardiovascular exercise area
                      b. Strength training area
                      c. Sauna & steam room
                      d. Locker rooms with showers
                      e. 3D body scans with biometrics
                      f. Massage therapy
                      g. Indoor walking track
                      h. Fitness classrooms
                      i. Personal training
   c. Financial Wellbeing
      i. Fidelity

4. Identification of Resident Burnout
      a. Burnout can be identified by emotional exhaustion, cynicism and/ or low sense of personal accomplishment
      b. The Well-bring Index can help with identification

5. Management of Resident Burnout
      a. Build connections with family, friends, colleagues, community
      b. Find a support system
              i. Family and friends
              ii. Peer group
      c. Journal writing
      d. Personal health
              i. Sleeping
              ii. Eating healthy
              iii. Exercising
      e. Seek professional help

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Well-Being Concepts | HRQOL | CDC

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: 06/6/2023
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
Ratings Scale Definitions and ACHR Criteria

Rating Scale Example	Definition
Needs Improvement (NI)	• 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)	Resident is performing and progressing at a level that should eventually lead to mastery of the goal/objective • 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)	• Fully accomplished the ability to perform the objective independently in the learning experience • Rarely requires assistance to complete the objective; minimum supervision required • No further developmental work needed
Achieved for Residency (ACHR)*	Resident consistently performs objective independently at the Achieved level, as defined above, across multiple settings/patient populations/acuity levels for the residency program

* On a quarterly basis, the RPD will review all summative and quarterly evaluations completed for learning experiences that the resident has completed and assess the ratings rendered by preceptors for each objective assigned to be taught and evaluated.

For objectives that are assigned to be taught and evaluated in only one learning experience when the objective and associated activities would generally only be completed once (i.e., objectives at the "Understanding" taxonomy level or objectives that are generating only one work product such as the participation in and completion of a medication usage evaluation), and the objective has been marked with the ACH rating, the RPD will confer the ACHR rating. This will be brought to the quarterly RAC meeting for discussion with the RAC members.

For objectives that are assigned to be taught and evaluated in two or more learning experiences (i.e., R1 patient care objectives), once the resident has been assessed in two separate learning experiences/two separate patient populations and/or acuity levels (e.g., internal medicine and critical care, etc.), and the objective has been marked with the ACH rating as described, the RPD will confer the ACHR rating. This will be brought to the quarterly RAC meeting for discussion with the RAC members.

Once ACHR rating consensus is conferred to applicable objectives, this will be documented in the RAC meeting minutes, communicated to the resident, documented in the resident's development plan as well as the RPD will document the applicable objectives as ACHR in PharmAcademic™. Once all objectives related to a goal are documented as ACHR in PharmAcademic™, the goal automatically is assessed as ACHR.

For any objective(s) marked as ACHR, if assigned on subsequent learning experiences, the preceptor is not required to rate or comment on such objective(s). However, the preceptor may always elect to include any comments specific to such objective(s) in the overall evaluation comments as they deem appropriate.

At any time during the course of the residency program training if a preceptor and/or the RPD observe any resident performance as needing reinforcement, remediation, and/or further assessment, the RAC can decide to remove the ACHR rating from the associated objectives for further training and evaluation. If this occurs, it will be documented in the RAC meeting minutes, an action plan developed in collaboration with the resident which will be documented in the resident development plan and communicated with applicable preceptor(s).

Completion Requirements

Residency Requirements	Achieved	Date Completed
1. Complete Orientation Checklist		
2. Complete Required Orientation competencies by second quarterly development plan		
3. Obtain BLS and ACLS certification		
4. Alabama Licensed pharmacist for required proportion of residency year per Pharmacy Residency Licensure, Dismissal and Discipline Policy		
5. Complete staffing requirements (with approximately 32 hours/month)		

6.   Successful completion of all learning experiences (per evaluation of preceptor)
    a.   Orientation + Required Learning Experiences + 2 Elective Learning Experiences
    b. Longitudinal Learning Experiences		

7.   Complete one research project or service improvement project
    a.   Obtain IRB approval (for research project)
    b.   Submit abstract to ASHP Resident Poster Session
    c.   Conduct research
    d.   Present results at ASHP Midyear and regional residency conference
    e. Complete final write-up of project (manuscript)		

8. Achieve ACHR in all R1 and R3 (R1 objectives and R3.2.4 to be achieved in two separate learning experience to have ACHR)
   a. Achieve ACHR in 50% of R2 and R4 objectives and be at a minimum of satisfactory progress (SP) for the rest (i.e. no current needs improvement by the end of the year)
   b. This correlates to an overall ACHR rate of 78% across all objectives at the end of the year		

9. Seminar Presentation with ACPE approved continuing education		
10. Identify medication for formulary addition and develop a monograph		
11. Prepare a drug class review, treatment guideline, or protocol.		
12. Complete medication-use evaluation and present at P&T Committee		
13. Submit on-line safety/adverse event reports (minimum 1 per week)		
14. Two journal club (JC) presentations.		
15. Two patient presentations.		
16. Write a minimum of one newsletter article(s)		
17. Complete drug information requests. (minimum of 4)		
Additional Program Completion Requirements Not Required by the Standard 18. Completion and Submission of FINAL resident notebook/portfolio prior to graduation 19. Complete Resident Exit Interview 20. Return Office key, mobile phone, laptop and badge		

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 & CLINIC, INC.
PHARMACY DEPARTMENT

Subject: Jackson Hospital and Clinic PGY2 Emergency Medicine Pharmacy Residency Criteria for Certificate	Original Date: 08/04/2021
	Date Review/Revision: 6/13/2023
Approved By: Thomas H. Cobb, Assistant VP of Pharmacy Services J. Luke Britton, PGY2 Emergency Medicine Residency Program Director	Authorized Signature: AVP: RPD:

Jackson Hospital and Clinic PGY2 Emergency Medicine Pharmacy Residency Criteria for Certificate

Residency Requirements	Achieved	Date Completed
1. Complete Orientation Checklist		
2. Alabama Licensed pharmacist for required proportion of residency year per Pharmacy Residency Licensure, Dismissal and Discipline Policy		
3. Practice Service Commitment (with approximately 40 hours/month)		

4. Successful completion of all learning experiences (per evaluation of preceptor)
  a. Orientation + Required Learning Experiences + 2 Elective Learning Experiences
  b. Longitudinal Learning Experiences		

5. Complete one research project or service improvement project
  a. Obtain IRB approval (for research project)
  b. Submit abstract to ASHP Resident Poster Session
  c. Conduct research/implement improvement process
  d. Present results at Southeastern Residency Conference		

6. Achieve ACHR in all residency goals and objectives in R1, R3, R5, and R6 as well as make SP (or higher) in R2 and R4* This correlates to an overall ACHR rate of 64% across all objectives Note: R1 objectives to be achieved in two separate learning experiences to have ACHR or at discretion of RPD		
7. Seminar Presentation with ACPE approved continuing education		
8. Completed and signed "PGY2 Patient Experience" tracking form		

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 with a focus on a particular patient population or disease state(s)) (4 weeks)
General Internal Medicine 3N/4E (4 weeks) *	Ambulatory Care* (15 weeks for each resident)	Transitions of Care
Medicine/Surgery 6T (4 weeks) *	Research (12 months)	Pharmacy Management (4 weeks)
Internal Medicine/ 5T/4W (4 weeks) *	Operations (11 Months)	
Cardiology (6 weeks)*	Drug Information (10 months)	
Critical Care (6 weeks) *	Resident Teaching and Learning Program (10 months)	
Emergency Medicine (6 weeks) *		
Antimicrobial Stewardship/Infectious Diseases (6 weeks) *		

*Direct patient care learning experiences

Jackson Hospital and Clinic PGY2 Pharmacy Residency
Program Structure

The PGY2 Emergency Medicine pharmacy residency at Jackson Hospital is a 12-month full time program that offers experience focused on emergent and critical patient care. 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 one month 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 will also have several direct teaching opportunities, be involved in the medication use process, and gain experience implementing research or practice projects through completion of a major project. All learning experiences are designed to produce an emergency medicine pharmacy specialist 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 (4-5 weeks)	Required Longitudinal Experiences	Elective Learning Experiences (choose 2)
Orientation	Antimicrobial Stewardship* (11 months)	Diagnostic Considerations
ER days 1, 2, & 3 *	Drug Information (11 months)	ER-ICU Transitions of Care*
ER Nights 1, 2, & 3 *	Longitudinal Project (11 months)	FEMA emergency management
Cardiology*	Medical Emergency Management (11 months)*	Additional experiences to be created based on resident-specific goals
Critical Care*	Practice Management (11 Months)	
Toxicology (off-site)*	PGY2 Pharmacy Leadership and Administration (6 months)	
Performance Improvement Application & Analysis	PGY2 Teaching and Learning (11 months)	

*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.

Note for PGY-2 residency: Some orientation activities may be skipped for PGY-2 residents having completed the Jackson Hospital PGY-1 Pharmacy Residency. See syllabus for details.

PGY-1 Operational Service Commitment (Operations)

Operations is a longitudinal 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.

PGY-2 Emergency Department Practice Management (Service commitment)

Practice Management is an 11-month experience designed to ensure that residents gain independent experience in the Emergency Department and can function as a pharmacy specialist. The main focus of the learning experience is to provide an opportunity for PGY2 residents to gain experience managing a service independently.

To achieve this objective, residents will be scheduled approximately 40 hours a month, which will consist of working 10-hours Saturday and Sunday every 2nd weekend. This will commence following the end of August/beginning of September for new incoming residents once the required competencies have been completed. During rotation blocks in which a PGY-2 resident is not presently assigned to Friday evening coverage as part of a learning experience, the service commitment will be expanded to include Friday 16:00-22:00 every 2nd weekend. Residents will be accommodated one compensatory day off for commitment weekends when this Friday coverage is required.

All residents are required to have an active pharmacy license in the state of Alabama.

Residents will be evaluated by their Practice Management Experience preceptors on a quarterly basis. The practice management 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 experience.

Learning Experiences
Residents successfully complete all learning experiences (per evaluation of preceptors) including Orientation, Required Learning Experiences, two Elective Learning Experiences, and Longitudinal Learning Experiences. **(see Jackson Hospital and Clinic Pharmacy Residency Criteria for Certificate and syllabi)**
1. **Elective Learning experience requests:**
   Learning experience requests for Electives or requests 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 any affected preceptor to accommodate any requests or changes.
2. **Required Presentations:** Periodically, the resident will be required to complete either a case presentation or journal club as part of a learning experience. These evaluations will be completed in PharmAcademic. (**see Jackson Hospital and Clinic Pharmacy Residency Criteria for Certificate and syllabi**)
3. **Ambulatory Care (PGY-1 only):** tentatively, one half-day per week the resident will attend an ambulatory care site for 15 weeks.

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 resident will develop their manuscript for the project. The residents will develop 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 syllabi for the applicable research and practice project experiences along with other supporting documents to assist in completing the project. Research meetings will be held monthly.

Note for PGY-2 residents: While a list of potential projects will be available at the start of the residency, PGY-2 residents are expected to take a greater role in the design of their project which may affect the ultimate timeline for data collection and availability of results for presentation at required meetings (i.e. ASHP Midyear). It is expected that the PGY-2 resident will have outcomes to present for ARC and SERC as above.

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 Research Committee 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 (PGY-1) and Practice Project (PGY-2) learning experiences** for further information.

Manuscript

All residents are required to write at least one **Manuscript** suitable for publication in a peer-reviewed biomedical journal on their research or Process Improvement 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 the first author and be responsible for submission and revisions to a journal, if submitted.

Teaching Activities

Residents participate in a longitudinal learning experience over the residency year focusing on Teaching Activities. Resident involvement in teaching activities fosters the development and refinement of the resident's communication skills, builds confidence, and promotes the effectiveness of the resident as a teacher. 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 an optional **teaching**

certificate program in conjunction with 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 relevant **Drug Information Learning Experience Description** for further information (specifically the **Residency Seminar/Continuing Education Guidelines)**

Longitudinal Drug Information Activities

The purpose of the longitudinal 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 presentations (e.g. lunch and learn, specific topics, etc.) 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 residents 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

Additional activities for PGY-2 residents:
- PGY2 residency budget
- Emergency/Disaster Management

Please see the relevant Pharmacy Leadership and Administration Learning Experience.

Documentation of Interventions

Pharmacy Services **Documentation of Interventions**-Each resident will document his/her daily interventions in the current tool being utilized by the preceptor. This is extremely important to the program to document cost savings and improved patient care.

Residency Evaluation Policies and Procedures

A. 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. These evaluations are due within 7 days of scheduled deadlines.

B. Preceptor's Evaluation of the Resident's Learning Experience Performance
- Each preceptor will complete an electronic summative evaluation for 4-week, 1-month, and 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-week, 1-month, and 6-week core clinical learning experiences) will complete a midpoint evaluation with mandatory **qualitative** comments (**how** can the resident improve) for completion of learning experiences.
- The preceptor will review and will discuss the evaluation 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 via PharmAcademic within 7 days of the scheduled deadlines.

C. 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 (PGY-1), Pharmacy Leadership and Administration, Drug Information, Ambulatory Care (PGY-1), Resident Teaching and Learning Experience, Residency Research/Process Improvement Projects, Antimicrobial Stewardship (PGY-2), and Medical Emergency Management (PGY-2). These are completed by the respective preceptors/ evaluators.
   - Completed electronic evaluations must be completed via PharmAcademic 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 development plan.

D. Resident Development Plan
- The resident will complete a pre-residency interest/self-evaluation with required/elective residency goals.
- The resident, RPD, and mentor will complete a resident development plan, after the resident has chosen a mentor, within 30 days of start of residency then quarterly thereafter. These development plans will be emailed out to preceptors through PharmAcademic. Resident progress will be reviewed during RAC meetings.
- Prior to each meeting, the resident will be prepared to discuss the criteria listed below and must bring a completed self-evaluation including, but not limited to: strengths, areas for improvement, interests and career goals.

- The development plan criteria include, but are not limited to:
  - Percent (%) goals achieved, also reviewing any goals marked "needs improvement"
  - Updates to development plan
  - Strengths – professional and personal
  - Areas for improvement – professional and personal
  - Career goals
    - Licensure status
    - Criteria for completion of residency progress
    - Well-being and resilience
  - Appendix of Completion progress (PGY-2 only)
- The resident will be responsible for organizing information (except % goals achieved) prior to resident development plans

Resident Quarterly Development Plan Report and Quarterly Submission Dates

Quarter (subject to change)	**Resident Quarterly Submission Date**
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. Learning experience evaluation of the preceptor and learning experience.
  2. Quarterly progress report and Quarterly Longitudinal Evaluations on Operations (PGY-1), Drug Information, Pharmacy Leadership and Administration, Ambulatory Care (PGY-1), Research/Process Improvement Projects, Resident Teaching and Learning Experience, Antimicrobial Stewardship (PGY-2), and Medical Emergency Management (PGY-2).

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 presentation is listed in each individual syllabus for core rotations.
  3. Quarterly longitudinal evaluations for those preceptors in: Operations

(Pharmacy Preceptor, PGY1), 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, PGY1), Resident Teaching and Learning (various preceptors), Research/Process Improvement (various preceptors), Antimicrobial Stewardship (AMS pharmacist, PGY-2), and Medical Emergency Management (various preceptors, PGY-2)

C. <u>Residency Program Director</u>
1. Quarterly evaluation of residents, 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 the 30 minute allotted time (20-25 minutes maximum to present and 5-10 minutes for questions). These presentations are 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 **Appendices.**

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 clubs 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, be published within the **last 12 months**, approved by the RPD, and not have been presented by another pharmacy resident, student, or his/herself.
- Topic must be related to the current learning experience.
- Email a copy of the article to the preceptors with the date/time 1 week before presentation.
- A handout must accompany the presentation—**optional per preceptor.**
- Template in **Appendices**

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.
  - **PGY-2 residents**: Topics must be relevant to Emergency Medicine

Appendix
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 RPD.

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 Jackson Hospital- Montgomery, AL network drive.

Signature:_____Date:_____

APPENDIX
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

	Strongly Agree	Agree	Not Sure	Disagree	Strongly Disagree	
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.

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

	Strongly Agree	Agree	Not Sure	Disagree	Strongly Disagree	
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
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
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:_____ Date:_____

RPD:_____ Date:_____

Forward completed evaluation to Residency Program Director

Appendix

Pharmacy Journal Club

Reviewer			
Name		**Rotation**	
Date		**Preceptor**	
Overview			
Article title & citation			
Author(s)			
Study objectives			
Brief background (Why this study was selected or issue is pertinent)			
Funding			
Methods			
Study design/methods (Type of trial, randomization, length of study, sample size)			
Inclusion criteria			
Exclusion criteria			
Interventions			
Outcomes/endpoints			
Statistical analysis			
Results			
Enrollment & baseline characteristics			
Summary of primary & secondary outcomes (Including subgroup analysis and safety data if applicable)			
Other Relevant Primary Literature			
Brief summary of 2-3 primary literature articles (related/relevant to journal club article)			
Author's Discussion & Conclusions			
Summary of author's key discussion points			
Author's conclusions			
Presenter's Discussion & Conclusions			
Study strengths			
Study weaknesses and limitations			
Study's impact on pharmacist/pharmacy			
Presenter's conclusions and recommendations			

• Suggested table length is 1 page (front & back) with ≥10 point font and 1" margins • Strict time limit of 25 min •
• Up to 2 additional reference pages may be attached (i.e., tables from study) •