



Princeton Baptist Medical Center

Brookwood Baptist Health.

PHARMACY RESIDENCY MANUAL

2023-2024

PHARMACY RESIDENCY PROGRAMS

PGY1 Purpose

PGY1 pharmacy residency programs build on Doctor of Pharmacy (PharmD) education and outcomes to develop pharmacist practitioners with knowledge, skills, and abilities as defined in the educational competency areas, goals, and objectives. Residents who successfully complete PGY1 residency programs will be skilled in diverse patient care, practice management, leadership, and education, and be prepared to provide patient care, seek board certification in pharmacotherapy (i.e., BCPS), and pursue advanced education and training opportunities including postgraduate year two (PGY2) residencies.

PGY2 Internal Medicine Purpose

PGY2 pharmacy residency programs build on Doctor of Pharmacy (PharmD) education and PGY1 pharmacy residency programs to develop pharmacist practitioners with knowledge, skills, and abilities as defined in the educational competency areas, goals, and objectives for advanced practice areas. Residents who successfully complete PGY2 residency programs are prepared for advanced patient care or other specialized positions and board certification in the advanced practice area, if available.

PGY1 Program Structure

<u>June-July</u> Orientation (5 weeks)	<u>August-December</u> Required Rotations (4 x5 weeks)	<u>December-January</u> “Winter Block” Transition (2 weeks)	<u>January-June</u> Remaining Required and Elective Rotations (4 x5 weeks + 1 x4 weeks)
<ul style="list-style-type: none"> • Hospital orientation • Electronic Medical Record training • Residency program introduction • Operational Staffing • Clinical Consults • Research Project, Medication Use, and Lecture Series orientation • ACLS/BLS Certifications • IV Sterile Products Certification (through Samford University) 	<p><u>Required:</u></p> <ul style="list-style-type: none"> • Administration • Staff Medicine • Hospitalist Medicine • Cardiology • Medical ICU • Surgical ICU 	<ul style="list-style-type: none"> • Project(s)—research, seminar, P&T, etc. • Vacation • Holiday consult coverage (weeks of Thanksgiving, Christmas, New Year’s) 	<p><u>Required:</u></p> <ul style="list-style-type: none"> • Any rotations not scheduled August-December • Independent Practice • Primary Preceptor <p><u>Electives (choose 2):</u></p> <ul style="list-style-type: none"> • Antimicrobial Stewardship • Informatics • Neuroscience ICU • Transitions of Care • Repeat required rotation
<p><u>Longitudinal Experiences:</u> Operational Practice, Clinical Coverage, Lecture Series, Medication Use, Research Project</p>			

PGY2 Internal Medicine Program Structure

<u>June-July</u> Orientation (5 weeks)	<u>August-December</u> (4 x 5 weeks)	<u>December-January</u> “Winter Block” Transition (2 weeks)	<u>January-June</u> (4 x5 weeks + 1 x4 weeks)
<ul style="list-style-type: none"> As above for the PGY1 program, if applicable. This rotation block will be replaced by staff medicine if the PGY2 completed their PGY1 at Princeton, and orientation will occur over multiple sessions during the first 2 weeks of the residency year. 	<ul style="list-style-type: none"> Staff Medicine Medical ICU Electives 	<ul style="list-style-type: none"> Project(s)—research, seminar, P&T, etc. Vacation Holiday consult coverage (week of Christmas) 	<ul style="list-style-type: none"> Staff medicine Electives
<p><u>Longitudinal Experiences:</u> Clinical Coverage, Medication Use, Research Project, Teaching and Precepting</p> <p><u>Electives:</u> Cardiac ICU, Hospitalist, Neuroscience ICU, Surgical ICU, Transitions of Care</p>			

RESIDENCY ADVISORY COMMITTEE

The Residency Advisory Committee exists to assist the Residency Program Directors in conducting the residency program by overseeing customized training of individual residents, assisting in disciplinary action proceedings, and participating in continuous quality improvement efforts, including a formal annual program evaluation.

Committee Structure

The Residency Advisory Committee consists of the Residency Program Directors for both the PGY1 and PGY2 programs, four Advisors (one per resident), and two Longitudinal Coordinators (research and drug information [covering Medication Use and Pharmacy Grand Rounds]). Advisor appointments may rotate each year to ensure preceptors gain experience in evaluating overall resident progression and build a sense of buy-in and accountability to the program. Longitudinal Coordinators are appointed based on interest and/or expertise and may serve in this role as long as they and the Residency Program Directors agree continued service is beneficial to the program and individual residents. The Residency Program Directors report the activities of the Residency Advisory Committee to the Director of Pharmacy Services as needed.

The following meetings fall under the purview of the Residency Advisory Committee: monthly “Rotation Handoff” meetings, bi-monthly Longitudinal Coordinator Meetings (Advisors may attend as desired or requested), quarterly development plan meetings, annual continuous quality improvement meeting (June), and other meetings on an ad-hoc basis.

Advisor Duties and Expectations

The Advisors are responsible for overseeing the training of the assigned resident to ensure they progress toward achieving goals and program completion at an appropriate pace, meet established program and project deadlines, compile a complete electronic residency portfolio, and maintain a stable mental and emotional state. The Advisor is the resident’s first point of contact for serious issues or problems and escalates significant issues to the Residency Program Director for review. Each Advisor is responsible for developing and updating a development plan for their assigned resident on a quarterly basis with the purpose of modifying the design and conduct of the program to address each resident’s unique learning needs and interests.

Longitudinal Coordinator Duties and Expectations

The Longitudinal Coordinators share accountability for their designated experiences and continuous quality improvement related to those experiences along with the Residency Program Directors. The coordinators are responsible for developing and executing orientation for each learning experience or portion of the experience,

distributing assignments to residents and preceptors, helping the Residency Program Directors ensure the residents and preceptors have needed tools and support to successfully carry out their assignments, reporting resident progress to the Residency Program Directors, and facilitating continuity of their designated experiences between resident classes.

PRECEPTOR APPOINTMENT, DEVELOPMENT, AND ASSESSMENT

The Residency Program Directors, in conjunction with the Residency Advisory Committee, will be responsible for the following on an annual basis: appointment and reappointment of preceptors, assessment of preceptor skills, assessment of preceptor needs, schedule of activities to address identified needs, and periodic review of the effectiveness of preceptor development program.

Appointment and Reappointment of Preceptors

Preceptor eligibility criteria are defined below for each residency program.

PGY1 Pharmacy	PGY2 Internal Medicine
Desire to precept and contribute to success of the resident	
Commitment to advance the program and pharmacy services	
<ul style="list-style-type: none"> • Must have completed an ASHP-accredited PGY2 residency in the preceptor area followed by 6 months of practice, OR • Must have completed an ASHP-accredited PGY1 residency followed by 1 year of practice in the preceptor area, OR • Must have 3 or more years of practice in the preceptor area 	<ul style="list-style-type: none"> • Must have completed an ASHP-accredited PGY2 residency followed by a minimum of one year of pharmacy practice in the advanced practice area, OR • Must have 3 or more years of practice in the advanced area

Prospective preceptors will submit their Academic and Professional Record to the Residency Program Director and have follow-up discussions as needed to determine whether they meet the preceptor eligibility criteria for the given program. The Residency Program Director may then appoint them as a new preceptor or develop a training plan to meet requirements within 2 years. The Residency Program Director will review each preceptor’s eligibility criteria, educational needs, and residency activity attendance annually prior to the start of the residency year for continued compliance with the policy for reappointment.

Assessment of Preceptor Development Needs

PBMC will offer educational opportunities for preceptors to improve their precepting skills. Annually, a preceptor assessment and development plan will be developed to focus on areas of need. Responsibilities for completing assessment steps are detailed below.

<u>Individual Preceptor Responsibilities</u>	<u>Residency Program Director Responsibilities</u>
<ul style="list-style-type: none"> • Biannually <ul style="list-style-type: none"> ○ Academic and Professional Record ○ Preceptor Self-Assessment Tool • As assigned <ul style="list-style-type: none"> ○ Preceptor Needs Assessment Survey 	<ul style="list-style-type: none"> • Annually <ul style="list-style-type: none"> ○ Review residents’ evaluations of preceptors and learning experiences to identify potential preceptor development needs ○ Solicit verbal/written program feedback from residents ○ Assess preceptor attendance at assigned residency activities • Review ASHP residency accreditation site visit recommendations, if applicable, to identify recommendations or areas of partial compliance pertaining to precepting skills

Development Process for Annual Preceptor Development Plan

Preceptor development needs identified through the assessment process will be discussed annually as part of the end-of-year preceptor debriefing in June. The Residency Program Directors and preceptors will come to a consensus on the areas of preceptor development on which to focus during the upcoming year. The Residency Program Directors (or designee) will develop a tentative preceptor development plan for the upcoming year with activities to address areas of need and a schedule of activities; this plan will be presented to pharmacy leadership for approval in July. If preceptor development needs have been identified for individual preceptor(s) that will not be met by the current preceptor development plan, the Residency Program Directors may also develop individual plans for these preceptors in addition to the plan for the preceptor group at large. The preceptor development plan will be publicized to all preceptors and will be housed on the pharmacy residency SharePoint page.

Review of Plan Effectiveness

Review of the current preceptor development plan will occur annually as part of the end-of-year preceptor debriefing in June. Effectiveness of the plan will be assessed via discussion with preceptors regarding the effectiveness of the past year's activities and review of preceptor needs assessment survey results to determine whether needs addressed through preceptor development activities in the past year are still identified as areas of need. The discussion of effectiveness of previous year's plan will be utilized when developing topics, scheduling, and activity types for the upcoming year.

Preceptor Activity Attendance Expectations

Preceptors should attend residency activities on a regular basis to build precepting skills as well as to show a commitment to the program. Due to scheduling conflicts, lower attendance thresholds may be necessary for different activities for the administration preceptor, operations preceptor, any offsite preceptors, or Auburn University faculty members. The Residency Program Directors will keep a record of attendance and will work with pharmacy administration to address deficiencies. Required activities include, but may not be limited to, quarterly preceptor development sessions (goal $\geq 75\%$ of sessions per residency year), Pharmacy Grand Rounds (20 sessions, goal of $\geq 50\%$ of sessions per residency year), and Rotation Handoff (8 sessions, required for preceptors with a current or upcoming resident rotation, advisors, and Residency Program Director).

Required Training for Preceptors New to the Program

Preceptors new to the program must read and discuss the "Guidance Document for the ASHP Accreditation Standard for Post Graduate Residency Programs," "PBMC Residency Manual," and "PBMC Residency Program Structure, Design, and Conduct materials with the Residency Program Director(s).

Preceptors Not Meeting the ASHP Preceptor Definition

The RPD and preceptor will develop an individual plan designed to ensure the preceptor meets ASHP preceptor requirements within 2 years, which will be reviewed annually for resolution.

Other Opportunities for Preceptor Development for PBMC Preceptors

Material for self-study will be circulated as identified by the Residency Program Directors or preceptors. Preceptors may attend local, regional, or national programs to enhance their precepting skills. Those who attend meetings that provide education regarding precepting may be asked to share this information during a residency meeting or other forum as appropriate. Attendance at professional meetings is subject to PBMC's travel policy. Requests for professional leave or travel reimbursement should be submitted to the preceptor's manager. ASHP, Auburn and Samford Universities, Pharmacist Letter, and others provide preceptor development resources live and online.

EXPECTATIONS AND RESPONSIBILITIES OF RESIDENTS

Acceptance of Program Policies

Each resident must attest that they have reviewed and accepted all program policies within 14 days of the residency start date via a custom evaluation in PharmAcademic. This requirement is in addition to any acceptance of enterprise policies required by Human Resources.

Professional Conduct

It is the responsibility of the residents of Princeton Baptist Medical Center (PBMC) to uphold the highest degree of professional conduct at all times. The resident will display an attitude of professionalism in all aspects of their daily practice.

Professional Dress

All residents are expected to dress in an appropriate professional manner whenever they are in the institution or attending any function as a representative of PBMC. Residents may wear scrubs that are galaxy blue in color during routine residency shifts. Slip-resistant shoes are encouraged, but appropriate closed-toe and closed-heel shoes are required. There are times when more formal attire is required for internal and external residency functions. Men are expected to wear slacks and dress shirts with or without a tie. Women are expected to dress conservatively and professionally: skirts and dresses must be within three inches of the knee, and slacks must be ankle length (within three inches of the ankle) or longer. Additionally, all provisions of the Brookwood Baptist Health (BBH) **Professional Appearance and Hygiene Policy** should be followed at all times. Exceptions may be made based on resident-specific needs or in times of unusual local circumstances (e.g., pandemic, external disaster); however, changes must be approved by the Residency Program Director or pharmacy administration prior to deviation from the policy. Any specific problems with professional dress will be addressed by the Residency Program Director or pharmacy administration.

Employee Badges

PBMC requires all personnel to wear their badges above the waist at all times while on campus. If the employee badge is lost, the resident must report the loss immediately to Security, and a replacement will be issued.

Patient Confidentiality

All residents will strictly maintain patient confidentiality. 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.

Communication

Timely communication between resident and preceptor is vital to ensure optimal patient care, promote learning, and coordinate various activities. Residents should proactively engage preceptors regarding scheduling needs internal or external to the given rotation (e.g., interdisciplinary rounding time changes, longitudinal project meetings, committee meetings, medical appointments). The resident should prioritize questions and problems to discuss during any scheduled meeting times. Preceptors are available via office, Spectralink, or patient care unit extension and typically via cell phone for time-sensitive issues and urgent/emergency situations pertaining to patient care. Email is the official mode of communication within PBMC. At a minimum, the resident is expected to read and respond to e-mails at the beginning, middle, and end of each workday for ongoing communication.

Personal Electronics

Personal electronic devices may be used to conduct patient care via approved secure applications or to access reference materials. Protected health information should not be stored on personal devices unless encrypted in accordance with PBMC policy. Cell phones or other devices may be used for provider communication via phone call or approved encrypted applications; other use should be limited. Personal phone calls/texts should be kept to an absolute minimum. Games, social media, videos, and personal internet use are prohibited except during breaks. Earbud/headphone use is prohibited in the central pharmacy and patient care units.

Attendance

Residents are expected to attend all functions as required by the Residency Program Directors, pharmacy administration, and rotation preceptors. Residents are expected to be onsite for a minimum of 8.5 hours daily (including the 0800-1600 time period) in order to complete patient care duties, including but not limited to patient workup before morning rounds, clinical coverage duties, order entry, and order verification. Residents may review patients offsite in the evenings as necessary to prepare for the next day's work, but writing notes, entering orders, or verifying orders remotely is prohibited. Residents are solely responsible for their assigned operational practice

schedule and are responsible for assuring this service commitment is met in the event of an absence. All leave requests should be discussed in advance with the involved preceptor to ensure that service responsibilities can be fulfilled and must also be approved by the respective Residency Program Director. An excused absence is defined as annual or professional leave discussed with and signed off by the respective rotation preceptor and Residency Program Director within the appropriate timeframe. All approved annual and professional leave will be recorded on the Residency Outlook calendar for the purpose of communication to the pharmacy team. Leave is not considered approved until it is posted to the calendar. If a resident is scheduled for operational practice and they call in sick more than one time, the missed operational shift(s) will be rescheduled.

Duty Hours

Residents, the Residency Program Directors, and preceptors have the professional responsibility to ensure that residents are fit to provide services that promote patient safety. The Residency Program Directors will ensure that there is not excessive reliance on residents to fulfill service obligations that do not contribute to the educational value of the residency program or that may compromise their fitness for duty and endanger patient safety. Residents must observe duty hour limits as defined in the ASHP policy **Duty Hour Requirements for Pharmacy Residencies** (<https://www.ashp.org/-/media/assets/professional-development/residencies/docs/duty-hour-requirements.pdf>).

The Residency Program Directors will ensure the design and conduct of the residency programs facilitate observance of these rules, but it is the responsibility of the resident to track and report their compliance with duty hour limits monthly in PharmAcademic.

1. Definitions:

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

Duty hours do not include reading, studying, and academic preparation time (e.g., presentation and journal club development, closing knowledge gaps); travel time (e.g., to and from work or conferences); and hours that are not scheduled by the Residency Program Director or a preceptor.

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

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

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

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

- A. Duty hours must be limited to 80 hours per week, averaged over a four-week period, inclusive of all in-house activities and all moonlighting.
- B. Continuous duty periods may not exceed 16 hours
- C. Mandatory time free of duty: residents must have a minimum of one day in seven days free of duty (when averaged over four weeks).
- D. Residents must have a minimum of 8 hours between scheduled duty periods.

3. Moonlighting

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

4. Duty Hours Tracking

- A. The resident MUST document their duty hours in PharmAcademic, including any moonlighting.
- B. On the last day of each month, the resident will receive an email notification and a task to complete the ASHP Duty Hours form, which is due 7 days after it is available. There will be reminders sent to the resident beginning on the due date and weekly thereafter until it is submitted.
- C. The resident will complete attestations for each section of the form: required attestation (duty hour limit compliance), moonlighting, and on-call.
- D. If violations are reported, the Residency Program Director will be alerted with an email notification and will be sent a task to review and cosign the Duty Hours form. The Residency Program Director will discuss a plan with the resident to ensure compliance in the future. The Residency Program Director will document the plan in the co-signer comments of the evaluation.

Submission of Assignments

Prompt submission of assigned tasks and projects is essential for the professional maturation of the resident and the effective administration of the residency program. A variety of deadlines will be self-assigned by the resident or set by preceptors, the resident's Advisor, the Residency Program Director, and pharmacy administration throughout the residency year. It is the sole responsibility of the resident to ensure they meet all residency deadlines or to make other arrangements in advance with the appropriate parties. Unless otherwise stated, a task with a deadline falling on a particular date is due by 4:30 PM, which is the end of the normal business day.

PHARMACIST LICENSURE FOR RESIDENTS

All residents should be licensed as pharmacists in the State of Alabama by the residency start date. To meet this expectation, the resident needs to plan to attend the Alabama Board of Pharmacy Board Meeting no later than June and complete both the NAPLEX and Alabama MPJE prior to the residency start date. Questions regarding licensure, including dates of Board Meetings, should be addressed to the Alabama Board of Pharmacy. If the resident has not received their pharmacist license by September 1, participation in the residency program will be terminated.

VERIFICATION OF PGY1 COMPLETION

PGY2 residents must submit an electronic copy of their PGY1 Pharmacy Residency certificate to their Residency Program Director as proof of PGY1 program completion no later than July 5.

RESIDENCY ACTIVITIES

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

1. Residents participate in the **Residency Orientation Program**. A formal orientation program for all PGY1 residents occurs at the beginning of each residency year. PGY2 residents will participate on an as needed basis. All residents are expected to attend these sessions. This orientation period is used to introduce the incoming residents to PBMC and the Department of Pharmacy Services, including both clinical and operational pharmacy services, and to outline the expectations for the residency year.
2. Residents have a **Longitudinal Operational Practice Commitment** designed to ensure that they gain experience and can function as a pharmacy generalist. To achieve this objective, PGY1 residents will be scheduled approximately 20 hours per month as an operational pharmacist. This requirement will be met through weekly weekday evening staffing and weekend staffing approximately every 12 weeks. The PGY2 resident will provide operational services every fourth weekend in conjunction with their clinical weekend coverage, as detailed below.

Operational training will take place during the orientation block. At the conclusion of the orientation period, the preceptor, Residency Program Director, Director of Pharmacy Services, and the resident will mutually determine if the resident is ready to function independently as a pharmacist.

If the resident is not ready to function independently at the conclusion of the training period, the following actions will occur:

1. The preceptor will develop a list of deficiencies.
2. A specific plan will be outlined by the preceptor, the Residency Program Director, and/or the Director of Pharmacy Services to provide additional training/experience in the area(s) of weakness to which the preceptor and the resident will agree.
3. Progress will be re-evaluated monthly until the resident is deemed to have reached the expected level of competency and independence.
4. Once the resident is deemed competent, they will resume normal operational practice duties expected of residents for the remainder of the residency.

All residents are required to maintain an active pharmacy license in the state of Alabama. Each resident must be parenterally certified, complete fingertip testing, and pass a media fill test before independent IV room practice.

Residents will be evaluated by their Operational Practice Experience preceptor on a quarterly basis. To maintain competence in this role, residents will be expected to attend staff meetings and mandatory in-services. The operational practice experience will be considered complete when the resident has completed all assigned shifts and has achieved all competency areas, goals and objectives assigned to the experience.

Please see the **PGY1 Operational Practice Learning Experience Description** for further information. PGY2 information can be found in the **PGY2 Longitudinal Clinical Coverage Learning Experience Description**.

3. Residents have a **Longitudinal Clinical Coverage Experience** that includes weekday, weekend, and holiday scheduling. Residents are responsible for providing clinical services to patients in designated areas of the hospital or with specific needs throughout the residency year. These responsibilities will be in addition to their assigned rotation service areas. Each resident will have a preceptor backup with whom individual situations must be discussed before making recommendations until the resident is deemed competent to handle consults and ancillary assignments independently.

For clinical weekend and holiday coverage, residents will provide clinical pharmacy coverage. Each PGY1 resident will rotate into the clinical coverage schedule every third weekend (except for weekends they are assigned

operations shifts), and the PGY2 resident will rotate into the schedule every fourth weekend in conjunction with their operational service commitment. All residents will be scheduled for the week of one of three major holidays (Thanksgiving, Christmas, and New Year). When participating in weekend or holiday clinical coverage, the resident is responsible for ensuring that all consultations and follow-up (when necessary) are handled appropriately. In all cases, the clinical specialist backup must review consults before the resident makes recommendations until the resident is deemed competent to handle consults independently. The PGY2 resident will serve as a backup to the PGY1 resident during clinical weekend coverage.

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

The goal is for the resident to gain experience in evaluating and making therapeutic recommendations for patients outside of their assigned service. Weekend preceptor(s) will evaluate residents after each weekend worked, and the assigned preceptor will evaluate the resident at least quarterly. To maintain competence in this role, residents will be expected to attend mandatory clinical in-services. This learning experience will be considered complete when the resident has completed all assigned shifts and has achieved all competency areas, goals and objectives assigned to this experience.

Please see the **Clinical Coverage Learning Experience Description** for further information.

4. Each resident completes a **Research Project with Manuscript** designed to improve the services of the department or to achieve a specific research objective. A list of potential projects will be generated and distributed to the residents to allow all residents to review all potential projects. The projects will be conducted in support of the Department of Pharmacy Services, and all policies and procedures of the department will be followed. Each resident must present a verbal and written Project Defense to the Residency Program Director, Residency Research Longitudinal Coordinator, and assigned project preceptors detailing the rationale and methods that will be used to conduct their project no later than August 31. To aid in the project management process the resident will be required to watch the **ASHP Foundation's Residency Research Webinars Series**.

This project will be presented at both the Alabama Residency Conference (ARC) and the Southeastern Residency Conference (SERC). Both conferences are held in April and are forums where residents share their experiences and expertise. Each resident will make a brief presentation on their project that will be evaluated by preceptors outside of the program. If applicable, the findings of the project and any planned changes may be presented to PBMC's Pharmacy and Therapeutics (P&T) Committee, other facility or system committee(s), and/or pharmacy department staff.

Each resident will write a manuscript detailing their residency project that should be suitable for publication in a peer-reviewed biomedical journal. Editorial assistance from a preceptor is required. The completed manuscript must be submitted to the project preceptor(s) no later than May 31 for the project to be considered complete.

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

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

5. The resident participates in various **Longitudinal Medication Use Activities** including but not limited to the following:
- Each resident is required to conduct a **Medication Use Evaluation (MUE)** in support of patient care at PBMC. The MUE may be used to develop a new policy and procedure or revise an existing one. It will be presented to the appropriate committee(s) for review and approval. Once the new or revised policy/procedure is approved, the resident will educate the medical and hospital staff and take any follow-up actions necessary for implementation. Satisfactory performance as determined by the Drug Information Coordinator is required for successful completion of the program.
 - Each resident will coordinate a **P&T formulary recommendation, treatment guideline, or protocol** that will be presented at a designated P&T meeting. This will include the initial review, evaluation, and written recommendation including efficacy, safety, and pharmacoeconomic evaluations as applicable. Once approved by the medical staff, the resident will be expected to coordinate the implementation of this recommendation house-wide. Implementation may include educating the medical and hospital staff, developing a newsletter and poster campaign, and/or coordinating the roll-out of the change. Subsequently, the resident may evaluate for appropriate utilization of the formulary change, treatment guideline, or protocol to ensure efficacy and safety, if applicable. The resident will report to P&T on the progress towards the recommendation at the end of the residency year, if applicable. Satisfactory performance as determined by the Drug Information Coordinator is required for successful completion of the program.
 - The resident participates in **PBMC Committees**.
 - The resident will attend bimonthly P&T Committee meetings as assigned. Beginning in July, each resident will be responsible for taking minutes and developing a summary for the Medical Executive Committee on a rotating basis.
 - The resident will be assigned to at least one quality committee as an active pharmacy participant (e.g., Antimicrobial Stewardship, Medication Safety, Diversion, Stroke).

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

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

The objectives of the presentations include the following:

1. Critical evaluation of the available literature
 2. Enhancement of presentation, teaching, and communication skills
 3. Development of skills in responding to audience questions and comments
 4. Familiarization with different audiovisual equipment and techniques
- PGR presentations will occur between August and June each year. Topics will be selected by the resident with guidance from the preceptor or Drug Information Coordinator as needed. Presentations will be 20-25 minutes in length with an additional 5 minutes reserved for questions and/or comments from the audience. Each resident will receive a critique of the PGR from all preceptors and residents in attendance, who will evaluate the presentation based on content, presentation style, and overall quality. The critique will be discussed with the resident immediately after PGR delivery. The resident must achieve a minimum of standard progress on all competency areas, goals, and objectives assigned for successful completion. The PGY2 resident will participate in precepting the PGY1 residents for the PGR experience.
 - Seminars will consist of either a regional or national presentation and will ideally occur between January and May (subject to scheduling availability). The seminar topic will be selected by the resident with guidance from

the seminar preceptor and/or Residency Program Director. The length of the seminar will be 45-50 minutes with an additional 5 minutes reserved for questions and/or comments from the audience. The resident must achieve a minimum of standard progress on all competency areas, goals, and objectives assigned for successful completion.

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

7. Residents participate in **Teaching Activities**. Resident involvement in teaching activities fosters the development and refinement of the resident's communication skills, builds confidence, and promotes the effectiveness of the resident as a teacher. Teaching responsibilities may include clinical and didactic teaching for pharmacy students, medical residents, hospital personnel, and/or departmental staff. Teaching activities may involve formal lectures, small group seminars, case studies, inservice presentations, or discussion sessions throughout the residency year. Each rotation may have teaching responsibilities as designated by the preceptor at the beginning of the rotation. The residency preceptor is responsible for communicating the service and teaching role of the resident to PharmD students. Additionally, residents have the option to participate in a teaching certificate program: the Resident Teaching and Learning Program through Auburn University Harrison College of Pharmacy. If the resident participates in the teaching certificate program, they are solely responsible for managing their participation in this program, including but not limited to registration fees, travel, seeking out opportunities, and communicating all requests needed to satisfy this program's requirements.

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

8. Residents successfully complete all **Rotations**. Rotations will be evaluated using the required Competency Areas, Goals, and Objectives for the respective residency program. At the beginning of each rotation, the preceptor may provide the resident with the *Pharmacy Resident Supervision Form* (Appendix B). This will specify the degree of autonomy the resident will have. The degree of autonomy may be modified at any time during the rotation by completion of a subsequent form. If the resident wants to change an elective rotation, they must fill out the *Resident Rotation Schedule Change Request Form* (Appendix C). Please see individual rotation **Learning Experience Descriptions** in PharmAcademic for further information.
9. Each resident assists with the **Recruitment Efforts** of the department. Each resident is required to spend time providing information to interested parties during the Alabama Residency Showcase, other regional showcases, and the ASHP Midyear Clinical Meeting. Residents are expected to assist with transport, setup, and breakdown of recruiting materials and to staff the residency showcase booth as assigned. Because each resident is an important source of information and advice for potential candidates, there will also be scheduled time within the interview process for interviewees to interact with current residents.
10. The residents will be expected to attend all mandatory **Department of Pharmacy Services Meetings** including but not limited to staff huddles, inservices, and other mandatory training.

RESIDENCY EVALUATION PROCEDURES

All learning experiences including rotations, concentrated experiences, and longitudinal experiences will be evaluated using the required Competency Areas, Goals, and Objectives for the respective residency program. Residents will be evaluated using the following criteria:

Achieved for Residency (ACHR)	<ul style="list-style-type: none">To be determined by the Residency Program Director and Advisor when the resident can perform associated activities independently across the scope of pharmacy practice
Achieved (ACH)	<ul style="list-style-type: none">Fully accomplished the ability to perform the objectiveRarely requires assistance to complete the objective; minimum supervision requiredNo further developmental work needed
Satisfactory Progress (SP)	<ul style="list-style-type: none">Adequate knowledge/skills in this areaSometimes requires assistance to complete the objectiveAble to ask appropriate questions to supplement learningRequires skill development over more than the current rotation/quarter
Needs Improvement (NI)	<ul style="list-style-type: none">Deficient in knowledge/skills in this areaOften requires assistance to complete the objectiveUnable to ask appropriate questions to supplement learning

Formative Evaluation Process

Preceptors must provide ongoing feedback to residents about their progress and how they can improve. This feedback must be frequent, immediate, specific, and constructive. Formative feedback may be documented in PharmAcademic on a regular basis and written formative feedback will be uploaded to the resident's *Electronic Residency Portfolio*. Adjustments to residents' learning activities will be made in response to information obtained through these informal day-to-day observations, interactions, and assessments. Residents not progressing according to expectations will receive more frequent formative feedback.

Summative Evaluation of Resident's Rotation Performance

Each preceptor will complete a summative evaluation of the resident at the completion of each rotation. The summative evaluation for the final rotation in June will be due by Wednesday of the final week of the residency year. The evaluation is to be discussed with the resident at the end of the rotation prior to submission in PharmAcademic. This evaluation will be available to the resident's Advisor and the Residency Program Director.

Each resident may also complete a summative self-evaluation for each rotation experience before the rotation is complete. These evaluations will be available to the preceptor, resident's Advisor, and Residency Program Director.

Longitudinal Evaluation Process

The following longitudinal experiences will be evaluated at least once per quarter: Operational Practice (PGY1), Clinical Coverage, Research Project and Manuscript, Drug Information, Lecture Series (PGY1), and Teaching and Precepting (PGY2). Quarters of the residency year are Q1: June 19 – September 30, Q2: October 1 – December 31, Q3: January 1 – March 30, and Q4: April 1 – June 14.

Resident's Evaluation of Preceptor and Rotation Experience

Each resident will complete at least one preceptor and learning experience evaluation at the end of the associated learning experience. Additional evaluations may be scheduled for longitudinal experiences to ensure preceptors can implement feedback throughout the residency year. These evaluations apply to discrete rotations, concentrated experiences, and longitudinal experiences. Evaluations should be discussed in detail with the preceptor prior to submission and are due on the last day of the associated learning experience unless otherwise scheduled.

Resident Self-Assessment

The resident will document a self-assessment at the beginning of the residency (Appendix D). Specifically, this self-assessment will address the following: short- and long-term career goals, practice interests, strengths, opportunities for improvement, strategies for maintaining well-being and resilience, and an evaluation of strengths and opportunities for improvement in each of the program's required competency areas. This self-assessment will be used as part of the resident's initial development plan, as detailed below. The resident will update the self-assessment every 90 days from the start of the residency regarding their progress on previously identified opportunities for improvement related to the competency areas, identification of the new strengths and opportunities for improvement related to the competency areas, changes in their practice interests, changes in their careers goals immediately post residency, and a current assessment of their well-being and resilience. This assessment will be utilized in the quarterly development plan, as detailed below.

Resident Development Plan

The Residency Program Director in conjunction with the Residency Advisory Committee will develop and discuss with each resident an initial development plan within 30 days from the start of residency. The initial development plan is based on the results of the resident's initial self-assessment and an assessment of the resident's knowledge and skills related to the program's required competency areas. Adjustments to the program for the resident will be documented in the initial plan. The development plan will be updated every 90 days from the start of the residency and will include an assessment of progress on previously identified opportunities for improvement related to the competency areas, identification of new strengths and opportunities for improvement related to the competency areas, objectives designated ACHR since the last plan update, PGY2 appendix updates (if applicable), and adjustments to the program for the resident for the upcoming 90 days. The development plan will also update the resident's progress towards meeting all other program completion requirements as detailed below (Appendix E).

Residency Evaluation Responsibilities

EVALUATION	METHOD	FREQUENCY	RESPONSIBILITY		
			RESIDENT	PRECEPTOR	RPD
Rotation Learning Experiences					
Formative	Verbal or written	Ongoing		X	
Resident	Summative	End of Rotation	X	X	Review
Preceptor	Likert-scored questions with comments	End of Rotation	X		Review
Learning Experience	Likert-scored questions with comments	End of Rotation	X		Review
Longitudinal Learning Experiences					
Clinical Coverage	Summative	At least quarterly		X	Review
Operational Practice (PGY1)	Summative	Quarterly		X	Review
Research Project and Manuscript	Summative	Quarterly		X	Review
Drug Information	Summative	Quarterly		X	Review
Lecture Series (PGY1)	Summative	Quarterly		X	Review
Teaching and Precepting (PGY2)	Summative	Quarterly		X	Review
Preceptor	Likert-scored questions with comments	At least once	X		Review
Learning Experience	Likert-scored questions with comments	Midpoint (if >12 weeks) and end	X		Review

EVALUATION	METHOD	FREQUENCY	RESPONSIBILITY		
			RESIDENT	PRECEPTOR	RPD
Other					
ASHP Entering Self-Assessment	Narrative	Orientation	X	Review (Advisor)	Review
Quarterly Self-Assessment	Narrative	Quarterly	X	Review (Advisor)	Review
Development Plan	Development Plan	Quarterly		X (Advisor)	X
Duty Hours Monitoring	Duty Hour Attestation	Monthly	X		Review

Compliance with Established Evaluation Policy

All scheduled evaluations are due on the dates set in PharmAcademic. Residents and preceptors are required to submit evaluations within 72 hours of this deadline if they cannot be completed on time for any reason. Residents and preceptors are required to complete any evaluations returned for editing or required co-signs within 7 days of receipt. Formative feedback should be discussed with the resident as close to the index event as possible; formative feedback submitted in PharmAcademic must be documented within 7 days of the event. Compliance with this evaluation policy, as approved by the Residency Advisory Committee, is essential for the professional maturation of the resident and the residency program. Failure to comply with the policy will be addressed by the Residency Program Director.

COMPLETION OF PROGRAM REQUIREMENTS

Residents are expected to satisfactorily complete all requirements of the PBMC Residency Program (Appendix E). Only those residents who complete the requirements will receive their residency certificate as evidence of program completion. Evaluation of the resident's progress in completing the requirements is done as part of the quarterly review process. The resident's Advisor, in conjunction with the Residency Program Director, shall assess the ability of the resident to meet the requirements by the established deadlines and will work with the resident to ensure successful completion.

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

- The resident shall be given verbal counseling by the Residency Program Director. Counseling shall entail suggestions for improvement in meeting all residency requirement deadlines. This counseling shall be documented in their personnel file by the Residency Program Director.
- If the resident continues to fail in their efforts to meet deadlines or objectives, they shall be given a warning in writing and will be counseled on the actions necessary to rectify the situation.
- If the Residency Program Director determines that the resident may not complete the residency program in the usual time frame, a plan to satisfactorily complete the requirements shall be presented and reviewed by the Residency Advisory Committee.

Program Requirements (Appendix E)

1. Baseline Expectations of the Program

Each resident must do the following:

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

2. Competency Areas, Goals and Objectives

PGY1 Residents

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

PGY2 Residents

By the end of the residency year, the resident must be rated “achieved for residency” on all objectives within Goals R1.1, R1.2, R2.2, and R3.1. The resident must be rated “standard progress” for all objectives within Goals R2.1, R3.2, R4.1, and R4.2. The resident’s progress on each objective will be monitored at least quarterly by the Residency Program Director and Residency Advisory Committee. ACHR indicates the resident can perform associated activities independently across the scope of pharmacy practice and will be determined by the Residency Program Director and Advisor during quarterly meetings based on collective summative and formative evaluations.

3. PGY1 Longitudinal Operational Practice

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

4. Longitudinal Clinical Coverage

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

5. Longitudinal Research Project and Manuscript

The project will be considered complete when the following objectives have been met: data collection is complete as defined by the primary preceptor, all required presentations and manuscript revisions are complete, any follow-up actions defined by the primary preceptor have been taken, and the resident has met the objective evaluation status requirements laid out in item #2 above. The project must be presented at both ARC and SERC. If either conference is canceled for any reason, that presentation requirement will be waived. The project must also be written up in manuscript form suitable for publication in a peer-reviewed biomedical journal and submitted to the project preceptor no later than May 31.

6. Longitudinal Medication Use

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

6. PGY1 Longitudinal Lecture Series

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

7. PGY2 Longitudinal Teaching and Precepting

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

8. PGY2 Internal Medicine Topic Area Appendix

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

9. Electronic Residency Portfolio

Each resident is required to develop a portfolio in PharmAcademic detailing the activities of their residency year. The minimum required contents are detailed in the *PharmAcademic Electronic Residency Portfolio—File Naming List* (Appendix F). The resident must upload all documents no later than May 31 for the Residency Program Director to assess the portfolio for successful completion.

10. Intervention Tracking

Each resident is required to track interventions made from August through June in a shared Access database consistent with the practice of the clinical pharmacy staff within the Department of Pharmacy Services. The resident must upload all interventions no later than the final Monday of the program for the Residency Program Director to assess the database for successful completion of responsibilities.

RESIDENT DISCIPLINARY ACTION AND DISMISSAL

Residents are expected to conduct themselves in a professional manner and to follow all pertinent PBMC and Pharmacy Residency Program Policies. If residents participate at institutions other than PBMC, they are expected to abide by the policies of the institution.

Appropriate disciplinary action will be taken if a resident fails to:

- Present oneself in a professional manner.
- Follow the policies and procedures of PBMC.
- Make satisfactory progress on any of the residency goals and objectives. This will not be determined by one learning experience evaluation, but rather in a global sense as determined by the Residency Program Director, Advisor, and Residency Advisory Committee.
- Make satisfactory progress toward the completion of all residency requirements.

Disciplinary Action and Dismissal Policy

Step 1

If the need for disciplinary action arises, the involved preceptor(s), Residency Program Director, and assigned Advisor will:

1. Discuss the issue with the resident.
2. In conjunction with the resident, determine an appropriate solution to rectify the behavior, deficiency, or action. A follow-up plan and specific goals for monitoring progress must be determined and outlined.
3. Document information as discussed in action #2 and place in the resident's file.

Step 2

If the follow-up plan does not yield satisfactory results as described and agreed upon, or another deficiency, behavior or action warrants attention, the involved preceptor(s), the Residency Program Director and Advisor will determine a plan and course of action. Actions 1-3 as outlined in Step 1 above will be followed.

The Residency Advisory Committee will be notified of the deficiency, behavior, or action under scrutiny, the follow-up plan, and specific goals for improvement. The Residency Program Director will appoint a Disciplinary Advisory Committee

to provide advice and monitoring to the Residency Program Director and assigned Advisor. The Disciplinary Advisory Committee will be composed of the Director of Pharmacy Services and two individuals from the Residency Advisory Committee, not to include the resident's Advisor or Residency Program Director.

Step 3

If the resident fails to progress satisfactorily as outlined in Step 2, or if additional shortcomings are identified, the involved preceptor(s), the Residency Program Director, and assigned Advisor will determine a plan and course of action, up to and including dismissal from the program. Actions 1-3 as outlined in Step 1 above will be followed. The Residency Advisory Committee will be notified of the deficiency, behavior, or action, and the follow-up plan and specific goals for improvement. The Disciplinary Advisory Committee will be kept informed and will remain involved.

If dismissal is recommended by the Residency Program Director, the Residency Advisory Committee will be convened.

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

ANNUAL AND PROFESSIONAL LEAVE POLICIES

Residents are assigned 15 days of annual leave and 10 days of professional leave during the twelve-month residency program. This program is committed to well-being, resilience, and professional engagement and encourages residents to utilize their leave.

Annual Leave

Annual leave is defined as time away from the residency program for vacation, illness, interviews, jury duty, bereavement, military service, or parental leave. Requests for annual leave are made using the *Resident Leave Request Form* (Appendix G). All applicable sections of the form must be completed. This completed form should be submitted to the assigned preceptor for approval of the desired date(s) of absence. The preceptor will approve or reject leave requests based upon availability of adequate personnel to ensure coverage of pharmacy service responsibilities. The approved leave request form will be submitted to the Residency Program Director for final approval, who may also reject the request based on available personnel. The leave form should be submitted to the Residency Program Director at least one week prior to the date of the desired absence in most cases. The one-week timeframe may be waived by the Residency Program Director in certain incidences including but not limited to personal or family sick leave, bereavement leave, and interviews. Requests for time off surrounding major holidays (Thanksgiving, Christmas, New Year) or during the resident's assigned Independent Practice experience should be submitted at least 30 days in advance to accommodate any necessary changes to the operational practice and departmental pharmacist schedules. All approved annual leave will be recorded on the Outlook residency calendar and is not considered approved until it is posted to the calendar.

The resident is allowed to take no more than 40 hours of annual leave during one rotation block unless there are extenuating circumstances. Residents are not permitted to terminate while on annual leave (i.e. the resident must be present on the final day of the residency).

Professional Leave

Professional leave may be used for travel to and attendance of regional residency showcases (2 days), ASHP Midyear Clinical Meeting (4 days), SERC (2 days), and other professional obligations (2 days) determined by the Residency Program Director. The resident should discuss the absence with their rotation preceptor well in advance but does not have to gain formal approval for these required events. If the resident wishes to spend additional time traveling to or attending either of these conferences, they must use annual leave pursuant to the above policy. If the resident has leftover professional leave for any reason, they may only use it at an educational/professional meeting and must use the *Resident Leave Request Form* (Appendix G) to request approval from their preceptor and the Residency Program Director before planning to attend. Any reimbursement for expenditures during professional leave must be verified by submission of receipts.

Urgent/Emergent Leave

If the resident is unexpectedly unable to report for an assigned shift or other residency responsibility, they must speak directly to the preceptor; leaving a message on voicemail, email, or the paging system is not considered adequate contact. The Residency Program Director must also be contacted directly (email, voicemail, etc. is acceptable). The Residency Program Director will ensure an annual leave form is completed by the resident upon their return. If a resident is absent for three or more consecutive days due to illness, a physician's excuse is necessary.

Extended Leave

If a resident needs leave beyond the limits defined above due to sickness, disability, or other reason, the resident acknowledges and agrees that additional training after any lost time will be needed for successful completion of the residency program requirements. The amount of such lost time that will necessitate prolongation of the training time cannot exceed 12 weeks. All program requirements as detailed in Appendix E must be completed along with the required 12 months of training, and extended training may be completed without pay. If the program is unable to accommodate a resident for lost time, the residency will be terminated without completion.

WELL-BEING AND RESILIENCE

Recognizing that well-being (physical, mental, emotional, and spiritual) is vital to resident success in a rigorous training environment, PBMC residency program leadership is committed to supporting resident well-being. We strive to maintain a culture of wellness by creating a supportive environment with a strong sense of community. We realize each resident requires unique elements to optimize their well-being.

Definitions:

- Well-being is the experience of positive perceptions and the presence of constructive conditions that enable a person to thrive and achieve their full potential. Professional well-being is a function of being satisfied, finding meaning, feeling engaged, and finding professional fulfillment in work.
- Resilience is the ability to withstand, adapt, recover, rebound, or grow from adversity, stress, or trauma.
- Grit is a combination of perseverance and passion for a singular goal. Resilience combined with determination and direction leads to grit. It enables a person to function under high pressure for extended periods of time.
- Self-care is a conscious act to promote physical, mental, and emotional health. Core concepts include physical activity, a balanced diet, personal hygiene, sleep hygiene, mindfulness, and relaxation.
- Burnout is a job-related syndrome that develops through prolonged response to chronic interpersonal stressors characterized by emotional exhaustion, depersonalization, and reduced personal accomplishment. Health care provider burnout associated with diminished well-being, decreased job satisfaction and performance, substance abuse or dependence, depression, and suicidality.

Residency Program Support

Program level interventions include burnout prevention, identification, and management. Prevention strategies involve:

- Baseline assessments to assist the Residency Advisory Committee in customizing the program for each resident (Grit scale [<https://angeladuckworth.com/grit-scale/>], "It's a zoo around here" communication style assessment, WellBeing Index [free app])
- Adherence to duty hour limitations (described above) and encouragement to separate work and personal life where possible
- An assigned advisor to oversee individual resident training and ensure they progress toward achieving goals and program completion at an appropriate pace, meet established program and project deadlines, compile a complete electronic residency portfolio, and maintains a stable mental and emotional state. The advisor is the resident's first point of contact for serious issues or problems and escalates significant issues to the program director for review. Each resident meets with their Advisor quarterly at a minimum.
- The PGY1 residents will collectively meet with their Residency Program Director monthly over lunch to discuss various practice-related topics or have freeform discussions.

- A variety of voluntary functions are offered on a regular basis outside of working hours to increase fellowship; these may be residency-specific or department-wide.

Burnout can be identified by emotional exhaustion, cynicism, and/or low sense of personal accomplishment. The Residency Program Director and Advisor may identify signs of burnout via resident self-report, quarterly resident self-assessment, quarterly reporting of WellBeing Index results, and/or monitoring for duty hours compliance.

If burnout occurs, engage your Residency Program Director and/or Advisor for program level assistance. Personal management includes finding a support system (family, friends, peer group), performing mindfulness or relaxation activities, and focusing on personal health (sleep, diet, exercise). Residents experiencing signs and symptoms of burnout, depression, anxiety, or suicidality are encouraged to seek professional help.

PBMC Resources

- Employee Assistance Program: <https://tenet.mybeaconwellbeing.com/>, 866-335-2340
 - Up to five no-cost sessions with a counselor via video chat, by phone, or in person
- Employee Resource Groups (ERG): <https://portal.etenet.com/initiatives/DiversityandInclusion/Pages/Employee-Resource-Group.aspx>
 - Groups that facilitate community, personal and professional development opportunities for team members from underrepresented communities
 - Available ERGs: Asian/Pacific, LGBTQ+, Veteran
- Tenet Employee Handbook: <https://portal.etenet.com/departments/HumanResources/Documents/2012%20Employee%20Handbook%20rv9%2001%2014%2019%20NEW%20LOGOdoc.pdf>

Professional Organization Well-being Resources

- ASHP: <https://wellbeing.ashp.org/resources>,
 - Well-Being and Resilience Webinar Series: <https://elearning.ashp.org/products/9521/2022-well-being-and-resilience-series>
 - Connect Clinical Well-Being and Resilience Community: <https://connect.ashp.org/communities/community-home?CommunityKey=461229be-ff20-483c-a242-c30bf6ed8254>
 - Headspace subscription (for ASHP members): <https://www.ashp.org/membership-center/be-kind-to-your-mind>
- APhA: <https://www.pharmacist.com/wellbeing>
 - WellBeing Index: https://app.mywellbeingindex.org/account_setup
- National Academy of Medicine: <https://nam.edu/clinicianwellbeing/>

If you or a loved one is feeling distressed, the [988 Suicide & Crisis Lifeline](#) provides free and confidential emotional support 24/7. Call or text the Lifeline at **988**.

INCLEMENT WEATHER POLICY

Due to the nature of hospital practice and the necessity of uninterrupted pharmacy services, pharmacy personnel are considered essential employees. In the event of a “severe weather emergency” as determined by hospital administration, essential employees are expected to arrive to work as scheduled. Within the clinical pharmacy department, a minimum of two clinical pharmacy staff and four pharmacy residents are required to be onsite during normal operating hours (minimum of 0800-1600 daily) in cases of severe/inclement weather.

The three pharmacy residents should make travel and/or accommodation plans to ensure they are onsite for their normal workday hours and evening staffing shifts in the event of a declared “severe weather emergency” or if one has a high probability of occurring. Whether residents are assigned operational responsibilities, clinical consult responsibilities, or rotation responsibilities will be decided on a case-by-case basis involving the clinical pharmacy

staff onsite and the resident's rotation preceptor or Residency Program Director. If a resident calls in or arrives late, this will count accordingly as an absence and will be deducted from the resident's annual leave. Previously approved annual or professional leave will excuse a resident from this obligation. If severe/inclement weather occurs on a weekend or holiday when the clinical staff is already scheduled to be reduced, only the clinical pharmacy staff and pharmacy resident(s) scheduled are required to make plans to be onsite.

This policy is applicable to any severe/inclement weather event (e.g., snow/ice, tornado, hurricane), but may be superseded by other hospital policies in the event of natural disasters or emergency situations.

GENERAL INFORMATION

Commitment to Diversity, Equity, and Inclusion

PBMC residency program leadership believes that diversity is critical to creating an environment of excellence and strengthening the training provided. We aim to foster diversity among our residents to promote exceptional patient care, education, and teamwork. Diversity includes all aspects of an individual's identity including, but not limited to, race, ethnicity, gender identity, age, sexual orientation, physical abilities, socioeconomic status, religious creed, place of origin, and other life experiences. Cultural competence is vital for promoting health equity and delivering the best possible care for patients; we believe that applying these principles begins with fostering diversity within our residency. Our culture of respect and accountability reflects a commitment to diversity, equity, and inclusion in everything we do. Birmingham is home to a diverse population, and at PBMC, we believe excellence is for everyone.

Qualification of Applicants

Applicants must possess a PharmD degree from an ACPE-accredited college or school of pharmacy or a Foreign Pharmacy Graduate Examination Committee certificate at the time the residency begins and must be eligible for pharmacist licensure in the State of Alabama. Applicants for the PGY2 program must be currently enrolled in or have completed an ASHP-accredited PGY1 program.

Application Information

Applications are accepted beginning December 1 and the application deadline is January 2 each year.

Application materials must include:

- PhORCAS application form
- Letter of intent
- Curriculum vitae
- Official transcripts of all professional pharmacy education
- Three electronic references completed by healthcare professionals who can attest to the applicant's clinical practice abilities and aptitudes. Two references must be from APPE rotation preceptors (PGY1) or PGY1 preceptors (PGY2). Detailed comments must be provided.

Residency Benefits

- Resident stipend: \$47,000 (PGY1) or \$50,000 (PGY2) annually allocated biweekly for 52 weeks
- Annual leave: 15 work days (120 hours)
- Professional leave: Residents will be allowed 10 work days (80 hours) of professional leave for attendance at professional meetings and residency recruitment events. Residents are provided a stipend to assist with the expense for attendance at the ASHP Midyear Clinical Meeting and SERC.
- Health insurance: Medical, dental, vision, and disability insurances are available on a group rate basis.
- Taxes: Federal, State, City and F.I.C.A. taxes will automatically be deducted from paychecks.

APPENDICES

- A. Moonlighting Approval Form

- B. Pharmacy Resident Supervision Form
- C. Resident Rotation Schedule Change Request Form
- D. ASHP Resident Entering Self-Assessment Form
- E. Requirements for Successful Completion
- F. PharmAcademic Electronic Residency Portfolio—File Naming List
- G. Resident Leave Request Form

Appendix B

Princeton Baptist Medical Center Pharmacy Residency Program
PHARMACY RESIDENT SUPERVISION FORM

Resident: _____ Service: _____ Preceptor: _____

Recommendations:

- Recommendations will be approved by preceptor prior to dissemination of information.
- Recommendations may be made by resident without first verifying them with preceptor.
- Other

Explanation of Other or Comments:

Entries into patient chart:

- Notes written in a patient's chart will be co-signed by preceptor.
- Notes may be written in a patient's chart without being co-signed by preceptor.
- Verbal and per-protocol orders must be approved by preceptor prior to entering in patient's chart.
- Verbal and per-protocol orders may be entered without being co-signed by preceptor.
- Other

Explanation of Other or Comments:

Presentations:

- Presentations given to healthcare providers will be reviewed by preceptor prior to presentation.
- Presentations may be given to healthcare providers without prior review by preceptor.
- Other

Explanation of Other or Comments:

Additional Comments or Special Situations:

Resident Signature _____ Date _____

Preceptor Signature _____ Date _____

Appendix C
Princeton Baptist Medical Center Pharmacy Residency Program
RESIDENT ROTATION SCHEDULE CHANGE REQUEST FORM

Name _____

Current Rotation including Dates: _____

Change to: _____

APPROVED BY:

_____	Current Preceptor
_____	Desired Preceptor
_____	Residency Program Director

Change must be requested at least 30 days prior to start of desired rotation change.

Change must be approved in the order indicated on this form. DO NOT forward to the next co-signer until approval is obtained from previously listed individual(s).

Appendix D

Princeton Baptist Medical Center Pharmacy Residency Program
PGY1 ASHP RESIDENT ENTERING SELF-ASSESSMENT FORM

Resident Name:

Date:

Entering Self-Reflection

State your career goals both short term (immediately after residency) and long term (5 years)

Short term:
Long term:

Describe your current practice interests.

--

What are your personal strengths?

--

What are your personal opportunities for improvement?

--

What are your current strategies for maintaining well-being and resilience?

--

**Entering Self-Evaluation of Current Skills Relative to Each Required Competency Areas, Goals, and Objectives
(CAGO's)**

Click on the following link and then the Required PGY1 CAGO's link to review the PGY1 Pharmacy Residencies goals, objectives, and criteria for evaluation: <https://www.ashp.org/professional-development/residency-information/residency-program-resources/residency-accreditation/pgy1-competency-areas>

In order to design a program that best fits your experience and skill level, it is important that your residency program director and preceptors understand your strengths and also learn of any areas in which you'd like to grow professionally. Please think about your entering skills and experience in each competency area and identify specific areas you feel are strengths as you enter your residency and areas that you feel represent your biggest opportunities for growth.

Competency Area R1: Patient Care

Aspects of patient care to consider:

- *Communication and interpersonal skills (peers, healthcare team members, patients, caregivers)*
- *Patient assessment and development of treatment plans*
- *Preparation and dispensing medications in the area in which the residency program is conducted*

Strengths:
Opportunities for growth/improvement:

Competency Area R2 Advancing Practice and Improving Care

Aspects of advancing practice to consider:

- *Medication event reporting*
- *Development of monographs or medication-use evaluations*
- *Project management (project design, managing timelines, data analysis, written results, developing conclusions and next steps)*

Strengths:
Opportunities for growth/improvement:

Competency Area R3: Leadership and Management

Aspects of leadership and management to consider:

- *Teamwork (conflict management, negotiation skills)*
- *Self-evaluation/self-reflection (goal setting, time management, ability to receive and act upon constructive feedback)*

Strengths:

Opportunities for growth/improvement:

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

Aspects of teaching, education, and precepting to consider:

- *Teaching (developing objectives and corresponding content)*
- *Presentation skills (confidence, rapport with various audiences, effective use of audiovisual aids, verbal and non-verbal communication)*
- *Written communication skills (assessment of literature, tailoring to the readership level appropriate to various audiences)*
- *Precepting (oversight of lower levels of learners)*

Strengths:

Opportunities for growth/improvement:

OPTIONAL: What are the results of any additional assessments that would be useful to share with your RPD and preceptors such as preferred learning style or personality assessments (e.g., DISC®, Grit Test, Myers-Briggs Type Indicator®, Strengthsfinder 2.0, The Four Tendencies Quiz, VARK®)?

Appendix D
Princeton Baptist Medical Center Pharmacy Residency Program
ASHP PGY2 Internal Medicine Pharmacy
Resident Entering Self-Assessment Form

Resident Name:

Date:

Entering Self-Reflection

State your career goals both short term (immediately after residency) and long term (5 years)

Short term:
Long term:

Describe your current practice interests.

What are your personal strengths?

What are your personal opportunities for improvement?

What are your current strategies for maintaining well-being and resilience?

Entering Self-Evaluation of Current Skills Relative to Each Required Competency Areas, Goals, and Objectives (CAGO's)

Click on the following link to the CAGO's for PGY2 Pharmacy Residencies and then click on the Internal Medicine link to review the competency areas, goals, objectives, and criteria for evaluation:

<https://www.ashp.org/professional-development/residency-information/residency-program-resources/residency-accreditation/pgy2-competency-areas>

In order to design a program that best fits your experience and skill level, it is important that your residency program director and preceptors understand your strengths and also learn of any areas in which you'd like to grow professionally. Please think about your entering skills and experience in each competency area and identify specific areas you feel are strengths as you enter your residency and areas that you feel represent your biggest opportunities for growth.

Competency Area R1: Patient Care

Aspects of patient care to consider:

- *Communication and interpersonal skills (peers, healthcare team members, patients, caregivers)*
- *Patient assessment and development of treatment plans*
- *Transitions of care*

Strengths:

Opportunities for growth/improvement:

Competency Area R2 Advancing Practice and Improving Patient Care

Aspects of advancing practice and improving patient care to consider:

- *Preparing or revising a drug class review, monograph, treatment guideline or protocol*
- *Medication event reporting and monitoring*
- *Project management (project design, managing timelines, data analysis, written results, developing conclusions and next steps)*

Strengths:

Opportunities for growth/improvement:

Competency Area R3: Leadership and Management

Aspects of leadership and management to consider:

- *Teamwork (conflict management, negotiation skills)*
- *Self-evaluation/self-reflection (goal setting, time management, ability to receive and act upon constructive feedback)*
- *Managing one's practice effectively*

Strengths:

Opportunities for growth/improvement:

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

Aspects of teaching, education, precepting, and dissemination of knowledge to consider:

- *Teaching (developing objectives and corresponding content)*
- *Presentation skills (confidence, rapport with various audiences, effective use of audiovisual aids, verbal and non-verbal communication)*
- *Written communication skills (assessment of literature, tailoring to the readership level appropriate to various audiences)*
- *Precepting (oversight of lower levels of learners)*

Strengths:

Opportunities for growth/improvement:

OPTIONAL: What are the results of any additional assessments that would be useful to share with your RPD and preceptors such as preferred learning style or personality assessments (e.g., DISC®, Grit Test, Myers-Briggs Type Indicator®, Strengthsfinder 2.0, The Four Tendencies Quiz, VARK®)?

Appendix E

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

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

Appendix E

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

Requirement for Successful Completion	Date Completed
AL Pharmacy License by September 1 st	
PGY1 Certificate by July 5 th	
Orientation (if necessary)	
BLS/ACLS Certification	
Longitudinal Clinical Coverage	
Weekends (min of 10 shifts)	
Holiday Shift	
ARC Presentation of Research Project	
SERC Presentation of Research Project	
Manuscript of Research Project	
Pharmacy Grand Rounds (5 presentations)	
Precept PGY1 Pharmacy Grand Rounds (4)	
Regional or National Seminar (1)	
MUE	
P&T Formulary Recommendation, Treatment Guideline, or Protocol	
PBMC Committee participation <i>Assessed quarterly</i>	
Completion of 7 required LE	
Completion of 3 elective LE	
Didactic Teaching (1 unit)	
Precepting (1 block as primary)	
PGY2 Internal Medicine Topic Area Appendix <i>Assessed quarterly</i>	
ACHR: All objectives within R1.1, 1.2, R2.2, R3.1 <i>Assessed quarterly</i>	
SP: All objectives within R2.1, R3.2, R4.1, R4.2 <i>Assessed quarterly</i>	
Completed PharmAcademic Portfolio	
Interventions Tracked <i>Uploaded quarterly</i>	

Appendix F

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

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

Drafts should be saved with “_Draft#” and evaluations with “_Eval” at the end of the file. Please include any mark-ups of drafts by preceptors (whether handwritten or track changes comments) whenever possible.

The following list may not be all-inclusive. Progress on uploading assignments will be assessed on a quarterly basis.

Certifications

- License_ALBOP
- Certification_Parenteral
- Certification_BLS
- Certification_ACLS
- Certificate_PGY1 (PGY2 only)

Medication Use

- MU_MUE_TITLE
- MU_PT_TITLE
- DI_Question_TITLE_DATE

Pharmacy Grand Rounds

- PGR_TITLE_DATE

Seminar

- Seminar_Presentation_TITLE
- Seminar_Handout_TITLE (if different from slides)

Research Project

- Project_Defense_TITLE
- Project_Approval_TITLE
- Project_IRB Submission_TITLE (combine into a single file)
- Project_IRB Approval
- Project_ASHPAbstract_TITLE
- Project_ASHPPoster_TITLE
- Project_ARC_TITLE
- Project_SERCAbstract_TITLE
- Project_SERC_TITLE
- Project_Manuscript_TITLE
- Add presentations at other meetings (including internal) in the same format (e.g. Project_NAME OF MEETING_TITLE)

Rotation Assignments

- Rotation_ROTATION NAME_TITLE OF ASSIGNMENT

Other

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

Appendix G

Princeton Baptist Medical Center Pharmacy Residency Program
RESIDENT LEAVE REQUEST FORM

Requests must be approved by the RPD at least one week prior to the desired date(s) of absence in general. Requests during the week of a major holiday (Thanksgiving, Christmas, New Year) or your Independent Practice rotation must be approved by the RPD at least 30 days prior to the desired date(s).

Name _____

From _____ Thru _____
Date Date

Number of Days _____ Purpose: () Annual Leave () Professional Leave

Operational staffing shift affected: () Yes () No

Clinical coverage assignment affected: () Yes () No

Coverage arrangements for operational staffing shift or clinical coverage assignment (if applicable):

COVERAGE ARRANGEMENTS MUST BE MADE PRIOR TO SUBMISSION OF THIS FORM

In case of emergency, I can be reached at:

If professional leave, list the meeting:

_____ Resident Signature

APPROVALS:

_____ Preceptor Signature

_____ Residency Program Director Signature

For RPD Use Only:

Annual Days Remaining

Professional Days Remaining